43rd Annual Congress
European Association for Behavioural and Cognitive Therapies

43ème Congrès Annuel
l’Association Européenne des thérapies comportementale et cognitive

المؤتمّر الإسبّاّزيّ 43
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Palais des Congrès de la Palmeraie
Marrakech, Morocco
25th–28th September 2013

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**Keynotes**

**Forget Fears: A translational approach to advance treatment for anxiety disorders**
Merel Kindt, University of Amsterdam, Netherlands

Over the past decades, behavior and cognitive psychology have produced fruitful and mutually converging theories from which hypotheses could be derived on the nature and origin of anxiety disorders. Even though these theories resulted in the emergence of effective cognitive-behavioral treatments (CBT), we have now reached a therapeutic impasse. Neither the problem of relapse, nor the problem that CBT is not effective for many patients with an anxiety disorder has been solved. I will argue that we require a deeper understanding of the underlying neurobiological mechanisms of change to further advance our treatments for emotional disorders.

For years, psychologists believed that once fear memory has been established, the memory trace is engraved into the physical structure of the brain. The burgeoning field of neuroscience, however, has convincingly overturned this view by demonstrating that once (fear) memories are retrieved, they may enter a labile, protein synthesis dependent state, rendering it amenable to change. This process of reconsolidation may provide a window of opportunity to target excessive emotional memories in patients suffering from anxiety disorders and other related disorders. In my talk I will present a series of experimental studies demonstrating that disrupting the process of reconsolidation by neurobiological manipulations has the potential to evolve into effective treatments targeting the underlying emotional memory. Although reconsolidation opens up new avenues to weaken and even erase excessive fear memory, subtle boundary conditions put constraints on retrieval-induced plasticity. Reconsolidation only takes place when memory retrieval involves an experience that engages new learning (prediction error). Insights into the process of memory updating is crucial for understanding the optimal and boundary conditions on reconsolidation and provides a clear guide for the development of reconsolidation-based treatments.

**Resisting temptations: how to deal with impulsive behaviors in eating disorders?**
Laurence Claes, Catholic University of Leuven, Belgium

Impulsive behaviors (e.g., non-suicidal self-injury, compulsive buying, substance abuse, and pathological gambling) are highly prevalent in eating disorders, especially of the bingeing-purging type. In this lecture, I will focus on the prevalence of different impulsive behaviors in eating disorders, and more importantly on the personality characteristics and common functions of these behaviors.

To address the underlying personality characteristics, I will use the framework of Gray (RST; BISBAS reactivity) and Rothbart (self-regulation). Results of empirical studies – based on self-report and behavioral measures - will show the common reactive and regulative personality pathways to binging-purging eating behaviors as well as related impulsive behaviors (e.g., Bijttebier et al., 2009; Claes et al., 2011, 2012).

To address the common functions of eating disorders and related behaviors, I will use the behavioral model of Nock and Prinstein (2004), which describes the functions of behaviors along two dimensions: ‘self’ versus ‘social’ reinforcement and ‘negative’ versus ‘positive’ reinforcement. Results of empirical research will show the common and distinct functions of eating disorders and other impulsive behaviors (Muehlenkamp et al., 2012).

Finally, and most importantly, I will describe how cognitive-behavioral interventions (e.g., therapeutic techniques; PC games) can be used to address the common functions and personality features of impulsive eating and related behaviors, and how we can train patients to resist temptations.


**Troisième Vague des TCC : validité scientifique**
Prof. Pierre Philippot, University of Louvain, Belgium

Les thérapies dites « de la 3ème vague » suscitent un engouement important chez les praticiens des TCC. Il convient cependant de s’assurer que ces nouvelles pratiques reposent sur des bases scientifiques solides et présentent une efficacité au moins aussi importante que les approches plus classiques. Dans cette conférence, nous examinerons la
validité scientifique de ces nouvelles pratiques, en termes d’efficacité et de validité théorique. Nous discuterons également leurs implications concernant les approches diagnostiques versus processuelles.

**Psychological therapies for people with intellectual disabilities: Perspectives on evidence**
Prof. Richard Hastings, University of Bangor, UK
Research data show clearly that adults with intellectual disabilities (ID) experience the same mental health problems as the rest of the population. Data are less clear on whether adults with ID experience more mental health problems than the typical population, although this seems more likely than not. Most importantly, interventions are needed to support adults with ID who do have mental health problems. However, adults with ID have typically been excluded from large-scale trials of psychological therapies and there are problems of access to mainstream mental health services. How should services and professionals then make decisions about what might be evidence-based approaches for adults with ID and mental health problems? Is it enough to draw conclusions from the mainstream data, or are their reasons to require evidence specific to adults with ID? In this presentation, I will discuss these issues with a focus on models that describe the process/stages of developing the evidence base for complex interventions. Although there are some recent and ongoing large-scale Randomised Controlled Trials of psychological therapies in the ID field, much of the existing evidence is focused on evaluation of practice within services often with poor experimental control and overall methodology. In addition to outcomes, it is important to consider process questions such as the extent to which people with ID can access and engage with therapies such as CBT. In conclusion, I will propose the core elements of an agenda for future research in this field.

**Symposia**

**Recent developments in treatment and understanding of posttraumatic stress disorder and symptoms related to aversive autobiographical memories in other disorders**
Markus Streb, Saarland University, Germany

**PTSD in paramedics: The role of resilience and sense of coherence**
Tanja Michael, Saarland University, Germany; Pascal Haller, Saarland University, Germany
Paramedics are subjected to traumatic experiences on a daily basis and thus show higher PTSD rates than the general population. Nevertheless, the vast majority of paramedics does not develop PTSD. Even though much is known about risk factors for PTSD, we currently have little knowledge about potential protective factors. The current study investigated the protective influence of SOC and resilience.

In a cross-sectional study resilience and sense of coherence (SOC) in relation to severity of posttraumatic stress symptoms were investigated in 668 paramedics from German-speaking Switzerland and the principality of Liechtenstein. Posttraumatic Stress Disorder (PTSD) symptoms were measured with the Posttraumatic Stress Diagnostic Scale (PDS). Resilience and SOC were measured with the Resilience Scale (RS-11) and the Sense of Coherence Scale (SOC-L9).

The correlation analysis revealed that, as expected, both resilience and SOC were associated with PTSD symptoms. The regression analysis showed that 19% of the total variance in symptom severity was explained by these variables. However, SOC was a better predictor than resilience for severity of PTSD symptoms, as SOC accounted for much more unique variance in symptoms than resilience. Furthermore, psychological preparation for traumatic experiences was associated with less severe PTSD symptoms and increased SOC.

These results implicate that specific trainings for persons faced with traumatic events on a daily basis (e.g., due to occupational reasons) could enhance resilience and, especially SOC, and thus prevent them from developing PTSD.

**Using neuroimaging to understand flashbacks: Can the brain inform treatments?**
Emily Holmes, University of Oxford, UK; Clare Mackay, University of Oxford, UK
There is currently a lack of preventative interventions for posttraumatic stress disorder (PTSD). The experience of the individual at the time of a traumatic event has been consistently implicated in PTSD development. Further, flashbacks soon after trauma are predictive of later PTSD. Understanding the neural basis of flashback formation may identify potential targets for preventative interventions. Work will be presented that combined an experimental analogue of trauma with neuroimaging techniques. Non-clinical participants were asked to watch traumatic footage while undergoing functional magnetic resonance imaging. Areas of the brain associated with autonomic arousal, mental imagery, and emotion were found to have higher levels of activation during moments of the film that were later experienced as flashbacks compared to moments that did not flash back. These results are an almost exact replication of recent work published by our lab (Bourne et al., in press). Results will be discussed in relation to informing preventative interventions for flashback development.

**Treating trauma symptoms in the context of bipolar disorder**
Aiysha Malik, University of Oxford, UK; Guy Goodwin, University of Oxford, UK; Emily Holmes, MRC Cognition and Brain Sciences Unit, Cambridge, UK
Exposure to traumatic events and post-traumatic symptoms are highly prevalent in patients suffering from Bipolar Disorder (BD), with reported rates ranging around 30-66%. However these symptoms often remain neglected in current assessment and treatment models of BD (Di Simplicio et al., Am J Psychiatry 2012). Findings from a recent study in our lab suggest that the bipolar spectrum could be associated with higher susceptibility to developing intrusive imagery after an experimental trauma paradigm. This supports the hypothesis that addressing trauma-related symptoms with an imagery-focused approach could be useful for the psychological treatment of BD. Such interventions could hold potential for improving our capacity to prevent mood instability in youth BD.

The effects of neutral, regular, and positive rescripting on aversive autobiographical memories and their associated emotions

Emily Holmes, Cambridge University, UK; Maaike Nauta, University of Groningen, the Netherlands; Claudi Bockting, University of Groningen, the Netherlands

In recent years, there has been an increased recognition of the important role imagery plays in a wide range of psychiatric disorders. Experimental studies have demonstrated that imagery elicits more emotions than verbal material does (Holmes & Mathews, 2005; Holmes, Mathews, Mackintosh, & Dalgleish, 2008). Therefore, it may be beneficial to target imagery in psychopathology. Imagery Rescripting is a therapy technique targeting mental imagery, and preliminary results concerning its effectiveness are promising (for an overview of the current literature, see Arntz, 2012).

A series of experimental studies conducted in a student population will be presented in which the effects of Imagery Rescripting on aversive autobiographical memories and their associated emotions are investigated. Various methods of Imagery Rescripting were compared in order to determine the possible underlying mechanism of imagery rescripting. Specifically, we compared the valence of rescripting – neutral, regular, or positive – to establish which was more effective. Using a within-subjects design, 48 participants recalled an aversive memory while either simultaneously performing an Imagery Rescripting exercise or, in the control condition, performing no Imagery Rescripting exercise. Two Imagery Rescripting exercises were compared, one that aimed to change the maladaptive cognition-relevant features of the image, and one that aimed to change the perceptual features of the image. Results indicated that both types of rescripting, compared to the control condition, reduced unpleasantness of the memory (ts (47) > 2.18, ps < .05). Furthermore, changing the perceptual features was associated with a larger decrease in negative emotions associated with the memory than changing the cognition-relevant features of the memory (ts(47) > 2.18, ps < .05).

The presented results shed light on the underlying mechanisms of Imagery Rescripting and on how Imagery Rescripting may be used as an intervention in psychopathology.


Imagery Rescripting as a treatment for PTSD: Clinical effects and basic research

Arnoud Arntz, Maastricht University, the Netherlands

In Imagery Rescripting the memory representation of a traumatic (or otherwise negative) event is changed by fantasizing a different outcome that meets the needs of the patient better. Imagery Rescripting can be applied to memories of events that really happened in the past, but also to imagined events (like in nightmares, or feared future catastrophes). Although it is often applied when patients report intrusions (esp. of a visual kind), the technique can also successfully applied to change the meaning of experiences that contributed to dysfunctional schemas. In this contribution I will focus on applications in complex PTSD, and discuss the empirical evidence for the effectiveness of the technique in these disorders. I will also discuss possible mechanisms that underlie the technique and some lab tests investigating hypothesized mechanisms, especially that it is a change of meaning that underlies the effects of Imagery Rescripting.

New research developments in the psychological understanding of OCD

Catharina Giele, Utrecht University, The Netherlands

Differences in effectiveness of physical and mental washing in reducing mental contamination

Katie Waller, Griffith University, Australia

Previous research has demonstrated that contamination-related feelings can be evoked in the absence of a physical stimulus using an imaginal task: A non-consensual kiss. The current study investigated the effects of different "de-contamination" methods in reducing the perception of mental contamination following a non-consensual kiss induction method. Results demonstrated that both physical washing (using mouthwash) and imagined washing were both effective at reducing mental contamination, but that physical washing was less effective across several measures of contamination. Implications of this finding for the understanding of compulsive cleaning behaviours will be discussed.

OCD: Inferential confusion or prudential reasoning?
Francesco Mancini, Scuola di Psicoterapia Cognitiva (SPC), Italy

Introduction. According to Aardema, O’Connor & Pelissier (2009), people with OCD distrust reality—the world of the senses—and favor subjective possibilities (i.e., the obsessional doubt) that negate the senses. These two inferential components (dismissing reality and favoring hypothetical possibilities) together constitute an inferential confusion, where the person gives credibility to a possible state of affairs even though contradictory evidence is coming through the senses. In a recent experiment (2009), the authors confirmed this thesis, showing that people with OCD are more affected by possibility-based information (i.e. leading to higher levels of doubt), than non clinical participants. However, it is worth noting that in the Inference Processes Task, which was used by the authors to measure changes in level of doubt, the reality based information were always congruent with the safety hypothesis, while the possibility-based information were always congruent with the danger hypothesis. We argue instead that people with OCD tend to use a prudential reasoning strategy, which leads to the systematic confirmation of the danger hypothesis and the disconfirmation of the safety one (e.g., Mancini & Gangemi, 2004; Jonson-Laird, Mancini & Gangemi, 2006). In line with this, we hypothesize that obsessive patients tend to favor information that are congruent with the negative hypothesis, regardless they are possibility- or reality-based information.

Method. In this study, the OCD group consisted of 40 patients, while nonclinical group consisted of 42 healthy people. Both groups were divided into two subgroups (OC subgroup vs. control subgroup). Two subgroups were presented with the original version of the Inference Processes Task, while the other two subgroups were given the modified version of the task. All participants were presented with two written scenarios leading up to a particular inference: OCD relevant scenario vs. Non-OCD relevant scenario.

Results. For the OCD scenarios, significant differences in the cumulative impact of possibility based information between the clinical and non clinical groups were found (p < .05), in both the versions of the task. In line with our hypothesis: 1. obsessive group scored higher in the levels of doubt, than non clinical group, when the possibility based information were congruent with the danger hypothesis, as in the Aarderma and coll.’s original task; 2. obsessive group scored lower in the levels of doubt, than non clinical group, when the possibility based information were congruent with the safety hypothesis, as in our modified version of the task.

Discussion. Findings confirm that individuals with OCD are more affected by information that are congruent with the negative hypothesis, regardless they are possibility- or reality-based information, than non clinical groups.

Conclusions. In the face of exposure to a threat, obsessive patients would adopt a prudential reasoning strategy. It focuses them on the danger and leads them to search for examples confirming it. Then, it seems more plausible that OC patients reason in a prudential way than make inferential confusion.

Checking responses to mild uncertainty in patients with OCD

Marcel van den Hout, Utrecht University, the Netherlands; Iris Engelhard, Utrecht University, the Netherlands; Ignace Hooge, Utrecht University, the Netherlands; Daniëlle Cath, Utrecht University, the Netherlands

Patients with OCD respond to clinical uncertainty (e.g. “is the gas stove turned off?”) with perseverative checking, which, ironically, enhances uncertainty. However, patients also display general, subclinical uncertainty. An extra, mild, uncertainty may then be super-imposed on this level of general uncertainty, which may tempt vulnerable individuals to seek reassurance by repetitive checking in response to this mild uncertainty. Recently, a first study showed that individuals with subclinical OCD indeed respond with more checking behavior to mildly uncertain situations, as opposed to individuals with no OCD tendencies. In the present study we investigated the same phenomenon in patients with OCD.

Participants (OCD patients and healthy controls, matched on gender, age and level of education) were presented 50 visual search displays, and indicated whether a target was “present” or “absent” (50% contained a target). Decisions about target-presence induced little uncertainty, but decisions about its absence were more ambiguous, because they relied on not having overlooked the target. Checking was measured by search time, and number of fixations (assessed with an eye tracker).

Results of the study will be presented and discussed at the conference. They will shed light on patients’ responses to mildly uncertain situations that are not linked to their obsessions. When patients with OCD indeed display the same checking behavior in response to these situations, this may have implications for treatment. Relapse after treatment may be reduced if patients are urged not to give in to checking temptations even regarding mild uncertainties, because this may also paradoxically enhance uncertainty.

The effects of perseveration in OCD on semantic satiation and dissociative doubt

Marcel van den Hout, Utrecht University, the Netherlands; Iris Engelhard, Utrecht University, the Netherlands

Individuals with obsessive-compulsive disorder (OCD) exhibit perseverative behaviours (e.g., checking) to reduce uncertainty, but perseveration paradoxically enhances uncertainty (van den Hout & Kindt, 2003). The crucial question is: how does perseveration breed dissociative uncertainty? Findings on inhibition of ‘spreading of activation’ may be relevant. When a stimulus (e.g., apple) is processed, semantically-related concepts (e.g., banana) become more accessible. However, when a stimulus is repeatedly processed, spreading of activation is disrupted. This leads to diminished accessibility of semantically-related stimuli is (‘semantic satiation’). OC-like repetitive behaviour (like checking) may also interfere with spreading of activation of semantic related concepts, thereby reducing access to the meaning of that behaviour. This may result in the ambivalent uncertainty that is experienced by patients with OCD (e.g., “I can see the switch is off, but it feels
fuzzy and unreal”). Earlier, we found that perseverative checking induces semantic satiation and dissociative uncertainty in healthy participants (Giele et al., 2013).

The present research further examined these effects of perseveration in patients with OCD. The first study examined the effects of real-life clinical perseverative behaviour on dissociative uncertainty in OCD patients. After patients completed their compulsive behaviour at home, they completed a short questionnaire about dissociative feelings they experienced during perseverating.

The second study examined whether OCD patients report more dissociative uncertainty and display a higher level of semantic satiation after perseveratively repeating words, compared to healthy controls. Participants repeated 60 words perseveratively (20 times) or non-perseveratively (2 times). After each trial, they decided as quickly as possible whether a given word was semantically related or unrelated to the repeated word. They also completed questionnaires about dissociative uncertainty and intolerance of these feelings.

Results will be presented at the conference. Theoretical implications with respect to possible mechanisms by which OCD is maintained and how OC-like perseveration induces feelings of uncertainty will be discussed, as well as potential clinical implications.

New research developments in the psychological understanding of OCD
Brenda Chiang, University of Waterloo; Adam Radomsky, Concordia University, Canada

Researchers have long identified guilt as an important factor in the development and persistence of obsessive-compulsive disorder (OCD; Rachman, 1992; Shafran, Watkins, & Charman, 1996), but individuals with OCD do not appear to differ from anxious and non-anxious controls in trait or state levels of guilt (Steketee, Quay, & White, 1991). Gangemi and Mancini (2004) have instead proposed that individuals with OCD are higher in fear of guilt, rather than trait or state guilt. That is, instead of fearing the negative outcome itself, individuals with OCD fear that they will be judged by themselves and by others as responsible and guilty for that harm. These individuals find this guilt intolerable and perseverate in attempts to avoid, prevent, or neutralise the feared feeling of guilt. Given that doubting and indecisiveness are considered to be key features of OCD (Foa et al., 2003; Summerfeldt et al., 1998), we hypothesize that high fear of guilt evokes a cautious decision-making style, wherein individuals need more information and more time than normal to make a decision. As well, since one cannot know with certainty whether a course of action will lead to more harm than another, we posit that fear of guilt will undermine individuals’ confidence in and comfort with decisions they have made. To test this, 63 undergraduate participants completed measures of state and trait fear of guilt, performed a fear of guilt induction task, and then made decisions about hypothetical situations. Results suggest that fear of guilt does not predict more cautious decision-making when assessed by objective indicators, such as total number of pieces of information requested or time taken before making decisions. However, higher fear of guilt was associated with greater feelings of doubt when making decisions. After controlling for relevant factors, fear of guilt predicted retrospective reports of greater difficulty making decisions, as well as less satisfaction with and lower confidence in having made the right decisions. Implications of these findings for our understanding of OCD will be discussed.

Worry and rumination; Recent advances in understanding the mechanisms
Maurice Topper and Maarten Eisma, University of Amsterdam and University of Utrecht, The Netherlands

Avoiding emotions or emotional contrast experiences; A functional perspective on worry
Paul Emmelkamp, University of Amsterdam, the Netherlands; Thomas Ehring, University of Munster, Germany

A growing number of studies indicate that worry is a transdiagnostic process that cuts across the boundaries of (a range of) psychological disorders and is causally related to the onset and maintenance of these disorders. Therefore, identification of the functions of worry may be useful for the development of therapeutic methods to be used in treatment and prevention. According to the cognitive avoidance theory, worry may function as an affective dampening strategy motivated by intolerance of negative emotional states. The cognitive avoidance strategy is challenged by the newly developed contrast avoidance theory which states that worry does not dampen, but instead, increases affective responses in order to avoid an unexpected negative emotional shift that may occur in a feared situation. In a series of experiments, we induced worrisome thought and tested both theories by assessing the immediate effects, as well as the subsequent effects during a social-evaluative stressor task. Although our results show that worry appeared to increase immediate subjective reactivity, worry did not increase immediate physiological reactivity. Subsequent responses during the social-evaluative stressor task were dampened through prior worry on both the subjective and physiological level. Both theoretical and clinical implications of these findings will be discussed.

Phenomenological aspects of repetitive thinking in the development and persistence of psychopathology after bereavement
Paul Boelen, University of Utrecht, the Netherlands

There is increasing evidence that negative repetitive thinking is involved in the development and persistence of prolonged grief disorder (PGD) and other forms of psychopathology that can develop after the death of a loved one. At the same time, thinking repetitively about one’s feelings about the loss and about the meaning and implications of the loss for one’s
past, present, and future seems an integral part of the normal process of coming to term with loss. Thus, it seems useful to enhance knowledge about distinguishing features of adaptive vs. maladaptive repetitive thinking after bereavement.

The study presented in this talk aimed to do so. In this study, a large sample of bereaved individuals completed measures about trait rumination and trait worry, together with measures tapping symptom levels of PGD and depression. In addition information was gathered about the frequency, content, concreteness, and emotional valence of repetitive thoughts about a number of broadly defined themes including the cause and meaning of the loss and the future. Finally, participants were invited to briefly describe any other (positive and negative) themes that they thought about frequently in the aftermath of their loss.

Among other things, we investigated the content, concreteness, and emotional valence of themes that with high and low symptom-levels of PGD and depression most frequently thought about, also taking into account the relative importance of trait rumination and worry. We also examined the interplay between the emotional valence and concreteness of repetitive thinking; specifically, we tested the hypotheses that higher levels of PGD and depression would be observed among individuals whose thoughts about themes with negative valence were more abstract and whose thoughts about themes with positive valence were more concrete.

I think, therefore I avoid; Eye tracking evidence for an avoidance conceptualisation of rumination after loss

Margaret Stroebe, Utrecht University, the Netherlands; Henk Schut, Utrecht University, the Netherlands; Paul Boelen, Utrecht University, the Netherlands; Wolfgang Stroebe, Utrecht University, the Netherlands; Jan van den Bout, Utrecht University, the Netherlands

The current contribution addresses the function of rumination in bereavement. Although most people adjust to bereavement without professional intervention, a minority develops mental problems. Because the consequences of a loss event vary, it is crucial to identify modifiable determinants of the grieving process, so that these can be altered therapeutically. One modifiable risk factor is rumination. Rumination is a prospective predictor of symptoms of psychopathology in bereaved individuals (Nolen-Hoeksema, 2001). However, it is unclear why rumination is maladaptive.

Some researchers claim rumination is maladaptive because it repeatedly confronts people with their negative emotions and problems. Other researchers claim rumination serves as avoidance of the most painful aspects of the loss, which hampers acceptance and adjustment to the loss (Stroebe, Boelen, van den Bout, Stroebe, Salemink, & van den Bout, 2007). In the current contribution the claim that rumination serves as avoidance was empirically investigated. Two groups of bereaved individuals, high (n = 26) and low on rumination (n = 26), repeatedly looked at pictures of the deceased and strangers combined with loss-related, negative and neutral words in twenty-four 10 second trials. Gaze direction was measured with eye tracking technology. Repeated measures MANCOVA’s and a MANCOVA show high ruminators and low ruminators do not differ in their attention to different types of stimuli in the first 1500ms of presentation. However, high ruminators consciously look less at loss-related material than low ruminators in the last 8500ms, even when corrected for symptom levels of various psychiatric disorders. This supports the claim that rumination has an avoidance function in the bereavement process. Furthermore, it implicates confrontation techniques may be appropriate to reduce rumination and grief symptoms therapeutically.

The differential effects of co-brooding and co-reflection on depressive symptoms in early adolescence

Patricia Bijttebier, University of Leuven, Belgium; Filip Raes, University of Leuven, Belgium; Michael Vasey, Ohio State University, Ohio

Co-rumination, or excessively discussing personal problems within a dyadic relationship, has been repeatedly associated with depressive outcomes. Co-rumination can be considered an interpersonal form of rumination (i.e., perseverative attention to negative affect and its causes and consequences). Rumination consists of two components: a passive and catastrophizing component, brooding, which increases depressive feelings; and an active and analyzing component, reflection, which appears to be unrelated to or protective against depression. The present study is the first to explore the existence of comparable subtypes in co-rumination. The study also examined the extent to which co-brooding and co-reflection differentially predict depressive symptoms, both cross-sectionally and over a three-month interval, and investigated if they do so over and above intrapersonal rumination. A community sample of 371 pupils (63.1% girls) aged 9-15 years participated. Confirmatory factor analysis showed that a two-factor model with co-brooding and co-reflection fit the data better than a one-factor model. Co-brooding was uniquely positively associated with prospective depressive symptoms, whereas co-reflection was uniquely negatively associated with prospective symptomatology. This pattern of results was unchanged when controlling for intrapersonal brooding and reflection. The results underscore the importance of considering the way in which people co-ruminate instead of emphasizing an overall negative effect of co-rumination. The results further underscore the added value of assessing co-rumination (subtypes) on top of rumination (subtypes). More studies are needed to replicate these findings in other age groups, in clinical samples and over a longer follow-up period.

Watch out, or your gaze takes control! The role of attentional bias in the development, maintenance and treatment of psychological disorders

Madelon van Hemel-Ruiter, University of Groningen, The Netherlands
Translation of ABM-training to the context of (analog) trauma: Enhanced disengagement from visual trauma reminders lowers subsequent intrusive imagery.

Ineke Wessel, University of Groningen, the Netherlands; Peter de Jong, University of Groningen, the Netherlands

In this talk, I will translate basic ideas behind ABM-training to the context of trauma. In three experimental studies, participants were presented with a trauma film and subsequently allocated to an ABM-training condition or one of several control conditions. In the computerized ABM-training condition, participants were trained to direct their attention away from visual trauma reminders (i.e., stills from the trauma film); control conditions consisted of the training task without the essential training ingredients, a condition in which participants learned to direct attention towards trauma reminders (engagement training) and a basic control condition in which participants completed a series of questionnaires. Subsequent to the ABM training, effects were investigated on an independent measure of attention bias using rapid serial visual presentation (RSVP) methodology and several indices of intrusive imagery. Preliminary results indicate that ABM-training could be effective in lowering both attention bias as well as intrusive imagery.

Attention for fat food - associations with obesity and overweight in adults and children

Anne Roefs, Maastricht University, the Netherlands; Chantal Nederkoorn, Maastricht University, the Netherlands; Karin Mogg, University of Southampton, UK; Brendan P. Bradley, University of Southampton, UK; Anita Jansen, Maastricht University, the Netherlands

According to theoretical models biased attention for food cues is related to craving and food (over)consumption. We assessed attention biases towards food cues by eye-movement recordings in overweight and healthy weight adults (study 1) and in obese and healthy weight children (study 2). Results from study 1 indicated that overweight/obese individuals show a distinctive pattern of attentional bias for food that was associated with craving: Overweight participants directed their first gaze more often towards food pictures than healthy weight individuals, but subsequently showed reduced maintenance of attention on these pictures. The initial orientation bias towards food was positively correlated with self-reported food cravings in overweight participants. The data of obese and healthy weight children are being analyzed and results from study 2 will be presented at the Annual Congress of the European Association for Behavioural and Cognitive Therapies in Marrakech.

The predictive role of reward-related attentional biases for adolescent substance use

Peter de Jong, University of Groningen, the Netherlands; Tineke Oldehinkel, University Medical Center Groningen, the Netherlands

Substance abuse and dependency are major problems in society, at both the individual and the societal level. The use of substances often already starts in adolescence, and it has been shown that the early experience with addictive substances is a reliable predictor of later dependence and abuse. Therefore, it seems highly significant to enhance insight in the factors that contribute to the onset of (adolescent) substance misuse and addiction. Germane to this, there is growing evidence that appetitive, reward-related bias plays an important role in the onset and maintenance of substance use problems. The selective processing of reward-directed behavior may facilitate detection of substances with desirable (rewarding) consequences. Subsequently, after repeated experiences of the rewarding effects of drug taking, people may end up in a self-reinforcing ‘attentional bias - craving cycle’: attentional bias for drug cues may facilitate the generation of craving, whereas craving may enhance further attentional bias for drug cues, etc.

The present study aimed to investigate whether appetitive, reward-related attentional bias is predictive for future adolescent substance use. Participants were 654 members of the non-clinical research group of the Tracking Adolescents’ Individual Life Survey (TRAILS), a large prospective population study of Dutch adolescents with bi to triennial measurements from age 11 to at least age 25. This study reports data from the third and fourth assessment wave, in which participants were around 16 (M=16.3, range 14.7-18.7) and 19 (M=19.1, range = 18.0-20.9) years old. In wave three, participants completed a modified Spatial Orienting Task (SOT; Derryberry & Reed, 2002) and in waves three and four they filled in a substance use questionnaire (TRAILS, 2001). The SOT was developed to explore to what extent people direct and hold their attention to places where a potential reward is expected, and/or to places where prevention of punishment (i.e., nonpunishment) is expected. Further, this task is able to differentiate between two types of reward related biases: enhanced engagement and difficulty to disengage attention from reward-relevant cues. Both types of biases in spatial attention may independently contribute to the development of substance use and misuse.

Concluding, the current study used a behavioral measure to examine the predictive role of reward-related attentional bias in substance use. Because this study focused on (young) adolescents, it provides a unique opportunity to behaviorally test the role of appetitive attentional bias in the initiation stage of substance use and may give clues for preventing the development of substance use problems.

The nature and context of threat: Attentional bias in fear of flying.

Rudi De Raedt, Ghent University, Belgium

Excessive attention towards threat is a robust finding in a variety of anxiety disorders and it is assumed that attentional bias plays a key role in the etiology and maintenance of anxiety. Whereas attentional bias has been extensively investigated in other types of phobias (e.g. animal phobias), it has remained uninvestigated in fear of flying (FOF). Clinically,
individuals with FOF report excessive attention towards ‘alarming’ flight related stimuli. On the other hand, individuals with fear of flying often do not report fear when confronted with ‘neutral’ flight-related stimuli. Interestingly, recent research has shown that individuals with FOF show enhanced processing of internally-related threat stimuli. Fear of flying seems to be a complex phenomenon with different types of threat being relevant. The current study set out to explore attentional bias in FOF with different types of threat-related stimuli.

The first study had a sample of 38 undergraduate students: 18 with FOF, the other 18 were controls. AB was operationalized in an exogenous cueing paradigm where participants are asked to respond to a target that was preceded by a cue presented on either the same side or the opposite side of the screen. The cues used in this study were either neutral pictures, flight related externally threatening pictures (e.g. crashes), flight related internally threatening (e.g. pictures of people showing physical signs of fear in the cabin environment) and flight related neutral pictures (e.g. an aircraft on the runway). In order to explore the time course of the attentional bias, cues were presented for either 200ms or 1000 Ms. Results showed only a significant group difference in attending the flight-related neutral pictures presented at a 1000 Ms. This finding was unexpected and moreover, there were no significant findings with regard to the actually threatening material. The lack of findings may have been due to the fact that the experiment was run in a non-flight-related situation.

The second study subsequently used an analogous exogenous cueing paradigm with the same categories of cues, but here the cues were words. Moreover, to create a more flight-related context subjects were asked to listen to neutral cabin sounds while performing the task. Here, the sample consisted of 16 student controls and 17 students with FOF. Here the results showed that individuals with FOF showed an attentional engagement towards flight-related externally threatening material, and an even stronger disengagement effect for internally threatening material. The two studies described above show that attentional bias in FOF is not a robust finding which only seems to present a specific context, namely the flight-related context. This is in line with previous findings that describe self-implication as an important factor for FOF. Second, not only externally threatening material is relevant in FOF, but more importantly also internally threatening material plays an important role. This is also in line with previous findings showing enhanced processing of internal material and enhanced interoceptive awareness in FOF. Implications for future research and treatment of the disorder are discussed.

Early interventions for anxiety at various stages
Ellin Simon, Open University of The Netherlands, The Netherlands

Reducing the trajectory toward emotional disorders through early intervention
Ron Rapee, Macquarie University, Australia

Anxiety and mood disorders are responsible for huge costs to society as well as a great deal of personal suffering. Although prevention and early intervention for several disorders has been empirically evaluated, these approaches to emotional disorders have lagged behind.

The current talk will describe Cool Little Kids, a brief parent-focused early intervention to reduce risk for anxiety and mood disorders. The program is targeted toward children of preschool age who are at high risk by scoring high on measures of inhibition. The program is directed to the parents who are taught strategies to build coping in their young children. Several minor variations of the program and target populations have been conducted. The talk will provide an overview of our results.

In the primary study, parents of withdrawn and inhibited children aged 3.5 to 4.5 years attended brief intervention using Cool Little Kids (6 sessions). Children were assessed at yearly intervals over the following 3 years (to age 7) and were then assessed again 8 years later (age 15). Compared with a monitoring only condition children whose parents received the intervention program were significantly less likely to have an anxiety disorder at any time point than were children whose parents had no intervention, and at age 15 girls also were less likely to demonstrate a depressive disorder. Additional studies have targeted children who were even more extremely withdrawn and anxious and who also had one parent with an anxiety disorder or have included a component for the child. Currently, we are engaged in a study to examine community rollout of the program.

Child-directed CBT for young anxious children aged 4 to 7 years
Susan Bögels, University of Amsterdam, the Netherlands

Anxiety disorders are already present in young children under the age of 8 years. Recently, more research appeared on the treatment of anxiety in these younger children. Much of the treatment programs for these young children are based on CBT and are either completely directed at the parents, or parental involvement is a big component of the treatment. However, different review studies including older children showed no effect or even a negative effect of parental involvement in the treatment of child anxiety. Despite the negative results of parental involvement in the treatment of children with anxiety disorders from age 8 on, it is often assumed that at a younger age, parental involvement is needed. However, this assumption has not really been tested. Therefore, in this study, a child-focused group CBT treatment was developed for young children with anxiety disorders, with as little parental involvement as possible. The preliminary results of the efficacy of a 8 sessions child focused group treatment, based on CBT, for young children (n=16) aged 4 to 7 years will be discussed. Assessments involved child self-report, parent report (mothers and fathers) and teacher report before and after treatment, and at a 2-month follow-up. Also changes in parenting behaviours were measured.
Early child- versus parent-focused intervention in middle-aged anxious children
Susan Bogels, University of Amsterdam, the Netherlands; Carmen Dirksen, Academisch Ziekenhuis Maastricht, the Netherlands

The onsets of anxiety disorders peak in middle-aged children. It is, therefore, of importance to aim early interventions for anxiety at middle-aged children. The improvement of cognitive capacities at this age makes intervening via the children easier. However, intervening via parents could prove to be efficacious too, because parenting styles can be stimulated and therapeutic skills are likely to be generalised to the home situation.

High-anxious children were recruited from a community sample and they were randomized to either a child-focused intervention (n = 58), a parent-focused intervention (n = 69) or to a natural course group (n = 56). In addition, a median-anxious natural course group (n = 74) was recruited. These four groups were examined before the interventions, and one and two years afterwards. This set-up offers unique insight into the efficacy of intervening in high-anxious children, the efficacy of intervening either via children or via parents, and the natural course of high- versus “normal”-anxious children.

At the conference, the development of these four groups on anxiety symptoms, anxiety diagnoses, and parenting styles will be presented. Additionally, the cost-effectiveness of screening and offering an intervention will be discussed.

Prevention of social anxiety in adolescents: is efficient early intervention possible?
Esther Sportel, GGZ Drenthe, the Netherlands; Peter de Jong, University of Groningen, the Netherlands; Maaike Nauta, University of Groningen, the Netherlands

Social fears are a common phenomenon among children at secondary schools; many adolescents worry about social relations, appearances and school assignments. Common social fears may develop into a clinical social anxiety disorder which may seriously influence quality of life. Therefore, it seems important to prevent the onset or further development of social anxiety, and the school environment offers a practical and accessible entrance to at-risk children. The Pasta study (www.projectpasta.nl; Sportel, de Hullu, de Jong & Nauta, 2013) tested the short-term and long term effects of two early interventions for social anxiety and test anxiety in adolescents. From a sample of 1811 adolescents (age 12-14), 240 adolescents with elevated symptoms of social or test anxiety were selected and, at school level, randomly allocated into a Cognitive Behavioral Group training (CBT), an online Cognitive Bias Modification training (CBM), or a no-treatment control group (CTRL). Mental health outcomes were assessed at posttest, 6 months, 12 months, and 24 months follow up. CBT led to a relatively strong decrease in social anxiety at 6 month follow up, but this initial advantage of CBT disappeared at longer follow-up (all conditions eventually showed a similar decline in social anxiety symptoms). Both CBT and CBM did however result in a stronger and persistent decrease of test anxiety than the control condition, with medium effect sizes. Thus CBT and CBM had some impact, although not as much as was initially expected. A recent meta-analysis of school based interventions (Mychailyszyn, Brodman, Read & Kendall, 2012) shows that such a pattern could be expected from school based interventions for anxiety and depression, with only medium effect sizes and loss of effect at follow up. In the current presentation, we will discuss a few of the questions arising from this study and the broader field of indicated prevention for anxiety adolescents. What can we do to improve effect sizes? Should we disseminate the interventions disregarding these small to moderate effects? Is intervention in this group actually needed?


What can fathers do to prevent their children from developing a social anxiety disorder?
Mirjana Majdandžić, University of Amsterdam, the Netherlands; Wieke De Vente, University of Amsterdam, the Netherlands; Floor Van Oort, Erasmus Medisch Centrum, Erasmus Medisch Centrum; Johan Ormel, Rijks Universiteit Groningen, the Netherlands; Susan Bogels, University of Amsterdam, the Netherlands

Recent research shows that the role of fathers in the transmission of anxiety disorder might be relatively more important in comparison to the role of mothers. Regarding social anxiety disorder, the father model (Bögels & Perotti, 2011) predicts that children rely for social anxiety on paternal social threats signals, because fathers are evolutionary specialized in external protection, which is relevant for social anxiety. The present study investigated the association between paternal social anxiety and social anxiety disorder and anxiety disorders in their offspring, and the role of paternal parenting in this transmission in a representative community-based sample with 1067 fathers and their children (+/- 19 years). Father’s actual social anxiety was measured with the 18-item Social Phobia and Anxiety Inventory and his parenting behavior with parenting and parental engagement questionnaires. His child’s DSM-IV social anxiety disorder (SAD) and other anxiety disorders were measured with the CIDI. Data are derived from the fourth wave of the TRACKing Adolescents’ Individual Lives Survey (TRAILS).

Results show that social anxiety of the fathers was associated with more SAD and more anxiety disorders in general in their offspring. Further, SAD in offspring was associated with less paternal engagement with his child. And any anxiety disorder in offspring was associated with less paternal engagement, more overprotective paternal parenting behavior, and with the interaction between his engagement with his child and challenging parenting behavior.

These results show that father’s social anxiety may be an important focus for early intervention for their offspring. Probably, if fathers treat their social anxiety their children might profit from less SAD and anxiety disorders in general.
Further, these results indicate that fathers should be encouraged to spend time with their children and to be challenging with their child in case they spend enough time with them.

CBT for anxiety disorders in youth: secondary outcomes, predictors of treatment outcome and clinical implications
Maaike Nauta, University of Groningen, The Netherlands

The role of executive functioning in responding to CBT
Sanne Hogendoorn, Academic Medical Center Amsterdam, the Netherlands; Else de Haan, Academic Medical Center Amsterdam, the Netherlands; Pier Prins, University of Amsterdam, the Netherlands; Catharina Hartman, University Medical Center Groningen, Groningen, the Netherlands

The present study examines the predictive role of executive functioning in the context of treatment outcome. Executive functions are responsible for guiding and monitoring behaviors, cognitions and emotions, especially when the learning of new behavior is concerned. Such functions include planning and organizing, focusing and switching attention, inhibition of dysfunctional responses, monitoring of behaviour and initiating behavior. These functions may be especially relevant in the context of treatment, where new behaviors are being taught. Children with better capacities to switch their attention (e.g. to non-threatening outcome of exposure exercises), or to initiate new behaviors (as in exposure), or to inhibit dysfunctional behaviors (such as avoidance), may be more susceptible to change through CBT. Participants were 148 children and adolescents (ages 8-18) with DSM-IV-TR anxiety disorders who received a 12-session CBT program (adapted Coping Cat manual). The program emphasises exposure exercises and also teaches different skills such as relaxation, cognitive restructuring, coping, and rewards. Parents were given information about the rational of the treatment and the child exercises. There was no separate parent program.

Children were assessed at pretreatment, posttreatment and three months follow-up, both by self-report and parent report (RCADS) and the semi-structured diagnostic interview ADIS-c/p. Multiple regression analyses were conducted to evaluate the following pretreatment and posttreatment variables as potential predictors of treatment response at follow-up: baseline level of anxiety symptoms and executive functions as measured by a parent report questionnaire the BRIEF (subscales Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials, Monitor). Results will be presented and clinical implications will be discussed.

Therapeutic alliance as a facilitator of treatment response
Krister Fjermestad, Haukeland University Hospital/Frambu centre, Norway; Odd Havik, University of Bergen, Norway; Einar Heiervang, University of Oslo, Norway

Whether the child-therapist relationship variable ‘alliance’ is a predictor of outcome in child treatments has been questioned lately. Results from previous studies are mixed and it seems that the timing and source of alliance measures are central to the role of alliance in predicting outcome. The current presentation focuses on the alliance as a predictor of outcome in a large randomized controlled trial for youth anxiety disorders conducted in regular child and adolescent mental health clinics. This is the child part of the ATACA-study. Youth with separation anxiety disorder, social phobia, and generalized anxiety disorder (N = 182, M age = 11.5) were randomized to individual CBT (ICBT), group CBT (GCBT) or waitlist. The presentation focuses on the following questions: Does alliance predict diagnostic recovery and anxiety symptom change across treatment format and disorders? Early alliance was measured from the perspectives of youth and therapists. For the total sample, alliance did not predict outcome. However, when considered separately, alliance predicted different outcome variables in ICBT compared to GCBT. Child alliance significantly predicted child-rated anxiety symptom change in ICBT, while therapist-rated alliance significantly predicted parent-rated child anxiety symptom change in GCBT. Although specific effects for social phobia were not found in the current sample, a discussion about the role of the alliance for youth with social phobia will be presented, as it may be argued that the alliance may be particularly important for youth with social worries.

Good social skills are beneficial for good outcome in CBT
Birgit van Widenfelt, Leiden University Medical Center, the Netherlands; Maaike Nauta, University of Groningen, the Netherlands; Arnold Goedhart, Leiden University Medical Center, the Netherlands; Elisabeth Utens, Erasmus Medical Center Rotterdam/ Sophia Childrens Hospital, the Netherlands; Philip Treffers, Department of Child and Adolescent Psychiatry, Leiden University Medical Center, the Netherlands

Treatment may be less effective in children with social skills difficulties, as both the treatment itself, and many of cognitive behavioural therapy (CBT) exercises involve interaction with others (e.g., therapist, parents, peers, etc.). Children with better social skills, who are at ease showing prosocial behaviour, might benefit more from treatment; their skills facilitate experimentation with and generalization of newly learned skills. Social Phobia (SOP) may influence the benefits of CBT in a negative way as socially phobic children may show difficulties with the practice of newly learned behaviours, for instance when interacting with the therapist, or in executing peer-related homework assignments. On the other hand, interacting with the therapist(s) may also work as exposure for children with SOP. The predictive value of social skills (assertion, responsibility and self-control), for outcome of Cognitive Behavioural Treatment (CBT, FRIENDS program) in anxious children with and without SOP (aged 8-12, N=133) was investigated. Pre- to post treatment Reliable Change (RC) and
Treatment Recovery (TR) were assessed from a multi-informant perspective, using diagnostic information, child-reported anxiety symptoms and parent-reported internalizing behaviour symptoms. Social skills however did predict treatment outcome as a low level of self-control in children with an anxiety disorder was a substantial predictor for treatment-outcome. Assertion showed a predictive value for outcome similar to self-control though the relationship was less consistent compared to self-control. Although anxious children with (comorbid) SOP showed less favourable levels of social skills, the presence of (comorbid) SOP did not predict RC nor TC. The results thus suggest that anxious children can benefit from a generic treatment protocol such as FRIENDS regardless the presence of SOP. Nevertheless, future studies on the treatment of childhood anxiety should investigate the mechanisms by which social skills impact on treatment outcome. Knowledge on the underlying process leading from lower self-control and assertiveness difficulties to less beneficial treatment outcomes may hold keys to a more effective treatment for anxious children.

**Non-response to cognitive behavioral treatment for pediatric OCD: Adding treatment modalities is not always necessary**

Lidewij Wolters, Academic Medical Center Amsterdam, The Netherlands

Cognitive behavioural therapy (CBT) is the first line treatment for pediatric OCD. Although there are large individual differences in treatment effect, non- or partial response to treatment receives little attention in research. In the present study we examined several potential predictors of treatment effect: severity of OCD, the rate of improvement during the first eight treatment sessions, and comorbid autistic traits. Furthermore, we examined whether patients with moderate to severe OCD can be effectively treated with CBT monotherapy, and whether continuation of CBT was an effective strategy for non- or partial responders to CBT. The first part of the study was a randomized controlled trial on the effect of CBT monotherapy versus waitlist. In the second part, an open study, we examined the effect of continuation of CBT for partial and non-responders. Participants were 59 children (8-18 years) with a primary diagnosis of OCD. Results showed that CBT was associated with a significant decrease in OCD severity, also for children with moderate to severe OCD (CY-BOCS > 23). For half of the sample CBT was continued after the protocol (16 sessions of CBT). These patients showed further improvement during continuation of CBT. More severe OCD at baseline and autistic traits predicted poorer treatment outcome. However, OCD severity and autistic traits were not predictive for the rate of improvement (the slope of the improvement curve) during CBT and follow-up. Low initial treatment response was related with poorer treatment outcome after 16 sessions of CBT. However, after one-year follow-up the low and high response group showed comparable levels of OCD severity. In conclusion, these results suggest that CBT is an effective treatment for pediatric OCD, also for patients with moderate to severe OCD and with autistic traits. Furthermore, low-response at the start may not necessarily imply non- or low-response in the end. Finally, continuing CBT after the protocol (16 sessions of CBT) lead to further improvement, at least for a considerable number of patients.

**The role of depression, self-concept and parental distress in CBT outcome for anxious children**

Krister Fjermestad, Frambu centre for rare disorders, Norway; Lars-Göran Öst, Stockholm University, Sweden; Odd Havik, University of Bergen, Norway; Einar Heiervang, University of Oslo, Norway

Cognitive Behavior Therapy is documented to be an effective treatment for youth anxiety disorders, but there are indications that youths with social anxiety disorder do not benefit as much from manualized CBT compared to youths with other anxiety disorders. The present study aimed at identifying predictors of outcome in CBT for youth with social anxiety disorders (N=84), and to compare pre-treatment characteristics in youth with social anxiety disorders to youth with separation- or generalized anxiety disorder. The study population consisted of 182 patients, all participants in the “Assessment and Treatment – Anxiety in Children and Adults” study, a randomized controlled effectiveness trial comparing individual and group CBT to waitlist for youth with separation-, social-, and / or generalized anxiety disorder in seven outpatient clinics (Mean age = 11.5 yrs). The treatment program was the "FRIENDS for life" program. Data on demographic variables were collected prior to treatment, and clinical assessment was performed pre- and post treatment. Clinical assessments included diagnostic interviews (ADIS C/P, DAWBA), evaluation of anxiety and depression symptom levels as reported from both children and parent (SCAS, SMFQ), youth self-report on self-concept (SCS), and parent self-report on general emotional stress (DASS). Pretreatment, the groups differed on self-reported and parent-reported measures. Additionally, the groups showed differential treatment outcomes. Potential predictors of outcome that will be investigated are pre-treatment SCAS-, SMFQ-, SCS- and DASS scores, as well as the presence of a comorbid depressive disorder. Furthermore, the relationship between treatment outcome and the child self-reported pre-post changes in depressive symptoms and self-concept will be investigated. Results are discussed in terms of treatment recommendations for youths with anxiety disorders.

**Translating basic research findings into clinical interventions for eating disorders**

Ulrike Schmidt, King’s College London, UK

**Training cognitive flexibility in patients with anorexia nervosa: A pilot randomized controlled trial of cognitive remediation therapy**

Wolfgang Herzog, University Hospital Heidelberg, Germany; Hans-Christoph Friederich, University Hospital Heidelberg, Germany
Inefficient cognitive flexibility appears to be a neurocognitive trait marker that plays an important role in the development and maintenance of anorexia nervosa (AN). Cognitive Remediation Therapy (CRT) is a specific evidence-based treatment targeting this neurocognitive deficit. The study aimed to investigate the feasibility and efficacy of CRT for AN. Therefore, a prospective, randomized controlled pilot superiority trial was conducted. Forty female AN patients receiving treatment as usual (TAU) were randomized to additionally receive either CRT or a non-specific neurocognitive training (NNT). Both conditions comprised 30 sessions of individual training over a 3-week period including 9 face-to-face sessions and 21 computer-assisted homework sessions. CRT specifically focused on cognitive flexibility. NNT was comprised of tasks designed to improve different cognitive functions such as attention and memory. The primary outcome was performance in a neuropsychological assessment of cognitive set shifting after the training. Patients in the CRT condition outperformed patients in the NNT condition in cognitive set-shifting at the end of the treatment (p = .027; between-groups effect size d = 0.62). Patients in both conditions showed high treatment acceptance. The present results confirm the feasibility of CRT for AN, and provide a first estimate of the effect size that can be achieved using CRT for AN.

Relapse prevention via videoconference in anorexia nervosa: A pilot study
Katrin Giel, Medical University Hospital Tübingen, Germany; Elisabeth Leehr, Medical University Hospital Tübingen, Germany; Ulrike Schmidt, Section of Eating Disorders, King’s College London, London, UK; Stephan Zipfel, Medical University Hospital Tübingen, Germany
Introduction: Anorexia nervosa (AN) is a serious mental disorder characterized by severe underweight and recurrent relapse in the long-term course. While inpatient treatment is often successful in AN patients, discontinuities in health care after hospital discharge, especially long waiting times for subsequent outpatient treatment, might contribute to early relapse. The pilot study investigates the need for, the feasibility, acceptance and efficacy of a manualized outpatient relapse prevention intervention for AN patients after inpatient or day-patient treatment delivered via videoconference. Method: AN patients who have completed either inpatient or day-patient treatment receive 10 sessions of a relapse prevention intervention, based on the cognitive-interpersonal treatment Maudsley Model of Anorexia Nervosa Treatment (MANTRA) by Schmidt & Treasure. The intervention is predominantly delivered via videoconference to reach patients from a large catchment area. Results: We report data from an intermediate analysis. So far, 54% of eligible patients decided to participate in the study and none of them terminated therapy prematurely. Therapists and patients gave positive feedback on the treatment manual. High encrypting of data transfer of the videoconferencing system to ensure data safety caused occasional technical problems. Discussion: Current results underline the patients’ need for a relapse prevention, high acceptability and feasibility of the intervention. The influence of the therapy delivery on acceptance and efficacy of the intervention is of special interest. The facilitation of therapy delivery via videoconferencing is a major point of improvement. Conclusion: Based on the encouraging evidence from this pilot study, we plan a larger RCT.

Martie de Jong, PsyQ Haaglanden, The Netherlands; Sjoukje Sinke, PsyQ Haaglanden, The Netherlands
Several authors consider low esteem a risk factor for developing eating disorders. Moreover, once an eating disorder is manifest, low self-esteem seems to be an important mechanism in maintaining the disorder. As an illustration: recently, Chris Fairburn incorporated low self-esteem as a specific target for treatment for at least a subgroup of patients in his ‘enhanced’ CBT.

Notwithstanding the recognition of self-esteem as an important issue in the etiology, assessment and treatment of eating disorders, many aspects of the subject are still unknown. To begin with, self-esteem is a multifaceted phenomenon, as appears in its many different manifestations, such as explicit and implicit self-esteem, domain-specific self-esteem, stability of self-esteem and the many interactions between those. Then, until recently, not many psychological interventions have been developed and studied, that specifically target the treatment of low self-esteem. For a long time, many professionals expected the amelioration of low self-esteem to be an automatic consequence of the successful symptomatic treatment of the eating disorder. However, this does not always seems to be the case. After a short introduction of the associations between self-esteem and eating disorders, two studies will be discussed during the presentation. First, preliminary results will be presented of a comparison of the level of implicit and explicit self-esteem in a cohort of eating disordered patients and a non-psychiatric, normal control group. The second study pertains to a RCT in which the effects were studied of a specific intervention for low self-esteem (Competitive Memory Training or COMET) in a group of eating disordered patients in a regular outpatient psychiatric treatment centre.

Internet-based Relapse Prevention for Anorexia Nervosa
Lot Sternheim, King’s College London, UK; Helen Startup, South London and Maudsley NHS Foundation Trust, UK
Internet-based Relapse Prevention for Anorexia Nervosa
Executive functions and impulsivity in eating disorders: therapy implications when using new technologies

Fernando Fernandez-Aranda, University Hospital of Bellvitge-IDIBELL, Spain; Susana Jimenez-Murcia, University Hospital of Bellvitge-IDIBELL, Spain

Impulsive actions and decisions are part of normal behavior. However, in its pathological forms, impulsivity is a trait common to several psychiatric disorders and is associated with lack of control, sensitivity to immediate reward and diminished capacity of planning. Elevated impulsivity levels are reported in eating disorders, mainly in bulimia nervosa (BN) and binge eating patients. Until today, there has been strong support for the effectiveness of cognitive behavioral therapy (CBT) in reducing binge/purge behaviors, but it has received less support as a treatment of impulsivity. There is now a growing body of evidence from studies that supports the efficacy of cognitive stimulation (i.e. Cognitive Remediation Therapy) in the improvement of cognitive difficulties in eating disorders. However, this therapy has been mainly oriented towards cognitive flexibility, set shifting, complex planning and problem solving, while impulsivity has not been taken into consideration. PlayMancer is a video game (VG) designed to treat specific mental disorders (specifically impulse control disorders). The objective of the game is to increase emotional self-control skills in patients, and self-control over their general impulsiveness. Two studies involving Playmancer will be discussed. First, results of Playmancer therapy used as a CBT complementary therapy, focused on improving the inhibition response and reducing the cognitive impulsivity in BN patients, will be presented. Preliminary results showed that patients that underwent VG and CBT treatments presented a reduction on impulsivity and increases in cognitive inhibition responses, compared with those receiving only CBT treatment. Second, an fMRI case report of a BN patient receiving Playmancer + CBT therapy will be discussed. The patient was scanned twice in a 1.5-T Magnetic Resonance, previous and after a 12-week protocol. Two different tasks were presented during the scanning sessions: a face-matching task (the task included the contrasts fear faces>shapes, happy faces>shapes and all faces>shapes) and an executive-control task (Multi-source interference task, MSIT). Results suggested a typical pattern of activation associated with the task, although the pre-assessment engaged a bigger cluster extend of voxels. These results suggest that alterations of impulsive and emotional regulation circuits occur in BN patients, and leads to the hypothesis that they recruit alternative brain networks as a compensatory mechanism.

A cognitive-behavioral group rehabilitation program for young and adult offenders: theory, contents, and outcome studies in forensic samples

José Pinto-Gouveia, University of Coimbra, Portugal

Growing Pro-Social (GPS): Theoretical framework, contents, and structure

Maria Sousa, General-Directorship of Reinsertion and Prison Services; Carolina Motta, Faculty of Psychology and Education Sciences of the University of Coimbra, Portugal

This paper will present a new cognitive-behavioral intervention program for anti-social youths – Growing Pro-Social (GPS; Rijo et al., 2007), a structured group rehabilitation program for individuals with anti-social behavior. The GPS is a multimodal group program, designed to overcome some of the limitations we found on applying multimodal and other cognitive-behavioral programs to anti-social youths and adults. Taking into account these limitations, as well as new developments from cognitive models and research, we set up a new intervention program, firmly connected to a more integrative approach about the factors underlying the onset and maintenance of dysfunctional behavioral patterns. This program is focused on the development of communication and interpersonal skills but it emphasizes learning about cognitive distortions, the meaning, utility and control of emotions, increasing self-knowledge about self-schemas and fighting against their influence on the information processing.

The context in which GPS was set up, as well as the theoretical assumptions underlying the contents of the program will be presented. An integrative theoretical framework about the origins and maintenance of anti-social behavior will be
outlined, paying attention to the cognitive malfunctioning of anti-social people. It will be explained how maladaptive cognitive structures can be worked out as main targets for intervention, outlining GPS strategy of change right through its 5 modules and 40 sessions.

GPS outcomes in a sample of young offenders in correctional facilities
Daniel Rijo, University of Coimbra, Portugal; Nélio Brasão, University of Coimbra, Portugal; José Pinto-Gouveia, University of Coimbra, Portugal
This presentation describes outcome studies of the ongoing project “GPS – Growing Pro-social efficacy studies in forensic samples (PTDC/PSI-PCL/102165/2008), with 55 youth offenders placed in juvenile facilities that participated in the GPS condensed version of 25 sessions. Participants were assessed prior and after program completion on several domains: antisocial and aggressive behavior, cognitive distortions, core schemas and disruptive emotions. The outcomes were calculated using the Reliable Change Index (RCI) to assess whether changes observed after intervention were clinically significant. Subjects presented an increased recourse to adaptive thinking styles and a significant reduction in cognitive distortions, hostility and negative emotional states. Decreases in antisocial behavior and internalizing problems were also clinically significant. Changes in core schemas were less prominent. This may be related to a more restricted effect of the program in promoting change at this level, to the fast delivery of the condensed 25-session version. Overall, these results indicate the efficacy of this program in tackling dysfunctional cognitive processes and disruptive emotional states that often underlie antisocial behavior. The implications to current practices and intervention within correctional facilities will be discussed.

Clinical change in core beliefs and cognitive distortions: a randomized trial with prison inmates
Carolina da Motta, Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal; Nélio Brasão, Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal; José Pinto-Gouveia, Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal
This presentation focuses on a study assessing GPS’s efficacy in reducing cognitive distortions and core beliefs in adult male inmates who participated in the 40 sessions of the program. A treatment group (n=24) was compared to a control group (n=24), which received no treatment other than the usual case management by prison staff (TAU). Both groups were assessed at pre- and post-treatment moments. The Young Schema Questionnaire (YSQ-S3) was used to assess the prominence of core schemas, and the Angry Cognitions Scale (ACS) to assess cognitive distortions associated to anger states. Outcomes were computed using the Reliable Change Index (RCI), an adequate method to test significant clinical change after an intervention. Overall, treatment group subjects showed a significant reduction in the use of cognitive distortions and a lower endorsement of dysfunctional core beliefs, while control group presented no change, or even significant deterioration in these same variables. These outcomes offer evidence of the program’s potential to promote change at a cognitive level in variables theoretically proposed as underlying antisocial behavior. Current outcomes also point out to the negative effects of imprisonment, as seen by clinical deterioration observed in the TAU condition. Implications of findings will be discussed.

Improvements in anger, shame and paranoia: clinical change in a randomized sample of prison inmates after GPS completion
Daniel Rijo, Faculty of Psychology of Educational Sciences of the University of Coimbra, Portugal; Nélio Brazão, Faculty of Psychology of Educational Sciences of the University of Coimbra, Portugal; José Pinto-Gouveia, Faculty of Psychology of Educational Sciences of the University of Coimbra, Portugal
This presentation focuses on the efficacy of Growing Pro-social (GPS) in reducing anger, paranoid ideation and external shame in a sample of adult male prison inmates. A treatment group (n=24) was compared to a control group (n=24) and both groups were assessed prior and after intervention (or equivalent time interval for control group subjects). To assess anger trait and anger states, participants answered the State-Trait Anger Expression Inventory (STAXI), the Paranoia Scale (PS) was used to assess global paranoia, and the Other as Shamer Scale (OAS) was used to assess external shame. Outcomes were computed using the Reliable Change Index (RCI) to assess significant clinical change after program completion. Overall, a great percentage of treatment group subjects showed improvements in anger, paranoia and external shame; the majority of controls showed significant deterioration in the same variables. In post-treatment, differences between groups were observed in the distributions by change categories in anger-trait, paranoia, and external shame. No differences between groups were found in anger-state. These results provide evidence supporting the GPS’s ability to promote significant change in cognitive and emotional relevant variables associated with aggressive and antisocial behavior.

Mindfulness Based Cognitive Therapy for depression: the role of patient and therapy factors
Evelien Snippe, University of Groningen, University Medical Center Groningen, The Netherlands
Mindfulness-Based Cognitive Therapy reduces residual depressive symptoms irrespective of number of prior depressive episodes. A randomized controlled trial
Frenk Peeters, Maastricht University, the Netherlands; Macrus Huibers, VU University Amsterdam, the Netherlands; Jim Van Os, Maastricht University, the Netherlands; Marieke Wichers, Maastricht University, the Netherlands

Introduction: Teasdale and colleagues (Ma & Teasdale, 2004; Teasdale, et al., 2000) have published findings on differential subgroup efficacy, indicating that Mindfulness-Based Cognitive Therapy (MBCT) only works for patients with a history of three or more prior depressive episodes (hereafter: 3+). Since then, patients with only 1 or 2 prior depressive episodes (hereafter: 2-) have been systematically excluded from most MBCT trials.

Objectives and Methodology: To investigate whether exclusion of 2- patients from MBCT trials and treatment is justified, adults with a life-time history of depression and current residual depressive symptoms (mean age = 43.9 years, SD = 9.6; 75% female; all Caucasian) were randomized to MBCT (n = 64) or waitlist control (CONTROL; n = 66) in a parallel, open-label, randomized controlled trial. Randomization occurred within subgroups: ≤ 2 prior episodes (n = 71) vs. ≥ 3 (n = 59). Primary outcome measure was reduction in residual depressive symptoms, measured using Hamilton Depression Rating Scale (HDRS-17) and Inventory of Depressive Symptoms (IDS).

Results: The interaction between treatment and subgroup was not significant (p > .2). Regarding reduction of residual depressive symptoms, MBCT was superior to CONTROL across subgroups (p < .001). Effect sizes of MBCT compared to CONTROL were even nonsignificantly larger in the 2- than in the 3+ group (HDRS: d = -.74 vs. -.29; IDS: d = -.60 vs. -.26, respectively); findings can thus not be attributed to too low power.

Discussion and Conclusion: In a sample of participants with residual depressive symptoms, we found no evidence for increased efficacy of MBCT in participants with 3 or more compared to 1 or 2 prior episodes, challenging the recent practice of excluding patients with less than three prior episodes from MBCT trials and treatment. Residual depressive symptoms after only one or two episodes of depression may thus be sufficient to suggest MBCT treatment.

Moderators of the impact of MBCT in depression: The role of genes and antidepressant medication
Jindra Bakker, Maastricht University, the Netherlands; Nicole Geschwind, Maastricht University, the Netherlands; Jim van Os, Maastricht University, the Netherlands; Frenk Peeters, Maastricht University, the Netherlands

Introduction: Mindfulness-based Cognitive Therapy (MBCT) has been shown to prevent relapse to major depression and to reduce current depressive symptomatology. Furthermore, a recent study showed that MBCT-induced increase in positive emotional experience is associated with the resulting reduction in depressive symptoms, suggesting a crucial role of positive affective phenomena in the fight against depression. However, considerable individual variation is evident in response to (psychological) interventions. Therefore, an important challenge in psychiatry is to discover what factors influence treatment outcome. In this presentation I will highlight the role of two factors (genes and use of antidepressants) which may explain some of the inter-individual differences in PA response to MBCT.

Method: A RCT was conducted with 129 individuals with residual depressive symptoms allocated to either an eight-week MBCT training or waiting-list control group. Experience Sampling (ESM) was used before and after the intervention period to get precise in-the-moment prospective measurements of positive and negative affect experienced in the flow of daily life. Furthermore, other momentary daily life characteristics such as active behaviour, social behaviour and worrying were prospectively measured with ESM. Depressive symptoms were measured with the Hamilton-Depression-Rating Scale before and following the intervention period and at follow-up.

In order to examine the role of genetic factors in response to MBCT genomic DNA was obtained from saliva samples. We aimed at identifying SNPs involved in the reward system and hypothesized that these SNPs may impact on therapy-induced change in PA experience.

To examine the role of antidepressants regarding response to MBCT participants were asked to report whether they were using any kind of antidepressants at baseline. First, the impact of antidepressants on therapy-induced changes in PA was examined. Secondly, their impact on therapy-induced changes in negative affect, worrying, active and social behaviour was examined. Analyses were corrected for personal characteristics which differed between users and non-users of antidepressants.

Results: Several SNPs involved in dopaminergic and opioid pathways, hypothesized to regulate affective expression of reward, significantly influenced therapy-induced change in PA experience. Some genes seemed involved in boosting PA increase following MBCT, while others seemed to prevent PA deterioration while waiting for treatment.

Use of antidepressants significantly influenced therapy-induced changes in affect and behaviour in the flow of daily life. In the presentation I will show how antidepressants precisely impact on the several aspects of daily life behaviour and how they may facilitate or interfere with mechanisms of recovery.

Conclusions: Individual-specific factors can be identified which impact on therapy-induced changes in positive emotional experience. This is relevant since increase in positive affect has been identified by many studies as a crucial element in the mechanism of recovery. The findings regarding the impact of antidepressants may open a discussion on their use in the general population and may bring up suggestions for future research in this area.

Teacher competence in mindfulness-based cognitive therapy: is it related to treatment outcome?
Rebecca S. Crane, Bangor University, UK; Willem Kuyken, University of Exeter, UK; A. Rogier T. Donders, Radboud University Nijmegen Medical Centre, the Netherlands; Anne E.M. Speckens, Radboud University Nijmegen Medical Centre, the Netherlands

During the last decade, mindfulness-based cognitive therapy (MBCT) has been growing in popularity and implementation in (mental) health care has been developing rapidly. Concerns have been expressed about organisations or individuals responding to this need before engaging in or completing the required teacher training. In parallel, some consensus has emerged concerning minimum levels of experience and training required to teach MBCT and tools have been developed for assessing whether these minimum standards are met. However, little is known about the relationship between teacher competence and outcomes of MBCT. The aim of the current study was to investigate whether teacher competence was associated with better outcomes of MBCT. The study was embedded in a randomised controlled trial investigating MBCT, antidepressant medication and their combination to prevent relapse in recurrent depression [1]. MBCT sessions of the trial teachers (N=15) were videotaped and evaluated by experienced MBCT teacher trainers (N=16). We investigated whether teacher competence, assessed with the ‘Mindfulness-Based Interventions: Teaching Assessment Criteria’ [2], was associated with participants’ changes in depressive symptoms, rumination, cognitive reactivity, mindfulness skills and self-compassion. Multi-level analyses showed that the variance in outcomes could not be explained by the teacher. Multiple regression analyses showed a significant relationship between teacher competence and cognitive reactivity; no such association was observed for depressive symptoms, rumination, mindfulness skills or self-compassion. These results indicate that competence of MBCT teachers is weakly related to MBCT outcomes. This might be due to the uniform delivery of MBCT and the fact that all study participants received the same materials (handouts, CDs). Also, several other factors such as patient motivation, adherence, readiness-for-change, or the influence of the group might be stronger predictors of outcome than teacher competence. In addition, minimum levels of experience were required for the teachers to participate in the trial, restricting the range of competence to some degree. Furthermore, the level of inter-rater agreement was moderate, suggesting the need for extensive training in the use of the MBi:TAC. Because of the scarce amount of literature on this topic, we encourage other researchers to examine the relationship between competence and outcomes in future trials of mindfulness-based interventions.


The associations between the therapeutic alliance, homework compliance and depressive symptom reduction in Mindfulness-Based Cognitive Therapy

Maya J. Schroevers, University of Groningen, the Netherlands; K. Annika Toyote, University of Groningen, the Netherlands; Paul M.G. Emmelkamp, University of Amsterdam, the Netherlands; Robbert Sanderman, University of Groningen, the Netherlands; Joke Fleer, University of Groningen, the Netherlands

Background: Homework practice is an important component of Mindfulness-Based Cognitive Therapy (MBCT) for depression. Participants are instructed to practice meditation and yoga exercises on a daily basis and to incorporate mindfulness in daily routine activities. It is believed that regular mindfulness practice is necessary for MBCT to be effective, with more homework practice assumed to be associated with greater depressive symptoms reduction. Yet, the empirical evidence for this premise is still limited. A second factor that can play a role in the effectiveness in MBCT, and in psychological interventions in general, is a positive stance towards the therapeutic bond as well as the goals and tasks of an intervention (i.e. the therapeutic alliance).

Objective: The aim of the current study is to examine the associations between homework compliance, the therapeutic alliance, and depressive symptoms reduction in Mindfulness-Based Cognitive Therapy. We hypothesized that MBCT is especially effective in reducing depressive symptoms in participants who comply with homework assignments and those who give positive ratings of the therapeutic alliance.

Methods: Study participants are diabetes patients with depressive symptoms who participated in a randomized controlled trial on the efficacy of individually delivered MBCT. For the present study, only participants who completed at least 5 sessions of MBCT are included in the analyses. Depressive symptoms were assessed with the Beck Depression Inventory–II at baseline and after the second, fourth, and last session. Participants recorded their homework practice on a weekly basis during MBCT. The therapeutic alliance was measured with the Working Alliance Inventory–12, after the second and fourth session. Data collection will be complete in July 2013 (expected n = 32). Multilevel analyses will show the inter-relationships between homework compliance, the therapeutic alliance and depressive symptom reduction.

Discussion: With the results, we aim to give insight in the relative importance of homework compliance and the therapeutic alliance in depressive symptoms reduction in MBCT. The results may form a basis for a discussion on the extent to which intensive daily homework practice or therapeutic skills should be promoted in MBCT.

Mindfulness-Based Cognitive Therapy (MBCT) and Cognitive Behavior Therapy (CBT) for treating depression in patients with diabetes: A randomized controlled trial
Joke Fleer, University of Groningen, the Netherlands; Evelien Snippe, University of Groningen, the Netherlands; Paul Emmelkamp, University of Amsterdam & King AbdulAziz University, the Netherlands; Robbert Sanderman, University of Groningen, the Netherlands; Maya Schroevers, University of Groningen, the Netherlands

Background: Depression is a common comorbidity of diabetes laying an additional burden on both the patients and the health care system. Patients suffering from depressive symptoms rarely receive adequate psychological help as part of routine clinical care. Offering brief evidence-based treatments aimed at alleviating depressive symptoms could improve medical and psychological outcomes. However, well-designed trials focusing on psychological treatments for depression in patients with diabetes are scarce. In this randomized controlled trial, individual Mindfulness-Based Cognitive Therapy (I-MBCT) and individual Cognitive Behavior Therapy (I-CBT) were compared to a waiting-list control condition in terms of their effectiveness in reducing the severity of depressive symptoms. Furthermore, the role of several potential moderators was explored.

Methods: Ninety-three diabetes patients with depressive symptoms (i.e., BDI-II ≥14) were randomized to an 8-week I-MBCT course (n=30), 8-week I-CBT course (n=32), or waiting-list (n=31). All participants completed written questionnaires and interviews at baseline and three months later. Primary outcome measure was severity of depressive symptoms (BDI-II). Anxiety (GAD-7), well-being (WHO-5), diabetes-related distress (PAID), ratings of depression (HAM-D7), and HbA1c levels were assessed as secondary outcomes. Patient factors, such as history of depression and attachment style, were investigated as potential moderators of effects of both treatments. Intention-to-treat analyses are reported.

Results: Preliminary results showed that participants receiving I-MBCT and I-CBT reported significantly greater reductions in depressive symptoms compared to patients in the waiting-list control condition.

Discussion: This is the first RCT on the effects of individual Mindfulness-Based Cognitive Therapy and individual Cognitive Behavior Therapy on depressive symptoms in patients with diabetes. Both I-MBCT and I-CBT were found to be effective interventions in reducing various psychological symptoms. The role of several moderators will be discussed during the symposium at the EABCT conference.

Therapeutic alliance: New aspects and insights

Patrick Figlioli, University of Bern, Switzerland

Working alliance and real relationship in psychotherapy: Pilot studies on the construction of an instrument and its determinants and outcomes

Anton Lairitter, University of Salzburg, Austria

The therapeutic relationship consist of a role, personal and schema component, the last one relating actual social interactions to past interpersonal experiences stored in memory (by schemata) and is better know as transference and counter-transference. The role-level is equal to the working alliance which normally is conceptualized in terms of goals, tasks, role-behaviors and affective bonds. The personal relationship deals with the interaction of the real persons - the men and women who they are. Till now, research most intensively has focused on working alliance and the transference relationship, but not so much on the personal relationship, what is not justified, because some studies found an independent contribution of it to psychotherapeutic outcome. The present paper deals with the translation and application of a measure to assess the personal relationship between therapist and patient – the real relationship inventory (RRI) by Gelso (2002), its psychometric properties, its relation to outcome and its antecedents and determinants.

Results of two studies are presented, in the first one 55 psychotherapy-patients (36 females = 65.5%) between 18 and 75 years finished the RRI-Client form (RRI-C), the Working Alliance Inventory – short revised (WAI-SR) by Hasper and Gillaspy (2006) and a measure to evaluate perceived outcome in psychotherapy (VEV-R; Zielke & Kopf-Mehnert, 2001). Additionally, age, gender, therapist’s gender, number of sessions, duration of therapy (in months) and its theoretical orientation were assessed. In the second study personal determinants of the real relationship were explored. For that, 22 patients (12 females = 54.5%) between 21 and 63 years finished again RRI-C and WAI-SR. Additionally NEO-FFI (Costa & McCrae, 1992) and an instrument to measure emotional intelligence (Emotional Competence Questionnaire, ECQ, Rindermann, 2009) were administered.

Results of both studies show that RRI-C in its German translation is a stable and reliable measure. Concerning validity medium-sized correlations were found with WAI-SR underscoring differential validity of both scales. Correlations were highest with the bond-subscale of WAI-SR, what was predicted and what can be seen as an additional support for differential validity of both scales. Multiple regression analyses found perceived outcome of therapy independently related to real relationship as well as working alliance, the last however being more important. Mediator analysis found that part of the relation between RRI-C and therapy outcome was mediated by the bond-subscale of WAI-SR. Concerning determinants of the real relationship no correlations were found with social and therapy related variables nor with personality and emotional intelligence of the patients stressing the conclusion that both RRI-C and WAI-SR measure interpersonal phenomena.

Both pilot studies found good to high reliability of the RRI-C. Also validity in terms of relations with working alliance was proofed. Interestingly however, no relation was found with social, personality, and emotional intelligence and therapy variables. In future studies validity should be explored in bigger samples and using prospective longitudinal data from therapy studies. Additionally the value of the real relationship in different phases of a therapy should be explored.
How nice is good for patients and for therapy outcome? The role of confrontation in the process of psychotherapy
Patrick Figlioli, University of Bern, Switzerland; Franz Caspar, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland
It is well established that the therapeutic relationship contributes about as much to therapy outcome as ‘technical’ intervention. Furthermore, it follows clear prescriptive concepts in the same manner as technical interventions do. ‘Motive Oriented Therapeutic Relationship’ is such a concept for establishing a solid basis for whatever therapeutic work the patients’ problems require (Grawe, 1980, 1992; Caspar, 1996). Yet, the therapeutic relationship doesn’t explain everything because other factors play a significant role too. Previous studies showed that outcome is clearly better when therapists achieved a generally high quality of a therapeutic relationship when they did not shy away from possibly threatening interventions such as confrontations. This ratio of a fruitful alliance and marginally present confrontations in the same session also showed significant correlations with patient’s assessment of alliance and progress in therapy (Figlioli et al., 2009). These findings are also very much in line with Sachse’s metaphor of accumulating, but then also using ‘relationship credits’ and Farrelly’s ‘Provocative Therapy’ (1986), as well as the ‘Intensive Short-Term Dynamic Psychotherapy’ by Davanloo (1980). Aim: The current state of research in the field does not give any answers to questions like how good and bad confrontations can be characterized or what role does the intensity, respectively frequency of confrontations play in the process of psychotherapy. Methods: A sample of 80 therapies of 3 sessions each representing either good or bad outcome was judged moment by moment by independent raters if and how therapists used confrontative interventions. Results / Discussion: The results will be discussed in terms of their implications for the clinical daily work. Preliminary analyses show that successful confrontations are explicitly uttered, short but intense, related to important patients goals in therapy and embedded in prior complementarity.

Open Paper Symposia

Predictors and Correlates of Depression

Early maladaptive schemas mediate the impact of bullying on depressive symptoms in adolescents
Esther Calvete, University of Deusto, Spain; Izaskun Orue, University of Deusto, Spain; Elena Lopez de Arroyabe, University of Deusto, Spain
Abstract: According to Schema Therapy early maladaptive schemas result from unmet core emotional needs in childhood. Although first formulations of the model highlighted the role of early experiences in the origin of schemas, recently the model has considered the role of experiences that take place during adolescence, and even adulthood, as key elements for the configuration of schemas. The present study assesses the role of bullying during adolescence as predictor of schemas and whether schemas act as mediators among bullying and the increase in depressive symptoms. Method: A total of 981 adolescents (aged 13-18 yrs.) participated in a cross-lagged longitudinal study with three waves spaced six months. They completed measures of bullying, disconnection, and rejection, impaired autonomy, and other-directedness schema domains, and depressive symptoms at each time (T1, T2, and T3). Results: The results indicate that although early maladaptive schemas are very stable over time, they are influenced by bullying experiences. Namely, bullying at T1 predicted a worsening of schemas within the disconnection and rejection and other-directedness domains at T2. Furthermore, disconnection and rejection and impaired autonomy schemas at T2 predicted the increase of depressive symptoms at T3. Mediational tests for disconnection and rejection indicated that this schema domain contributes to explaining the predictive association among bullying and depressive symptoms. Conclusion: Findings indicate that adverse experiences during adolescence, such as bullying, worsen adolescents’ schemas and contribute to the maintenance of depression. Thus, findings show one of the mechanisms through which bullying increases the risk for depression.

The Role of Early Core-Beliefs and Excessive Reassurance Seeking in the Development and Maintenance of Depression
Lyndsay Evraire, University of Western Ontario, Canada; David Dozois, University of Western Ontario, Canada, Excessive reassurance seeking (ERS) is defined as the stable tendency to excessively and persistently seek assurances from others. When individuals who seek reassurance fail to use or question the authenticity of the support received, close others may become frustrated. Thus, ERS is associated with the deterioration of relationships and low mood. An important limitation in the ERS literature concerns the mechanism(s) by which individuals engage in ERS. This presentation describes a series of studies on the association between early core-beliefs and ERS. A sample of 303 undergraduate students completed measures of early core-beliefs, ERS, and depression. A sample of 110 heterosexual couples completed similar measures using a daily diary methodology. Anxious attachment, avoidant attachment, and an abandonment schema added to the prediction of ERS (this was replicated in a few samples). ERS also moderated the prospective relationship between avoidant attachment and depression and an abandonment schema and depression. The diary study replicated these findings and revealed that daily ERS moderated the prospective relationship between anxious attachment and next day mood and relationship variables.
and between an abandonment schema and mood/relationship variables (in women). For men, daily ERS moderated the relationship between depression and next day relationship quality. Individuals may seek reassurance as a function of early core-beliefs reflecting insecurity in relationships. Rather than ERS behaviour per se, it may be individual characteristics in combination with ERS that are associated with depression/relationship variables. These findings add to our understanding of the cognitive origins, daily dynamics and ramifications of ERS.

Clinicians may want to evaluate core beliefs and ERS in practice to improve clients’ relationships.

**Does the dominance of negative over positive mood impact brain flexibility? A fMRI study of naturally occurring mood**

Claudio Gentili, University of Pisa, Italy; Ioana Alina Cristea, Babes-Bolyai University, Romania; Nicola Vanello, University of Pisa, Italy; Emiliano Ricciardi, University of Pisa, Italy; Pietro Pietrini, University of Pisa, Italy

Moods have been defined as diffuse, slow-changing affective states, weakly tied to specific environmental stimuli (Watson, 2000). Few studies have looked at the real effect of mood, and not merely that of transient emotions induced by specific stimuli, on spontaneous brain activity.

We designed an fMRI study to assess whether spontaneous brain activity, and in particular its complexity as measured through the Hurst Exponent (HE), correlated with the naturally occurring mood, reported by healthy individuals.

Thirty-two healthy subjects (15 F; mean age±SD=25±4) were included completed the Profile of Mood State (POMS) right after the fMRI acquisition.

We performed a linear regression analysis on the whole brain in which Total Mood Disturbance (TMD), indicating the prevalence of negative over positive affect scores, was used as an independent variable to estimate the HE.

TMD positively predicted HE in Default Mode Network areas as well as in emotion-related structures (R-amygdala, R-dorsal anterior cingulate, bilateral anterior insula) and in regions related to higher cognitive functions and emotional modulation (R-Middle Frontal Gyrus and L-Inferior Frontal Gyrus).

The present study identifies neurobiological correlates of naturally occurring mood. We would speculate that an increased predictability reflects a progressive reduction of the array of emotional and behavioral alternatives that are linked to the increase of negative mood.

Implications for CBT could envisage the further clarification of the mechanisms involved in disorders like depression where both a long-lasting imbalanced negative to positive mood rate and a reduction of the array of behavioral and emotional alternatives co-exist.

**Depression: A cross sectional study of cognitive, rumination and resilience as predictors of depressive symptoms**

Patrick Vogel, Norwegian University of Science and Technology, Norway; Roger Hagen, Norwegian University of Science and Technology, Norway; Odin Hjemdal, Norwegian University of Science and Technology; Truls Ryum, Norwegian University of Science and Technology, Norway; Leif Edward Ottesen Kennair, Norwegian University of Science and Technology, Norway

Background: This study aimed to explore cognitive content, rumination and resilience as predictors of depressive symptoms in a population of healthy university students. These hypotheses were tested out in a cross-sectional study.

Method: 617 non-patient participants completed questionnaires assessing depressive symptoms, life events, cognitive content, beliefs about rumination and levels of resilience.

Results: A stepwise hierarchical linear regression analysis indicated that dysfunctional attitudes (DAS; Weissman & Beck, 1978), rumination (RRS; Nolen-Hoeksema & Morrow, 1991), and levels of resilience (Hjemdal et al., 2001) significantly predicted the level of depressive symptoms. With all these predictors entered collectively, dysfunctional attitudes, beliefs about rumination and level of resilience were the most important predictors for levels of depressive symptoms.

Conclusions: These findings suggest that the dysfunctional attitudes, rumination and levels of resilience explained the variance of depressive symptoms.

The results indicate that focusing on rumination and protective factors related to resilience may be of interest in addition to the focus on dysfunctional attitudes in the clinical practice of CBT for depressive symptoms.

**Depression: A longitudinal study of cognitive, rumination and resilience predictors of depressive symptoms**

Patrick Vogel, Norwegian University of Science and Technology, Norway; Odin Hjemdal, Norwegian University of Science and Technology, Norway; Roger Hagen, Norwegian University of Science and Technology, Norway; Leif Edward Ottesen Kennair, Norwegian University of Science and Technology, Norway; Truls Ryum, Department of Psychology Norwegian University of Science and Technology, Norway

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predicted the level of depressive symptoms. With all these predictors entered collectively, dysfunctional attitudes, beliefs about rumination and level of resilience were the most important predictors for levels of depressive symptoms.

Conclusions: These findings suggest that the dysfunctional attitudes, rumination and levels of resilience explained the variance of depressive symptoms.

**Psychosis: Basic Processes and New Interventions**

**Predicting compliance with command hallucinations: anger, impulsivity and appraisals of voices’ power and intent**

Sandra Bucci, University of Manchester, UK; Max Birchwood, University of Birmingham, UK; Laura Twist, University of Manchester, UK; Nicholas Tarrier, Institute of Psychiatry, King’s College London, UK; Richard Emsley, University of Manchester, UK; Gillian Haddock, University of Manchester, UK

Abstract: Command hallucinations are experienced by 33-74% of people who experience voices, with varying levels of compliance reported. Compliance with command hallucinations can result in acts of aggression, violence, suicide and self-harm; the typical response however is non-compliance or appeasement. Two factors associated with such dangerous behaviours are anger and impulsivity, however few studies have examined their relationship with compliance to command hallucinations. The current study aimed to examine the roles of anger and impulsivity on compliance with command hallucinations in people diagnosed with a psychotic disorder.

The study was a cross-sectional design and included individuals who reported auditory hallucinations in the past month. Subjects completed a variety of self-report questionnaire measures.

Thirty-two people experiencing command hallucinations, from both in-patient and community settings, were included. The tendency to appraise the voice as powerful, to be impulsive, to experience anger and to regulate anger were significantly associated with compliance with command hallucinations to do harm. Two factors emerged as significant independent predictors of compliance with command hallucinations; omnipotence and impulsivity.

An interaction between omnipotence and compliance with commands, via a link with impulsivity, is considered and important clinical factors in the assessment of risk when working with clients experiencing command hallucinations are recommended. Larger prospective studies examining the role of anger and impulsiveness in relation to compliance with specific command types, and the possible interaction effects between voice power and impulsiveness and their combined influence on compliance, are needed.

In conclusion, we have found preliminary support to suggest that the psychological factors associated with violence, aggression, suicide and self-harm generally may be applicable to the same behaviours when they occur in the context of a response to a command hallucination. Research on the factors associated with compliance with commands has led to the development of therapeutic interventions based on reducing the impact of compliance (Meaden, Keen, Aston, Barton & Bucci, 2013). Although cautionary, the current findings seem to suggest that, in addition to the cognitive approach to commands, aspects of anger and impulsiveness might also require consideration when working therapeutically with clients experiencing distressing command hallucinations.

**A pilot study to assess the feasibility and impact of a brief integrated motivational intervention on substance misuse in psychiatric inpatient units**

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Estimates vary, but up to 44% of admissions into psychiatric inpatient units have been found to have coexisting substance misuse problems. However, brief, routine and effective treatment for substance misuse on psychiatric inpatient units is highlighted as an area of unmet need in the literature. We propose that a psychiatric hospital admission can present an unparalleled “window of opportunity” for inpatients to re-evaluate their substance use in relation to its impact on their mental health.

This study aimed to:

1) Test whether engagement in treatment for substance misuse and readiness to change substance use behaviour can be significantly improved by a brief integrated motivational intervention (MI) in inpatient settings.

2) Test how feasible and acceptable the intervention was to inpatients and staff as a routine inpatient intervention.

3) Conduct the groundwork for a health economics analysis.

Staff on 14 inpatient units were trained to deliver the MI alongside a specialist Clinician. The study will aim to recruit 80 new inpatient admissions with diagnoses of schizophrenia, and related disorders; Bipolar affective disorders and recurrent depressive disorder who misuse substances and randomise them to the MI (n=40) or Treatment as usual (n=40).

Participants in the MI group will also introduced to Peer Mentors who provided social support, and offered a one month follow-up booster session to help consolidate motivation. The brief integrated motivational intervention developed for the purpose of this study, the trial protocol and baseline characteristics of the participants will be described. This pilot study provides a potential model for targeted integrated inpatient treatment of people with severe mental health problems and co-existing substance misuse. The trial will provide
the groundwork for mental health service providers to identify a feasible, cost-effective and easy to implement cognitive-based treatment option that can be readily integrated into standard inpatient and community-based care.

**Brain Functioning Effects with Cognitive Remediation Therapy in Schizophrenia**

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Cognitive Remediation Therapy positively affects cognition and daily functioning in patients with schizophrenia. However, studies on the underlying neurobiological mechanisms of this treatment are scarce. The aim of the current study was to investigate functional and structural connectivity brain changes in schizophrenia patients after cognitive remediation therapy using a whole-brain approach that combined functional magnetic resonance imaging and diffusion tensor imaging. A Randomized controlled trial with 30 cognitive disabled schizophrenia outpatients and 15 healthy volunteers. A strategy-learning-based treatment was used as a cognitive remediation therapy. A social skills training that provides useful information about illness management was used as an active control. We investigated changes in the pattern of functional connectivity assessed during an N-back task by Tensorial Independent Component Analysis as implemented in the Multivariate Exploratory Linear Decomposition into Independent Components and in the Fractional Anisotropy Index of white matter integrity using Tract-Based Spatial Statistics.

Brain networks activation pattern significantly changed in patients exposed to the cognitive treatment in the sense of normalizing towards the patterns observed in healthy controls. Additionally, in white matter they showed an increase in Fractional Anisotropy Index in the anterior part of the genu of the Corpus Callosum. Cognitive improvement, functional and also structural changes showed statistically significant correlations. Improvement in brain functioning detected after cognitive remediation therapy in schizophrenia patients might be based on an increase of the interhemispheric information transfer between the bilateral prefrontal cortices via the corpus callosum.

Adding knowledge to the neurobiological mechanism of action of psychological therapies can be of help in selecting new targets, the election of particular psychotherapeutic techniques and eventually the combination of other therapeutics such as pharmacology in the treatment of psychotic disorders.

**Taking account of depression in a study of ‘jumping to conclusions’ by people with persecutory delusions**

Natasha Vorontsova, Royal Holloway, University of London, UK; Philippa Garety, Institute of Psychiatry, King’s College London, UK; Daniel Freeman, University of Oxford, UK

Psychological therapies for psychosis are undergoing refinement, guided by research clarifying the mechanisms that drive symptom persistence. People with delusions, particularly those with persecutory delusions, have demonstrated a hasty data gathering bias, referred to as ‘jumping to conclusions’ (JTC). A multifactorial model of delusion maintenance includes JTC and depression, as relatively independent contributors. However, affective and cognitive predictors of delusion persistence have rarely been examined together in a prospective study.

This study systematically examined JTC, depression and associated cognitive factors over six months among 60 participants with persecutory delusions, 30 participants with non-psychotic depression and 30 non-clinical controls. Participants with persecutory delusions demonstrated significantly more JTC than the groups without psychosis, as predicted. Among participants with delusions, however, those who were concurrently depressed were less likely to JTC than those who were not depressed, with no corresponding difference in delusional conviction. Depression, and not JTC, predicted the persistence of persecutory delusions over time. JTC was, however, associated with poor problem solving performance, which in turn predicted the persistence of delusions.

JTC may be more prevalent in the subset of people with persecutory delusions who are not concurrently depressed. Trials are underway of stand-alone interventions for JTC and for affective disturbance in people with delusions, and these may be optimally applied to groups with different symptom profiles.

Our findings highlight the heterogeneity of cognition and affect in people with psychosis, supporting the relevance of specific psychological therapy techniques for subgroups of people with different combinations of symptoms.

**New Interventions and Self Practice Self Reflection**

**Mindfulness-Based Behavioral Group Therapy (MBBGT) in Primary Care**

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In recent years the relationship among mental health clinics and primary care centers is changing to more integrated models, and clinical psychologists and psychological treatments are now becoming available for a greater number of patients (WHO and Wonca, 2008). Most patients in Primary Care settings present with adjustment and unspecified disorders, conditions where little research attention has been placed on and empirically validated treatments are lacking.
Moreover, the high number of patients with psychological complaints seen in Primary Care settings makes impossible individual treatments for most public health systems. In this communication we will introduce a Mindfulness-Based Behavioral Group Therapy designed for Primary Care patients. We will also present the results of a pilot study in a sample of primary care patients.

One hundred nineteen subjects participated in 15 different groups. Seventy-five of these subjects completed treatment and were assessed at the beginning and end of the therapy with three questionnaires (BDI-II, BAI and GHQ). Groups consisted of eight 2-hours sessions. Some groups were conducted by a clinical psychologist and the others by a trained mental health nurse. Paired-sample t tests were used to explore changes in symptoms over the course of intervention. Patients completing therapy showed a significant decreased in all measures under study (p<0.001).

Some study limitations will be commented in the discussion. The benefits of Mindfulness-based approaches for Mental Health Programs in Primary Care will be discussed.

These groups were developed as a means of solving a clinical problem: offering a psychological treatment to the incredibly high population of Primary Care patients consulting for psychological reasons. We found few definitive research in this patients so we think our approach could add and be inspiring.

**CBT-based psychoeducational groups for adults with ADHD and their significant others: an open feasibility study**

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Information on ADHD and treatment options is important after established diagnosis at adult age. Information should be directed to both the affected individuals and their closest network. There is a general lack of interventions that include significant others.

At three outpatient psychiatric clinics, adults with ADHD and their significant others (n=110: 51 with AD/HD and their 59 significant others) took part of a psychoeducational program based on theories from CBT and neuropsychology. Feasibility was evaluated regarding suitability of the intervention at a psychiatric outpatient clinic and treatment completion. In this open trial using within-group design, treatment satisfaction and efficacy were assessed with self-report instruments pre-and post-intervention as well as at 6 months follow-up.

The intervention was judged a suitable treatment option for 94.5% of the individuals with AD/HD as primary neurodevelopmental diagnosis at the outpatient psychiatric clinic. The drop-out rate was acceptable for both individuals with ADHD and their significant others. Both individuals with AD/HD and their significant others reporter good treatment satisfaction. Knowledge about AD/HD increased and relationship quality improved from baseline to post-intervention. The significant others reported a reduction in subjective burden of care such as worry and guilt. These results remained stable or improved at 6 months follow-up.

Findings endorse the value of psychoeducation for adults with AD/HD and their significant others as a feasible and effective intervention. We are currently performing a randomized controlled multicenter trial to further corroborate and broaden the evidence-basis of the current program.

CBT-based psychoeducational program in an outpatient psychiatric setting, is a feasible and potentially efficacious intervention after established ADHD diagnosis, both regarding adults with ADHD and their significant others.

**Fostering resilience: Evaluation of an intervention module**

Ulrike Willutzki, Ruhr University Bochum, Germany; Philipp Victor, Ruhr University Bochum, Germany

Abstract: The personal model of resilience (Padesky & Mooney, 2012) is a resource-oriented CBT-based brief intervention designed to enhance resilience by identifying successful coping strategies and generalizing them to other tasks and problems. This study evaluates the impact of the intervention module on psychopathology, resources and well-being.

The three session intervention module is evaluated in three samples: A randomized sample of college students intervention and control group, patients waiting for psychotherapy, and a group of obese women in a weight reduction group. Measurements were taken pre-, post- and 6-weeks after the intervention.

Results: Pre-post comparisons show small, but significant improvements in the intervention groups in the areas of symptom distress, self-esteem, incongruence, resource activation and quality of life. In comparison to the control group, the student intervention group shows significant improvements. Moreover the intervention is rated as very useful.

This pilot study in three different samples shows that the personal model of resilience is well received in different contexts. It enhances personal resources and well-being and reduces psychopathology. Its impact is comparable to that of other interventions used in the context of positive psychology.

In addition to the reduction of symptoms and problem sustaining factors the person’s resources should be focused in cbt. As competencies the person already has are utilized this approach supports positive self-evaluation.

Reference

Clint Gurtman, Deakin University, Australia; Jane McGillivray, Deakin University, Australia; Cecile Boganin, Deakin University, Australia

Cognitive Therapy (CT) is renowned as being a scientific and evidence-based approach, as well as the most effective type of treatment for a wide array of mental health disorders. There is, however, a dearth of empirical research into optimal approaches to teaching CT. Such research is often fraught with practical and theoretical challenges, which include difficulty adhering to rigorous methodological design, as well as a lack of theoretical and conceptual framework to guide research. One recent theoretical advance in this area is the declarative, procedural, and reflective (DPR) model proposed by Bennett-Levy (2006). It is argued that the central component of this model is the reflective system, which purportedly enhances skills in novel therapists and develops expertise in experienced therapists. However, there are few empirical quantitative and qualitative studies supporting this assertion, and in particular, studies that have utilised control groups. In the present study, we present a comparison of self-perceived competence in cognitive therapy in two cohorts of first year postgraduate clinical psychology trainees, one with standard instruction in cognitive therapy, the other with the inclusion of self-practice and self-reflection exercises.

Results and areas for further research are discussed with reference to utility of incorporating self-practice and self-reflection methods into postgraduate clinical psychology training programs. These results provide further evidence regarding techniques that can enhance the training of novice therapists, and potentially improve expertise in experienced therapists.

**French Language Symposia**

**La psychoéducation de groupe pour le trouble bipolaire : Une approche efficace et rentable**
Martin D. Provencher, Université Laval, Canada

**Implantation et efficacité d’un groupe psychoéducatif pour le trouble bipolaire dans les Centres de santé et services sociaux au Québec**

**Martin D. Provencher, Université Laval, Canada; Lisa D. Hawke, Université Laval, Canada; Meggy Bélair, Université Laval, Canada; Anne-Josée Guimond, Université Laval, Canada**

Plusieurs études ont démontré l’efficacité des groupes psychoéducatifs comme traitement d’appoint pour le trouble bipolaire (Provencher et al., 2012; Weber Rouget & Aubry, 2007) et la psychoéducation est maintenant reconnue dans les lignes directrices psychiatriques (Yatham et al., 2009, 2013). Un de ces groupes ayant été validé empiriquement au cours des dernières années est le « Life Goals Program », développé par Bauer et McBride (2003). La première phase de leur programme (LGP) est constituée de six rencontres structurées de psychoéducation dont l’objectif principal est de donner de l’information sur la maladie et les traitements ainsi que d’enseigner des stratégies de prévention de la rechute. Dans une première étude, nous avons implanté ce groupe psychoéducatif auprès de patients présentant un trouble bipolaire à l’Institut universitaire en santé mentale de Québec (Provencher et al., 2009). Dans la présente étude, nous avons procédé à la formation des intervenants et au transfert du LGP dans deux Centres de santé et services sociaux de la ville de Québec au Canada. Des 73 patients ayant participé au groupe psychoéducatif, 74 % ont complété le traitement. La satisfaction des patients et des intervenants envers l’intervention est très élevée. Les résultats suggèrent que la psychoéducation est associée à une augmentation des connaissances et de l’acceptation de la maladie, ainsi qu’à une diminution des symptômes dépressifs. Au cours de la présentation, nous présenterons le rationnel pour l’utilisation de la psychoéducation dans le traitement du trouble bipolaire et nous discuterons de la pertinence d’augmenter l’accessibilité à ce genre d’intervention dans le réseau de la santé.

**Efficacité à long terme de la psychoéducation et approche alternative pour les patients non répondeurs**

**Jean-Michel Aubry, Université de Genève, Switzerland**

La psychoéducation est un élément complémentaire à la pharmacothérapie et fait partie intégrante du traitement des troubles bipolaires. La psychoéducation de groupe selon le modèle de Bauer et McBride (programme d’objectifs personnels ou POP) est utilisé dans notre centre des troubles de l’humeur depuis plus de 10 ans. Elle se compose de 2 phases, une première très structurée de 6 semaines, suivie d’une 2ème phase beaucoup plus longue et de durée variable, pendant laquelle les participants travaillent sur des objectifs personnels qu’ils ont eux-mêmes choisis. Dans l’étude présentée ici, l’impact à long terme de cette approche sur le nombre et la durée des hospitalisations a été évalué.

Quatre-vingt-cinq patients (55 femmes et 30 hommes) avec un trouble bipolaire (48 TB I et 37 TB II) ont été inclus rétrospectivement. Cinquante patients ont participé à la phase 1 et 35 patients à la phase 1 et 2 du POP. Le nombre et la durée des hospitalisations ont été évalué en comparant les 3 ans avant la participation au POP et les 3 ans après la fin de la phase 1 ou phase 1 + 2.

Les résultats montrent que le nombre d’hospitalisations était diminué significativement pour les participants de la phase 1 (p=0.017) et pour ceux qui avaient participé aux 2 phases (p= 0.035).
Les participants qui avaient déjà 4 hospitalisations ou plus avant la participation au POP ne montraient pas de diminution du nombre des hospitalisations après la participation. Pour les 11 participants (13,3%) ayant une augmentation du nombre d’hospitalisations après participation au POP, 6 d’entre eux avaient un trouble de personnalité comorbide. Ces résultats, ainsi que ceux issus d’autres études, indiquent que pour certains patients non répondeurs à la psychoéducation, d’autres approches sont nécessaires. La remédiation cognitive et fonctionnelle, adaptée selon les difficultés individuelles de chaque patient, représente une approche thérapeutique prometteuse.

La TCC psychoéducative pour patients bipolaires : déroulement et caractéristiques à propos d’une expérience de 10 ans
Christine Mirabel-Sarron, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France; Aurélie Docteur, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France; Eryc Siobud-Dorocant, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France; Dragana Goujon, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France; Philip Gorwood, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France; Frédéric Rouillon, Université Paris V René Descartes, Centre Hospitalier Sainte-Anne, France
La plupart des études d’efficacité suggèrent que des programmes des psychoéducation permettent de réduire le taux de rechutes des patients bipolaires et d’améliorer leur qualité de vie. Ces programmes font d’ailleurs aujourd’hui partie intégrante de la prise en charge de ces patients, toujours en association avec un traitement thymorégulateur, et sont recommandés par la Haute Autorité de Santé depuis 2007. L’objectif de cette communication est de présenter le déroulement et les caractéristiques de la démarche psychoéducative proposée dans l’unité TCC de la CMMÉ de l’hôpital Sainte Anne.
La TCC psychoéducative selon le programme de Lam, spécifique aux patients bipolaires, comprend 20 séances en groupe réparties en 3 phases : 1) Psychoéducation sur le trouble bipolaire et ses traitements ; 2) Apprentissage de techniques comportementales et cognitives ; 3) Consolidation. Dix outils comportementaux et cognitifs sont ainsi appris aux patients, avec trois grands axes spécifiques à l’approche de Lam, qui sont : l’augmentation de l’alliance thérapeutique, la construction d’un contrat thérapeutique personnel et la construction d’une vie sereine et épanouie (identification des schémas, etc...). Aujourd’hui, 226 patients bipolaires I ont participé à cette démarche.
Les résultats après dix ans d’expérience montrent une bonne acceptabilité et une bonne faisabilité de cette démarche chez des patients bipolaires I résistants, avec un faible taux de sorties prématurées, mais également un apprentissage des outils parfois plus long que dans les manuels.
Les apports d’une approche de pleine conscience (MBCT) selon le modèle de Segal en complément de la TCC psychoéducative seront également discutés.

Psychoéducation: Une thérapie efficace et efficiente dans le traitement d’appoint de la maladie bipolaire
Serge Beaulieu, Université McGill, Canada; Sybille Saury, Institut Universitaire en Santé Mentale Douglas, Canada
Les troubles bipolaires sont des maladies chroniques nécessitant une variété de traitements de diverses modalités visant à non seulement traiter les épisodes isolés de dépression et de manie, mais surtout de prévenir, sinon de réduire, la fréquence et l’intensité de ces épisodes. Bien que diverses approches psychothérapeutiques aient été étudiées et démontrées utiles, peu d’études ont comparé deux approches simultanément. L’étude présentée ici compare une thérapie de psychoéducation de groupe de 6 séances à une thérapie individuelle cognitivo-comportementale de 20 sessions.
Deux-cent-quatre patients atteints d’un trouble bipolaire de type I ou II mais stables, furent recrutés dans cette étude canadienne à simple insu réalisée dans quatre sites universitaires. La mesure d’efficacité était l’échelle LIFE (Longitudinal Interval Follow-up Evaluation) mesurant l’intensité des symptômes dépressifs et de manie, de façon prospective et hebdomadaire sur une période de 72 semaines.
Les deux traitements ont procuré les mêmes résultats tant sur l’intensité des symptômes que sur leur impact au niveau fonctionnel, et sur le taux de rechute en épisode dépressif ou de manie et hypomanie. Le taux de perte au follow-up était le même pour les deux types de thérapie, soit de 6% des patients n’ayant pas complété la thérapie. Dans les deux cas, 64% des patients ont complété l’étude. Le coût de la thérapie complète par patient était de $180 pour la psychoéducation et de $1200 pour l’approche TCC.
Malgré une durée de traitement beaucoup plus longue et une approche individualisée, la TCC a procuré les mêmes bénéfices qu’une approche psychoéducative de groupe plus brève et économique. Cette étude démontre non seulement l’efficacité mais aussi l’efficience de l’approche psychoéducative de groupe.

Psychotérapie et Neurosciences
Nadia Kadri, Clinique Villa des Lilas. Casablanca

Neurosciences: état actuel
Mohamed Agoub, Laboratoire des Neurosciences Cliniques et Santé Mentale, Université Hassan II, Morocco

Les neurosciences regroupent toutes les disciplines scientifiques nécessaires à l’étude du fonctionnement du système nerveux central et périphérique. Les neurosciences ont bénéficié depuis ces dernières décennies du développement considérable de la technologie notamment l’imagerie médicale structurale et fonctionnelle, la biologie moléculaire, la neurophysiologie, l’informatique entre autres.

Actuellement deux approches sont prédominantes. Une approche ascendante (bottom-up) qui étudie les fonctions et structures élémentaires pour pouvoir reconstituer le fonctionnement global. La deuxième approche descendante (top-down) part de l’étude des fonctions globales et externes du fonctionnement du cerveau pour comprendre l’organisation plus basique du système nerveux. Ces deux approches sont complémentaires pour une approche plus intégrative dans la compréhension du fonctionnement du cerveau normal et pathologique.


Thérapie cognitivo comportementale et neuroscience : où en sommes nous et où allons nous ?
Jean Cottraux, University Lyon1 & Ifforthec, France


Neurosciences and Psychoanalysis
Jalil Bennani, Private practice, France

Psychoanalysis, psychotherapy and neurosciences are not mutually exclusive. Acting on different registers, the three disciplines complement each other. How can we identify the fields in which they are articulated?

Neurosciences are based on a scientific methodology relying on the evaluation, demonstration, breeding experiments, the research evidence. These approaches are not those of psychoanalysis and its research. This is a classic question in the history of psychoanalysis: is psychoanalysis a science?

The effects of speech and subjectivity are well established. The therapist is constantly faced with the choice between drug prescription and approach by listening to the words of patients. Any attitude excluding either approach is reductive.

In the Moroccan context, numerous examples show the effects of cultural and linguistic characteristics of our daily actions, reflecting the role of the psyche side of soma.

Poster Session – Child and Adolescents

An experimental study on the influence of paternal behaviour in children with anxiety disorders
Nanna Josefsen Klinkby Marcussen, Department of Psychology, Aarhus University, Denmark; Signe Schneevoigt-Matthiesen, Department of Psychology, Aarhus University, Denmark; Jennifer L. Hudson, Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia; Mikael Thastum, Department of Psychology, Aarhus University, Denmark; Mikkel Arendt, Department of Psychology, Aarhus University, Denmark; Hjalti Jónsson, Department of Psychology, Aarhus University, Denmark

Certain types of parental behaviour, e.g. parental overinvolvement and control, in parent-child interactions have been associated with an increased risk of childhood anxiety disorders (Hudson & Rapee, 2004; Hudson, Doyle & Gar, 2009). Most parent rearing models related to child anxiety are predominantly built on mothers’ roles, and have not taken into account that fathers and mothers might influence children’s anxiety in different ways (Bögels & Phares, 2008).

AIM: The aim of this study is to investigate child and paternal influences on parental overinvolvement, negativity and autonomy granting and to see whether father-child interactions differ from mother-child interactions.

A sample of fathers of children aged 7-14 years with social anxiety disorders assessed by the Anxiety Disorder Interview Schedule-IV (ADIS-IV C/P) (n = 45) and fathers of nonclinical children (n = 45) will be observed interacting during a 3 minute speech preparation task. Each father will interact with three children (i.e. their own child; and two unrelated children within the clinical and non-clinical groups respectively). The order of the later two sessions will be counterbalanced and the
A comparison of therapist assisted bibliotherapy and group therapy as treatments for children with anxiety disorders: a randomized controlled trial

Tine Vadgaard, Aarhus University, Denmark; Mikael Thastum, Aarhus University, Aarhus, Denmark; Tina Borck Jacobsen, Aarhus University, Aarhus, Denmark; Tine Vadgaard, Aarhus University, Denmark; Lisbeth Jørgensen, Aarhus University, Denmark; Signe Schneevoigt-Matthiesen, Aarhus University, Denmark; Kristian Arendt, Aarhus University, Denmark

Despite evidence of the efficacy of cognitive-behavioural therapy for treating children with anxiety disorders only a small proportion of these children receive treatment. This is partly due to lack of therapists and financial resources. Bibliotherapy with minimal therapist assistance is a low cost therapy, which in a few studies have been shown to result in favorable outcomes compared to waitlist and outcomes comparable to face-to-face treatment.

Objectives: The current study examined the efficacy of bibliotherapy combined with therapist supported group sessions for parents in comparison with face-to-face group treatment for children and their parents in a randomized controlled design. Methodology: Children (aged 8-12, n = 80) with a principal diagnosis of an anxiety disorder based on the ADIS C/P interview are randomly allocated to bibliotherapy or group treatment. In the bibliotherapy condition parents are provided with a book and a workbook for the children, which introduce them to the same anxiety management skills as in the group treatment program. Parents meet in groups five times of 1½ hour with a therapist to problem-solve application of skills learned and clarification of concepts from the book. In the group treatment condition children and parents meet with a therapist for weekly two hours session. The treatment is based on the Cool Kids Program, a ten-session cognitive-behavioral program for the management of childhood anxiety disorders. Treatment credibility and expectancy is assessed after the first session. Group session ratings are completed after each session. Self-report questionnaires are completed pre and post treatment. Finally attrition rates and diagnostic change is assessed at the end of treatment.

At the time of the conference we expect to present pre-post results from 60 participants, 30 in each condition. Potential implications for everyday clinical practice is the possibility of treating and helping more children with anxiety disorders despite shortages of resources.

Comorbidity of ADHD and anxiety: Effects of sleep and response to a CBT treatment

Lyse Turgeon, University of Montreal; Maxime Bériault, University of Montreal; Mélanie Labrosse, Rivière-des-Prairies Hospital; Claude Berthiaume, Rivière-des-Prairies Hospital; Martyne Verreault, Rivière-des-Prairies Hospital; Caroline Berthiaume, Rivière-des-Prairies Hospital; Roger Godbout, Rivière-des-Prairies Hospital

Children with Attention Deficit Hyperactivity Disorder (ADHD) are reported to show more sleep problems than children from non clinical population. This difference could partly be explained by comorbid anxiety. The first goal of the study was to examine the impact of comorbid anxiety on sleep difficulties in children with ADHD. The second goal was to measure the effect of a cognitive-behavioral therapy on sleep quality.

Fifty-seven children (42 boys, 15 girls) aged between 8 and 12 years were assessed by a semistructured diagnostic interview (ADIS-C). Four groups were formed: ADHD (n = 20); ADHD + Anxiety disorder (n = 20); Anxiety disorder (n = 8); and normal controls (n = 9). Parents completed a French version of the Child Sleep Habits Questionnaire (CSHQ). A subgroup of 10 children took part to a 10-week-session cognitive-behavioral therapy (CBT) program for anxiety. Each clinical group reported more sleep difficulties than the control group. ADHD + Anxiety group had more sleep difficulties than the ADHD group and the control group but no more than the Anxiety group. These results suggest that sleep difficulties are more associated with anxiety than with ADHD. Sleep resistance and parasomnias were more related with ADHD than anxiety. Children with ADHD and comorbid anxiety, CBT for anxiety reduced sleep onset delay and improved marginally the total of sleep difficulties.

Comorbid anxiety is associated with specific sleep difficulties in children with ADHD and is sensitive to a CBT program specifically aimed at reducing anxiety.

To improve the treatment of anxiety symptoms among children with ADHD.

The effect of a family CBT programme for children with separation anxiety disorder

Lyse Turgeon, University of Montreal; Sandra Mayer-Brien, University of Montreal

Separation Anxiety Disorder (SAD) is among the most prevalent anxiety disorders among children. Many studies have showed that family factors such as parental practices and attachment play a central role on the development of SAD. Cognitive-behavior therapy (CBT) has been showed to improve anxiety disorders symptoms among children, but few studies have examined specifically the efficacy with children suffering with SAD. The objective of the present study was to examine the efficacy of a family CBT programme for parents of children aged from 4 to 7 with SAD.

The study used a multibased single-case design. Six parents were recruited. Inclusion criteria were the following: having one child from 4 to 7 years old with SAD, assessed by the Anxiety Disorders Interview Schedule for Children (ADIS-C).
Daily reports of children symptoms and self-report measures on parental practices and parental stress were completed by the parents. The 10-session programme was an adaptation of the treatments developed by Raleigh et al. (2002) and Pincus et al. (2005) and included parental training, relaxation for children and exposure. Sessions also included strategies to improve the quality of the parent-child relationship.

Results showed that after the intervention, all children no more meet the criteria of SAD assessed by the ADIS-C. Further analyses will examine the impact of the programme on parental variables and also the strategies that have showed to by more helpful for parents.

Preliminary results of this study showed that symptoms of separation anxiety disorder can be reduced among young children by a family CBT programme focusing on the parents only. This programme may contribute to improve the treatment of children with separation anxiety disorders, and more specifically may help parents of these children.

Reciprocal Relationship Between Self-Esteem and Adolescent Depression and Anxiety: A Longitudinal Study

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Following current dual processing models, implicit (ISE) and explicit (ESE) self-esteem may be differentially involved in the development and recurrence of psychopathology. This study tested the prognostic value of ISE and ESE, and discrepancies between ISE and ESE, for the development of later symptoms of adolescent social anxiety (SA) and major depressive disorder (MDD). In addition, we tested whether MDD and SA symptomatology is predictive of ISE and ESE (i.e., a scarring effect that may further increase MDD and SA symptoms). First and second year pupils at high school were invited to partake in a longitudinal study: Prevention of Adolescent Test and Social Anxiety (PASTA; n = 5318). Participants who gave consent (N= 1641; M age= 13.14, SD= 0.75; male= 46.7%) completed a number of measures including Rosenberg Self-Esteem Scale (ESE), Implicit Association Test (ISE) and Revised Child Anxiety and Depression Scale (SA & MDD symptomatology) at baseline and two years follow-up. Controlling for initial symptoms, baseline ESE was associated with symptoms of MDD and SA at follow-up. Baseline symptomatology was not associated with ESE at follow-up. ISE was not associated with symptoms of MDD or SA in either direction. Discrepant self-esteem (magnitude & direction) was not predictive of follow-up symptomatology. Adolescents with low ESE may be at risk for increased MDD and SA symptomatology. Although our findings do not enlighten us about the causality of the relationship, it suggests that future preventative studies may find beneficial effects in raising ESE in adolescents at risk for MDD and SA. If low (explicit) self-esteem is predictive of MDD and SA symptomatology in healthy adolescents, it suggests that specifically targeting low self-esteem issues in CBT may prevent increases in MDD and SA symptomatology in at-risk individuals. Indeed, self-esteem specific CBT in clinical adult samples have shown to reduce anxiety and depression symptoms in previous studies. Therefore, self-esteem specific therapies may be an effective preventative strategy in adolescents.

Efficacy of the treatment program for children with aggressive behavior – a randomized controlled trial with an active control group

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The German Treatment Program for Children with Aggressive Behaviour (Therapieprogramm für Kinder mit aggressivem Verhalten, THAV) aims at the therapy of children aged 6 to 12 years with peer-related aggressive behaviour, which results in a persistent impairment of the relationships to other children. Contrary to other treatment approaches, this intervention aims at the individual treatment of problem maintaining and moderating factors of aggressive behaviour. Depending on the individual problem maintaining factors the treatment aims to modify social cognitive information processing, impulse control, social problem solving, social skills and social interactions in specific situations. The efficacy is evaluated both in a randomized control group design with an active control group and a within-subject analysis by comparing changes in outcome variables during an eight week waiting phase and the subsequent treatment of about half a year using multilevel modelling. Outcome parameters are aggressive behaviour and comorbid symptoms as well as problem maintaining factors, psychosocial functioning, family burden and treatment satisfaction. On most parameters no substantial changes were found during the waiting period while strong reductions in aggressive behaviour, comorbid symptoms and problem maintaining factors could be found but in parent and teacher ratings during the treatment phase. These reductions during treatment were significantly stronger compared to the changes during the waiting period. The treatment program is very effective compared to the changes during a waiting period.

Adolescents’ susceptibility to peer pressure: Teach them to say no is not enough

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A conceptual model of peer influence process (Brown et al., 2008) proposes the existence of different individual and contextual factors that may affect adolescent behavior in a situation of peer pressure. There are different approaches to
measuring the susceptibility to pressure so this study will compare results from correlational and experimental approach. The aim of this study was to determine predictors of self-reported susceptibility to peer pressure for misconduct and predictors of adolescents’ behavior in situation of peer pressure.

In the first part of the study, 477 second grade high school students (both genders) participated. Anxiety and avoidance in relations with friends, self-discrepancies, compliance and desirability of risk behaviors were measured as determinants of susceptibility to peer pressure. Also, Susceptibility to Peer Pressure Questionnaire (SPPQ) was applied. One month later, 80 boys and 80 girls participated in the second part of the study, where they completed the same the parallel form of SPPQ in a chat-room simulation, convinced that they can see other students’ answers and that their own answers could be seen by others.

The results have shown that the adolescents are more susceptible when they were exposed to real peer pressure in experimental situation then they report in self-report measure. Desirability of risk behaviors proved to be the best predictor of susceptibility to peer pressure. It explains 19% of self-reported susceptibility to peer pressure and only 6% of susceptibility to peer pressure in experimental situation.

When subjected to peer pressure, adolescents make a decision about their behavior considering how desirable expected behavior is to them but they think about it more when asked what would they do exposed to peer pressure. They conform to different risk behaviors to avoid negative consequences or gain a positive reinforcement from peers.

Self perception and anxiety as predictors of depression symptoms among Croatian adolescents
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Abstract: Research results suggest that negative self-perception is related to negative emotional experiences, especially to depression symptoms (Burwell & Shirk, 2009). Furthermore, there is high co-occurrence of depression and anxiety symptoms, especially social anxiety (Epkins & Heckler, 2011) and it has been proven that anxiety mostly precedes depression (Huppert, 2008).

The aim of this study was to determine how well general self-worth, different aspects of self-perception, social anxiety and worry explain adolescents’ depression symptoms at nonclinical level. In a sample of 938 elementary and high school students aged from 12 to 18 (45% boys and 55% girls with mean age Mage=14.82; SDage=1.476) the following instruments were applied: The Self-Perception Profile for Adolescents (Harter, 1985), Worry and Social anxiety subscales from Fear and anxiety scale for children and adolescents (Vulic-Prtoric, 2004) and The Depression Scale for Children and Adolescents (Vulic-Prtoric, 2003). The Self – Perception Profile measures General self-worth and following self-perception domains: Academic-scholastic competence, Social acceptance, Athletic competence, Physical appearance, Romantic appeal, Behavioral conduct and Close friendship.

Separate hierarchical regression analysis were conducted for boys and girls with depression symptoms as criterion, and age, general self-worth, self-perception domains, worry and social anxiety as predictors. Results have shown that general self-worth and worry were significant predictors of depression symptoms for both genders. Among self-perception domains, academic-scholastic competence and behavioral conduct were significant predictors regardless of gender. Boys’ depression symptoms were also explained by social acceptance, while girls’ were explained by close friendship. Social anxiety was a significant predictor only for boys.

The depression symptoms are occur in population of adolescents with frightening quantity. There is very important to recognize causes and etiology of problem early and implement necessary CBT interventions.

Attentional retraining may reduce emotional biases and stress responses in socially anxious children
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Cognitive factors play an important role in maintaining anxiety disorders in adults and children. Consequently, researchers have developed attention retraining procedure to directly address attentional biases. The present study evaluated the effects of an Attention Bias Modification (ABM) program on cognitive biases and associated behavioural symptoms in childhood social anxiety.

We recruited 16 children aged between 10 and 12 and fulfilling DSM-IV criteria for a primary diagnosis of social anxiety disorder. An emotional spatial cueing task was used as pre- and post-treatment bias evaluation. Cues were lateralised faces expressing either disgust or neutrality and replaced by a dot to locate. Faces correctly cued the position of the dot in 75% of cases. Reaction time and accuracy were recorded as measures of biases. Then, during 5 consecutive days, participants performed a dot-probe paradigm with 300 neutral-disgust pairs of faces followed by a target to localise (95% of targets replaced the neutral faces). Anxiety and depression were measured pre- and post-training as well as social skills and behavioural markers of anxiety during a social exposition task.

Analyses of invalid cue trials showed longer RT for disgusted faces pre-training, but this disengagement bias disappeared at post-training. Conversely, analyses of valid cues trials revealed slower responses to disgust trials post-training while no differences between neutral and disgusted faces were observed pre-training. Participants also reported less anxiety and more social skills during exposure.
These results suggest that attentional retraining procedure is beneficial for reducing attentional biases towards threat in anxious children, with positive effects on stress markers.

AMB training presents several advantages encouraging its application in children and adolescents, which may have less access to CBT. Notably, ABM training requires less contact with a therapist, less effort, and the computer-based interface may improve the compliance in young patients. To conclude, ABM seems to be an interesting further tool in children and adolescents suffering from social anxiety.

**An online self-applied program for drug use prevention in adolescents (PREVENTIC-INFORMATIVO): the professionals’ assessment**

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Drug use is a major public health problem that affects all of society. There is general agreement on the importance of prevention, especially in adolescents. One component that is usually included in prevention programs is to provide information about drugs, their effects and misconceptions. The Technologies of Information and Communication (ICTs) have a potential use when intervening in very large populations. Preven-tic-Informativo is an online self-applied program aimed to improve knowledge about drugs, their effects and risks among adolescents. The program has three versions, for three age groups (12-14, 15-16, 17-19). The information is organized in four thematic blocks.

The objective of the present work is to present preliminary data regarding the program assessment by health professionals and experts in usability. The sample was composed of 50 health professionals and technicians of usability.

Results show that professionals evaluated the program positively and they consider that it is useful, easy of using, and even better than other existing prevention programs known by these professionals.

The use of the internet can help significantly to improve knowledge of drugs, since it has many advantages over traditional methods: the transmission of information is available 24 hours, everybody can access worldwide, etc.

Preven-tic is a good tool to give information to adolescents (internet is an attractive media for them, the information is objective, they can learn at their own rhythm,...) in this sense Preven-tic can be a very good resource for psicoeducation.

**Parent experience as measured subsequent to psychoeducation course on children’s anxiety**

Karin Iren Jensen, BUP Haugesund, Norway; Hanne Synnøve Aarvik, BUP Haugesund, Norway; Mark Fosnæs, BUP Haugesund, Norway

Our goal is to evaluate user experience during a continually ongoing psychoeducation course for parents or legal guardians (from now on simply called parents) of children with symptoms of anxiety. These children are patients referred to an interdisciplinary mental health team at BUP Haugesund. The goal of the course is to see if this might be good enough treatment for some children with symptoms of anxiety. We expect that approximately one third will not need regular individual follow-up subsequent to the information course. This will give the team more resources for individual treatment of the patients who need such.

The information course is devised as such:

Two sessions of two hours for all parents with children under 16 that are currently awaiting treatment for anxiety symptoms at BUP Haugesund (usually groups between 4-8).

First session: General psychoeducation about anxiety in children and adolescents. Handouts with information about anxiety as well as general advice for how parents should deal with this is given to everyone at the end of the first session.

Second session (two-three weeks later): First a summary of the first session followed by any clarifying questions and feedback the parents might have based on their experiences since the first session.

Two-three weeks after the second session parents and patients are called in for individual assessments of the patient to clarify the extent of their anxiety symptoms as well as any other pertinent mental health issues. This to determine which type of follow-up treatment is required if any.

After the patient has finished treatment at BUP Haugesund the parents are contacted and asked to rate their experience of the information course on a number of variables as well as rate the entire treatment.

After the course parents will have the opportunity to respond to a survey put together by the interdisciplinary team at BUP Haugesund. In this survey parents will be given the opportunity to respond to questions regarding user experience and satisfaction; whether they gained anything from the course, has it helped them or their child, did they need any further follow-up from BUP Haugesund etc.

We have chosen to collect our data using a quantitative survey. The reason for the choice of method was based on practical circumstances as well as considerations regarding validity and reliability of the survey results. We have devised a number of questions for all parents, which they can rate on a scale from 0-5 where 0 is not satisfied and 5 being very satisfied.

Results are still pending. When the information from the survey has been gathered, we want to present these in the form of graphs as well as other relevant statistically descriptive forms. The results will show whether the participants were satisfied with a number of variables, how important it is to meet other parents with similar challenges and what type of follow-up treatment their children needed if any.

We will discuss whether it is enough to simply educate parents when treating children/adolescents with anxiety symptoms. What are the benefits and what are the drawbacks – both for the patients/parents as well as for the interdisciplinary team...
at BUP Haugesund. This discussion will be based on the results as well as the more qualitative experiences of doing such a project in a clinical setting.

Psychoeducation courses for parents are an important first step in the treatment of any mental health issues in children. It is even more important to ensure that the content and format of these psychoeducational steps are of actual value for the specific target group. Therefore it is highly relevant to conduct reliable and valid evaluations of user experience subsequent to such initiatives.

**PEACE (Parents Educated for Anxious Children’s Exposure)**
Hanne B. A. Digre, BUP Haugesund, Norway; Mark Fosnæs, BUP Haugesund, Norway

Psychoeducation is a vital first step in the treatment plan of anxiety. Psychoeducation is also used across different levels of health services, contexts of treatment and professions. Psychoeducation by itself is an intervention with potentially significant importance in the treatment and change of different psychological problems. Psychoeducation consists of both information about the illness, and information about tools for managing and overcoming problems.

The background for having psychoeducation as the first step of intervention for our patients was based on an organizational as well as a patient-treatment perspective. We had a fair amount of patients suffering from anxiety referred to our team, and we were not able to meet the deadline for start of treatment. Secondly, we were discussing the importance of trying to help children/adolescents with minimum interference by using what we named “The Cone-Model”, a stepped-care model. In short “the Cone–Model” contains three stages of approach. 1. Psychoeducation for parents in group, PEACE. PEACE contains education about anxiety in general, the CBT-model as it relates to anxiety, the importance of exposure, what is not helpful parental behavior, and what is helpful parental behavior. 2. Children and adolescents join group therapy with a CBT-based treatment called FRIENDS. 3. Individual CBT-treatment. We expect the early involvement of parents will help some children to show mastery more quickly without further intervention, whereas other children will exhibit transient difficulties while dealing with challenge.

Our approach was to give parents psychoeducation in groups (PEACE), one session of 90 minutes containing psychoeducation. Follow-up session after two-three weeks, 90 minutes containing a summary of the last session, questions and discussion in group based on experiences gained since the first session. We wanted to 1) see if parents assess their children’s function to have increased since attending education, and 2) if some of the referred children would no longer need to proceed to step two in “the Cone-Model”. To evaluate the children’s level of functioning as assessed by their parents, we used CALIS (Children’s Anxiety Life Interference Scale). The parents would fill out first evaluation before starting the first session of psychoeducation. The second evaluation was filled out 4-6 weeks later after finishing the PEACE program.

During this project we have encountered several practical challenges concerning evaluations in particular. Since this project is a pilot set in a clinical practice, we have had to make compromises from time to time. This has resulted in fewer valid evaluations with regards to effect of treatment. At the present time we do not have enough to draw any statistically significant conclusions. However, since this project is still ongoing, we expect to acquire a larger valid dataset by the time of the conference. Also, we would like to present any results we have acquired alongside a presentation of the factors we have experienced as being most detrimental to conducting valid and reliable scientific research in a clinical setting.

Even though our experience from these psychoeducational groups didn’t necessarily give us the outcome we expected in the way we expected it, we still see the importance of a “stepped care model” in the treatment of psychological problems – anxiety in this case. We will discuss why we still believe in the importance of giving children and parents information and tools at an early stage of their treatment, and preferably with as little interference from mental health services as possible.

A first step in helping young people is giving their parents the knowledge and tools to practice good parenting. By doing so, we are also telling parents, as well as their children, two important things. 1) Children’s problems are not always a question of psychopathology. Maladaptation experienced by children can often be mistaken for what is basically normal developmentally related behavior. 2) With a little guidance, parents themselves are fully able to help their children cope in many of these situations. Finally, we will discuss the studies themselves – practical challenges with regards to implementing the program as well as challenges in providing this kind of treatment to a specific group of patients.

We hope to show how stepped-care treatment based on CBT has improved on treatment-as-usual in a mental health clinic for children in Haugesund, Norway. We also hope to show what other benefits and challenges accompany such a project. This so others might be inspired to implement this in their own everyday practice and will be able to do so while more aware and prepared for the challenges.

**The effects of psychological variables in the outcomes of CBT program for obesity childhood**
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Childhood obesity has been associated with negative psychological variables like anxiety and depressive symptoms and low self-esteem. Present study is aimed to assess the influence of psychological characteristics (anxiety, depression and eating styles) relating to the loss weight (in Z-score) in a CBT program for childhood obesity.

The sample was composed by 25 children (8 to 13 years old) recruited from a Paediatric Service. All participants completed a CBT program of 10 weekly sessions focused on improving healthy habits of intake and physical activity promotion.
combined with behavioural techniques like self-control, problem solving, etc. Before treatment, participants were assessed using several questionnaires to explore eating styles (DEBQ) and psychological variables (anxiety-STAIC- and depression – CDI-).

The variable that best predicts the post-treatment Zscore is the pre-treatment Zscore (R2=0.84; γ=0.92; p<0.001). The second variable that predicts thepost-treatment Zscore(controlling pre-treatment Zscore) is the “restrictive eating” factor of DEBQ (R2=0.89; γ=0.75; p<0.001). Pre-treatment scores on Anxiety (STAIC), depression(CDI) “external eating” (DEBQ) and “emotional eating” (DEBQ) do not predict the post-treatment Zscore

The prescription of restrictive diets could facilitate the loss weight during treatment. Psychological variables like depression, anxiety, and eating styles regulated for emotions and external stimuli do not predict the loss of weight (Zscore) in a CBT program for childhood obesity.

The CBT programs facilitate the modification of desadaptative cognitive procedures in intake habits and the behavioral component of this programs promotes the increasement of daily physical activity in children with obesity problems.

Cross validation of sensitivity and specificity of the MASC subscales in identifying separation anxiety disorder, generalized anxiety disorder, and social phobia

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Evidence based treatment programs are often disorder-specific. Screening methods with good validity to effectively identify children are therefore necessary. The present study examines the sensitivity and specificity of the Multidimensional Anxiety Scale for Children (MASC) subscales in the frame of a RCT study on an evidence based treatment for anxiety disorders (Coping Cat program).

Previous findings supported that MASC scores can identify youth with separation anxiety disorder (SAD) and social phobia (SoP) but less accurately generalized anxiety disorder (GAD) in a subsample of n=190 children

N=284 children aged 7-13 years referred for treatment of internalizing problems were assessed with the MASC and Anxiety Disorders Interview Schedule for DSM-IV (ADIS) prior to treatment (child and mother report).

Sensitivity and specificity of MASC subscales are determined related to SAD, GAD and SoP. Receiver Operating Characteristic (ROC) curves are applied to predict the various diagnoses based on the MASC subscales. In addition, the Youden’s index will be calculated to define optimal cut-off scores.

Preliminary results in terms of interrater reliability for the ADIS was kappa=1 for SAD and SoP and .89 for GAD. Sensitivity and specificity of the MASC subscales related to the various anxiety disorder diagnoses will be reported. ROC curves with area under curve (AUC) will be displayed to indicate the quality of the screening.

Clinical implications of the screening-power of the MASC subscales related to anxiety disorders in youth will be discussed.

Negative self-statements in anxious youth

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Negative, threat-related self-statements are assumed to be important for the development as well as maintenance of anxiety disorders. Anxious youth seems to have higher levels of negative, threat-related self-statements than non-clinical control groups (Kendall & Treadwell,2007; Mier et al, 2008; Puliafico & Kendall, 2006). Based on this, treatment manuals for anxious youth often include specific interventions targeting negative, threat-related cognitions. However, in everyday clinical practice as well as in treatment studies, negative self-statements in children are seldom assessed. Many questions remain unresolved with regard to the role of negative self-statements in anxious youth. We know little of what characterizes children with high levels of negative-threat related self-statements, whether negative self-statements actually change during treatment, and if so, whether changes in self-statements are related to changes in anxiety and/or depression. We have examined these questions based on data from clinically anxious youth participating in a Norwegian CBT (“The Friends for life program”; Barrett, 2004; 2008) effectiveness study.

The present study is a part of the ATACA-study where youth with separation anxiety disorder, social phobia, and generalized anxiety disorder (N = 182, M age = 11.5) were randomized to individual CBT, group CBT or waitlist. Negative self-statements were measured by the children’s Automatic Thought Scale (CATS; Schniering & Rapee, 2002), administered pre- and post-treatment.

Preliminary findings indicate that youth with high levels of negative self-statements pre-treatment are more likely to be adolescent girls, having lower self-esteem, more comorbid anxiety disorders and higher levels of anxiety and depression. Fortunately, anxious self-statements seem to change during treatment and these changes appear regardless of the child’s gender, age (children versus adolescents), treatment format (group/individual) and the children’s primary pre-treatment diagnosis (with an exception for children with GAD as primary diagnosis). Children that report changes in negative self-
statements from pre to post treatment are also more likely to change number of anxiety diagnosis, as well as report changes in level of anxiety and depressive symptoms. Implications as well as the strengths and limitations of the study will be discussed. Therapists are advised to assess negative self-statements in clinically anxious youth and to continue to target cognitions in treatment.

Measuring early memories of threat and subordination: Study of psychometric properties of the Early Life Experiences Scale (ELES) for Adolescents
José Pinto-Gouveia, Cognitive Behavioural Research Centre (CINEICC) and University of Coimbra, Portugal; Ana Xavier, CINEICC University of Coimbra, Portugal; Marina Cunha, Instituto Superior Miguel Torga Coimbra (ISMT) and CINEICC, Portugal.

Based on attachment theory, there are several measuring instruments that ask people to recall early parents-children interactions and parental behaviours in childhood, in order to assess parenting styles/practices and attachment styles. However, according to social rank theory (Gilbert, 1992), the emphasis on recall of how one felt in relation to the behaviour of others may be more important than just recall others’ behaviour.

The purpose of this paper is the adaptation and validation of the Early Life Experiences Scale (ELES; Gilbert, Cheung, Grandfield, Campey, & Iorns, 2003) in the Portuguese language for Adolescents. The ELES is a self-report measure that assesses the recall of one’s feelings of perceived threat and submissive behaviour in childhood.

This paper aims to analyze the psychometric properties of this scale in a Portuguese community sample of adolescents. Additionally, it was also aimed to explore the relationship between the recall of feelings of being frightened/threatened and subordinated in the early interactions with caregivers and the psychopathological symptoms (negative and positive affect).

The results of this study will contribute to expand the assessment instruments in this age group, especially those which focus on emotional memories, in order to use them in clinical and research practices. This study contributes to broaden the available measures for adolescents, specifically measures that assess one’s threat and submissiveness feelings in relation to others’ behaviour, rather than just recall others’ behaviours (e.g., parenting styles/practices). Furthermore, this self-report measure is a useful and robust assessment tool for research and clinical practice with adolescents.

Alexithymia and decision-making ability in patients suffering from eating disorders
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Alexithymia is a personality trait characterized by difficulties in identifying and describing feelings and may be associated with eating disorders (EDs). The Iowa gambling task (IGT) was developed to assess decision-making processes based on emotion-guided evaluation. When alexithymics perform the IGT, they fail to learn an advantageous decision-making strategy. The connections between alexithymia and decision-making abilities in patients with EDs have not been fully clarified. The aim of this study as part of the contribution chair was to investigate alexithymia’s connections with decision-making ability in patients suffering from EDs in comparison with healthy women.

A total of 107 women; 30 subjects with anorexia nervosa (AN), 33 subjects with bulimia nervosa (BN) and 44 healthy controls (HC) participated in this study (mean age ± SD of 23.2 ± 5.4). Decision-making ability was measured using the Iowa Gambling Task (IGT). The participants completed the Toronto Alexithymia Scale (TAS), measuring alexithymia.

There was significant difference between the EDs and the HC in the performances of the IGT in the second block (21-40) and final block (81-100) (p<.05). The EDs scored higher than the HC on the TAS, F(1, 91)=51.322, p<.0001.

There was a significant positive correlation between the TAS scores and the IGT performances in the second block (r=0.33, p<.001).

The HC learned a strategy to choose a good deck and gradually increase their benefit, in contrast, the ED failed to learn the advantageous decision making strategy.

The alexithymic characteristics may enhance the decision-making process in patients with EDs.

Attentional Bias and Attentional Control Assessment Task (ABACAT): A Measure of Anxiety-Linked Attentional Processes from Childhood to Adulthood
Heather Liebregts, University of Western Australia, Australia; Colin MacLeod, University of Western Australia, Australia; Oana Mocan, Babes-Bolyai University, Romania; Laura Visu-Petra, Babes-Bolyai University, Romania

Previous research has established that anxiety is characterised by both an attentional bias to threat and a deficiency in attentional control capabilities. It is yet to be investigated whether these anxiety-linked attentional processes are functionally related to one another, knowledge of which would have vast theoretical and practical implications. Examining the sequential development of each of these anxiety-linked attentional processes from childhood to adulthood would illuminate the nature of the relationship between them. An Attentional Bias and Attentional Control Assessment Task
(ABACAT) was developed as a simultaneous measure of anxiety-linked attentional bias and anxiety-linked attentional control to be used from children through to adults. In this preliminary study, anxiety-linked attentional bias and anxiety-linked attentional control were assessed in children and adolescents aged 8-14, as well as in 18-year-old adults using the ABACAT, a task adapted from the attentional probe task and the antisaccade task that each measure attentional bias and attentional control, respectively. Using the ABACAT, the two anxiety-linked attentional processes were measured on the same materials and with the same spatial and temporal configuration. Results of this study are yet to be confirmed. The effectiveness of the ABACAT as a measure that is sensitive to developmental differences in anxiety-linked attentional bias and anxiety-linked attentional control will be discussed. If the ABACAT shows promise as a novel measure, then this will open up exciting implications for its application to the investigation of the functional relationship between anxiety-linked attentional control and anxiety-linked attentional bias. Understanding the cognitive underpinnings of anxiety is crucial to effectively treating anxiety. Specifically, knowledge of how anxiety-linked attentional bias and anxiety-linked attentional control deficiencies develop and interact with one another will allow for the targeting of therapies to the age at which they will be most effective.

Randomised trial of a brief acceptance-based group intervention for adolescents referred to hospital with deliberate self-harm
Holly Donnelly, Macquarie University, Australia; Ron Rapee, Macquarie University, Australia; Carolyn Schniering, Macquarie University, Australia

The full empirically supported treatment packages for adolescents who self-harm (DBT, ACT, MBCT) are often difficult to implement in resource-limited public health settings. Highly targeted treatments that are economically and clinically viable are urgently needed to treat this complex population. This study aims to evaluate a time-limited (6 session) group-only treatment that targets emotion dysregulation in general and emotional avoidance in particular. Participants are adolescents aged 12 to 18 years who present to a tertiary level psychiatric unit with self-harm behaviours. It uses a randomised waitlist control design. Multi-informant (participants, their parents and treating clinician) data using a range of diagnostic and symptom measures are used to assess outcomes pre-treatment, post-treatment and at a 3-month follow up. Preliminary results indicate 100% retention rate and no self-harm episodes during the treatment period, together with improvements in mood, better engagement in community treatment and more positive interactions with family. Feedback suggests that participants felt “comfortable with the people in the group”, “less alone” and “less abnormal” and that they liked “the content covered during the sessions” and “how the information was explained”. Participants mostly rated specific content and structural elements of the group as ‘very helpful’ or ‘extremely helpful’. Quantitative data will provide important information with regards to the specific constructs targeted by this treatment, however preliminary observations and reports are promising. Highly targeted, clinically robust and economically viable treatments for adolescents who self-harm are urgently needed for this ever increasing, costly and highly problematic presentation. Thinking from CBT is the basis of interventions such as DBT and ACT whose promising literature form the basis of this treatment group.

Anxiety Disorder Interview Schedule for Children applied to an adolescent population: inter-rater reliability, concurrent validity and acceptability of the clinical interview.
Cátie Casanova Martins, Faculty of Psychology and Sciences of Education of the Coimbra University, Portugal; Maria do Céu Salvador, Faculty of Psychology and Sciences of Education of the Coimbra University, Portugal

An extensive and thorough evaluation of psychopathology is critical in the psychotherapeutic process. Usually, researchers and clinicians are dependent on the accuracy of tools used to determine the diagnosis, and an interference in this process can affect both assessment reliability and treatment efficacy. As such, it is essential to use validated tools concerning reliability, sensitivity and specificity. The aim of the present research is the psychometric study of the Anxiety Disorders Interview Schedule for Children (ADIS-C), in an adolescent sample. The sample consists of 1,600 teenagers, ages between 14 and 18, who initially completed a set of self-response questionnaires. Subsequently, those adolescents whose scores are above the cutoff point are selected for further assessment by the clinical interview in study. Two evaluators are always present during the clinical interview and make their independent assessments based on the questioning of one of them. The present investigation is in progress. Results will be analyzed subsequently. The discussion will follow data analysis. Cognitive-Behavioral Therapy requires, in terms of application, a thorough assessment framework that will serve as a solid basis for therapeutic intervention. This study may provide important data regarding the evaluation and structuring of the treatment process. In addition, a reliable diagnostic instrument may help in the assessment of treatment outcomes, as it is intended that, at the end of treatment, subjects no longer fulfill the diagnostic criteria that were present at the beginning of treatment. Finally, such a reliable instrument may have benefits for research purposes as it may help in the objective determination of symptoms and selection of specific clinical populations, through a clear and objective evaluation.
The screening utility of SCARED-R: a ROC curve analysis
Mariana Rigueiro Neves, ISCTE-IUL, Lisbon University, Portugal; Mariana Rigueiro Neves, ISCTE-IUL, Lisbon University, Portugal; Ana Pereira, University of Lisbon, Portugal; Luisa Barros, University of Lisbon, Portugal Anxiety disorders are among the most common psychopathological problems in children and they often interfere with their social adjustment and academic functioning. The Screen for Child Anxiety Related Emotional Disorders - Revised (SCARED-R) is a reliable instrument that measures symptoms of the whole anxiety disorders spectrum that may occur in children (DSM-IV criteria). The goal of this study is to determine cut-off scores to differentiate clinically anxious children from controls, applying the ROC curve analysis to the Portuguese SCARED-R versions (parent and children versions). The ROC curve is a well-established method frequently used to assess the ability of diagnostic tests to discriminate between individuals with and without a disease (Kopec & Sayre, 2008). Participants were clinically anxious children (N=35) and healthy children recruited from the community (N=35). The clinically anxious children were referred for treatment in outpatient treatment centers and were included if their age was between 6 and 12 years old and if they had a primary anxiety diagnosis. The children from the community completed SCARED-R at their school with the support of a clinical psychologist. The cut-offs were obtained by determining the maximum sensitivity and specificity score of SCARED-R for predicting anxiety diagnosis by means of ROC curve analysis (the analyses are under way). The cut-off scores obtained will be useful for anxiety research and to the clinical practice, in order to detect clinically anxious children and to evaluate treatment results in intervention studies (Bodden, Bogels, & Muris, 2009). We discuss study limitations and further studies.

We explore the screening ability of SCARED-R in Portuguese population in order to improve the psychological assessment of our children and adolescents, and also to evaluate treatment results of CBT intervention in our practice. The use of cut-off scores, as an objective measure, will be very helpful in our clinical practice and research projects.

Cognitive and family-related predictors of reported suicide attempts in a population-based prospective study of adolescents
Marika Paaver, University of Tartu, Estonia; Triin Kurrikoff, University of Tartu, Estonia; Jaanus Harro, University of Tartu, Estonia
Impulsive temperament and psychological problems in the family of origin may increase suicide risk in case of depression. Prospective studies of adolescent suicidality are scarce. So far performance measures of impulsivity have rarely been used in the measurement of suicide risk. Current study concentrates on longitudinal cognitive and family-related predictors of reported suicide attempts in a population-based sample of adolescents. The sample included the younger cohort of the population-based sample of Estonian Children Personality, Behaviour, and Health Study in the two study-waves, in the age 15 (n=483) and in the age of 18 (n=453). Self-reported items included suicidal thoughts, suicide attempts, and depression of a family member, BIS-11, BDI, MADRS and Tartu Family Relations Scale (TFRS). Performance impulsivity was measured by calculating the speed-accuracy trade-off in visual comparison task (VCT).

In the age of 15, low closeness in the family, and family member’s depression were significantly associated with suicide attempts cross-sectionally, while high maltreatment and low support predicted suicide attempts longitudinally. Impulsivity did not have a main effect on reported suicide attempts. However, high performance impulsivity in the age of 15 in combination with current depressive symptoms predicted suicide attempts cross-sectionally and longitudinally. Impulsive information processing style measured via speed-accuracy tradeoff in a laboratory task is a risk factor of suicide attempts in case of depression. Family relations have a significant long-term impact on adolescents’ suicidality.

Specific and generalized social phobia: differences and similarities in relation with shame and autocriticism
Maria do Céu Salvador, Faculty of Psychology and Sciences of Education, Coimbra University, Portugal; Cátia Garcia, Faculty of Psychology and Sciences of Education Coimbra University, Portugal; Adaptive and functional social anxiety differs from social phobia, in terms of its manifestations. When social anxiety is clearly excessive, it can become highly incapacitating, interfering with the individual’s normal functioning and originating significant clinical suffering (Marshall, 1994). Turner, Beidel and Townsley (1992), in one of the possible conceptualizations for the division in subtypes, propose the inclusion in the generalized subtype of the individuals with high social anxiety in interaction situations, and to include individuals that only fear performance situations in the specific subtype. The current study aims to explore possible distinctions between generalized social phobia, specific phobia to tests/exams and other anxiety disorders. All the groups are compared in terms of impact (interference, comorbidity and quality of life) and anxiety relationship with internal shame, external shame and selfcriticism. The sample is constituted by adolescents between 14 and 18 years old with a main diagnosis of social phobia (specific or generalized) or of other anxiety disorders. All subjects completed a set of self-report questionnaires and were interviewed with a structured clinical interview. Data analysis is in progress. Discussion will follow data analysis.
Psychology, University of Lisbon

There is still little literature about the relationship between social anxiety, shame and selfcriticism, especially in adolescents. Furthermore, the use of a clinical sample favors the generalization and understanding of the results. In fact, different characteristics and clinical manifestations of what could appear to be a quite stable clinical profile, may indicate the need to consider new aspects at the time of the individuals’ assessment and in designing intervention protocols for the treatment of adolescents with social anxiety disorder.

Anxiety runs in families? Exploring parental typologies in families of children with anxiety symptoms

Ana Beato, Faculty of Psychology, University of Lisbon, Porugal; Luísa Barros, Faculty of Psychology, University of Lisbon, Portugal

Theoretical models and research review have highlighted the role of certain parental factors in the maintenance and development of anxiety problems in children. Literature has focused on the isolated effect of specific variables, such as parents’ own anxiety, parental rearing styles or overprotection. Nevertheless, the use of taxonomic methods to identify typologies in families and children with anxiety can represent a valuable contribute to the field. This study intended to examine different patterns of parental characteristics associated with higher risk of children’s anxiety symptoms.

Participants included 390 non-clinical children (55.1% girls) between 8 and 12 years old (M=9.97; SD=0.49) and their both mothers and fathers. Parent’s anxiety, parental rearing styles and overprotection were assessed with the Brief Symptom Inventory (BSI), EMBU-P and Parental Anxiety and Overprotection Scale (PAOS), respectively. Children anxiety symptoms were measured by Screen for Child Anxiety Related Emotional Disorders-Revised (SCARED-R). Clusters analysis identified different typologies for mother and father’s characteristic. Mother’s clusters were significantly associated with children’s anxiety, but not father’s clusters.

Findings underscore the importance of examining how mothers and fathers may differentially impact children’s anxiety problems and unfold parental risk patterns related to children anxiety. Clinical interventions with children with anxiety problems must take into account the unique and specific role of mothers and fathers, to improve preventive and cooperative intervention plans.

Third generation of fear of failure training in adolescents and young adults

Nele Jacobs, FARESA, Belgium; Véronique Van Cauwenbergh, FARESA, Belgium; Jaak Beckers, FARESA, Belgium

Many adolescents and young adults suffer from fear of failure leading to underperformance, psychological and physical complaints. Not only do they perceive studying as a hard job, when they get older they look back on their youth as devalued due to fear of failure, having been too busy with studying and too little with values-based living. Therefore a 7-session fear of failure training was developed based on Acceptance and Commitment Therapy (ACT) and a pilot test was performed.

The fear of failure training was tested in a small sample of 11 university students with a mean age of 19 years (SD 2). Pre- and post-measurement was conducted with the VASEV, a validated questionnaire that received a positive COTAN evaluation (Depreeuw, Eelen & Stroobants, 1996). This questionnaire measures fear of failure on 4 scales: study appreciation, self-confidence, fear of failure, and avoidance of studying. A qualitative evaluation using a short questionnaire was conducted as well. Paired samples T-tests were used (significance level ñ=.05).

The fear of failure training was effective in reducing the fear of failure (t(4)= 4.09; P=.015). The study appreciation decreased as well (t(4)= 8.79 ; P=.001). Study avoidance increased (t(4)= -3.03; P=.039). No effect was found on self-confidence (t(4)= -2.09; P=.105). The qualitative results showed that students found it helping to know they were not alone suffering from fear of failure, one student mentioned the psycho-education to be most helpful.

The pilot test of the 7-session fear of failure training showed positive results on the most important scale, namely fear of failure. A hypothesis is that mainly the exposure techniques during the training caused this effect (e.g., performing a difficult task in front of the group). Because the training was based on ACT, values-based living was discussed with the students. This might have caused the effect on study appreciation and study avoidance. The students, all engaging in active avoidance at the beginning, might have re-evaluated this engagement in the light of other life domains. Further research is needed to examine which techniques ameliorate the effectiveness of fear of failure training.

The implication for the everyday clinical practice of fear of failure training is to choose for those techniques that work best for specific pupil or student samples; this might be different for different age groups. Perhaps the transition from cognitive behaviour therapy (strict CBT) to third generation behaviour therapy can increase training effectiveness, especially with regard to study appreciation.

Understanding childhood anxiety disorders: Preliminary Examination of the Portuguese version of the Children Anxiety Interference Scale – Parent and Child versions

Ana Isabel Pereira, Faculty of Psychology, University of Lisbon; Vanessa Russo, Faculty of Psychology, University of Lisbon; Ana Rita Goes, Faculty of Psychology, University of Lisbon; Luísa Barros, Faculty of Psychology, University of Lisbon
Anxiety disorders are highly prevalent among children and adolescents and in a substantial proportion of youths these disorders become chronic, causing significant interference with daily functioning.

The purpose of the current investigation was to examine the initial reliability of the Portuguese version of the Children Anxiety Interference Scale – Parent and Child versions. The sample consisted of 132 children between the ages of 7 and 12 with a main diagnosis of anxiety disorder and their parents. The Portuguese version of the CALIS – Parent and Child versions - demonstrated a good internal consistency for each subscale (Cronbach's alpha ranged from .74 - .90). Evidence was found for both convergent and divergent validity: the measure correlated significantly with the report of internalizing symptoms (SCARED-R and SDQ - internalizing symptoms subscale), but not with externalizing symptoms (SDQ – externalizing symptoms subscale). CALIS scores were also significantly correlated with the number of diagnosed anxiety disorders in the child.

The results provide initial support that the Portuguese version of the CALIS is a reliable and valid measure for the assessment of the impact of anxiety on child and adolescent functioning.

Impairment evaluation is crucial for both assessment and treatment of childhood anxiety disorders. Being a central aspect of current conceptualizations of psychopathology, the assessment of the degree to which symptoms interfere with daily life affects the decision of who receives treatment. Additionally, impairment is important to treatment evaluation helping to understand what constitutes a successful treatment.

Agreement and Discrepancies among informants in the evaluation of children’s anxiety problems
Ana Pereira, Faculty of Psychology, University of Lisbon, Portugal; Luisa Barros, Faculty of Psychology, University of Lisbon, Portugal

The importance of multi-informant approach to the assessment and diagnosis of childhood psychiatric disorders is emphasized by researchers and clinicians. However, the inclusion of multiple informants also poses a challenge for clinicians and researchers, as disagreement among informants is often found. Specifically, concordance between parent and child report of childhood anxiety problems is particularly low. Therefore it is important to understand this disagreement and the factors involved. This study aims to analyze the discrepancies and agreement between informants regarding different domains of anxiety problems and to study child’s and mother’s predictors of informant discrepancies.

A sample of 1065 children, between 7 and 12 years old, and their mothers, completed the Portuguese versions of the Screen for Anxiety Related Emotional Disorders – Revised (SCARED-R, Muris, Merckelbach, Schmidt, & Mayer, 1999; Pereira & Barros, 2010). Additionally, a subsample of 127 children with a primary diagnosis of anxiety disorders and their mothers were interviewed with ADIS-C/P and answered to questionnaires (BSI, socio-demographic) to evaluate informant discrepancies predictors.

The correlations between the mother’s rating and the children’ self-rating were positive, significant, but low to moderate. As expected, agreement between mother and child was stronger for some observable symptoms than for unobservable symptoms. The differences between mothers and children were significant for all SCARED-R subscales, with children’s reporting higher levels of symptomatology.

The results of this study support a multi-informant approach in the evaluation of child’s anxiety. We discuss some implications of this study for assessment, prevention and treatment of anxiety problems.

Social Anxiety in Adolescence: the role of shame
Maria do Céu Salvador, Coimbra University, Portugal; Eva Rodrigues, Coimbra University, Portugal

Symptoms associated with social phobia and the magnification of shame (Kaufman, 1996) arise mainly during early adolescence, which is expected to happen given this being a period of great development characterized by biological, cognitive and psychosocial changes, including puberty, taking perspective and identity development (Rapee & Spence, 2004). All these changes call attention to the self and its exposure, because shame experiences recruit anxiety and are typically associated with the perception that the individual is being submitted to the scrutiny by others (Gilbert, 1998). This research aims to study the Experience of Shame Scale in an adolescent sample, to explore the relationship between social anxiety and shame, and to explore possible differences in shame among different groups (normal population, individuals with social anxiety disorder and individuals with other anxiety disorders).

The sample, aged between 14 and 18 years-old, had either a main diagnosis of social phobia or a diagnosis of any other anxiety disorder Portuguese adolescents, aged 14 to 18. The adolescents voluntarily completed a set of self-report questionnaires and were interviewed later with a semi-structured clinical interview.

The statistical analysis is occurring. Thus there are currently no results available. Since statistical analysis is occurring the study’s discussion is on hold.

In spite of being strongly theoretically supported the relationship between shame and social anxiety in adolescents has not been much researched. This study will first study the psychometric characteristics of a shame scale in an adolescent sample, enriching the range of reliable instruments available to assess this construct in Portuguese adolescents. This will allow a more comprehensive understanding of social phobia as well as a more targeted and effective cognitive-behavioral intervention.
The impact of Traumatic Shame Experiences on Social Anxiety – the moderator role of Emotional Intelligence
Maria do Céu Salvador, Coimbra University, Portugal; Maria da Luz Antunes, Coimbra University, Portugal; Alexandra Alves, Coimbra University, Portugal
Social Anxiety Disorder depends on the activation of negative self-schemes and the consequent information processing bias ( Rapee & Heimberg, 1997). Hence, knowing that shame memories acquire a central role in the individual's life history and may become a key aspect to identity (Bernsten & Rubin, 2006), this study aimed to ascertain the relationship between Social Anxiety and traumatic shame experiences. Furthermore, since these individuals have little emotional conscience, comprehension and differentiation, even when they are not in social situations (Summerfeldt et al., 2011), this study's second goal was to explore if there is any moderating role of emotional intelligence in the relationship between traumatic experiences and social anxiety. The study's last goal was to explore possible differences between adolescents with social phobia and adolescents with other anxiety disorders, in respect to traumatic shame experiences and emotional intelligence. The sample consisted of Portuguese adolescents, between 14 and 18 years old, diagnosed with social anxiety disorder or with other anxiety disorders. All have filled out a set of questionnaires that assess the variables mentioned above and were interviewed for diagnosis establishment. Data analysis is occurring. Therefore, no results can be presented. The Discussion is waiting for the statistical outcomes. Adolescents with high social anxiety often have their social lives and school performance impaired. Nevertheless, few studies have approached the relationship between social anxiety and traumatic shame experiences, or emotional intelligence, especially within the adolescent population. By allowing a better theoretical comprehension of Social Anxiety Disorder, this study becomes of particular importance once it allows to specify not only prevention programs but also, to develop a more effective therapeutic intervention.

Behavior of children with autism spectrum disorders in daycare activities: How to improve success rate
Naima Fahmi, Université du Québec à Montréal, Canada; Myriam Busson, Université du Québec à Montréal, Canada; Nathalie Poirier, Université du Québec à Montréal, Canada; Sylvie Bernard, Université du Québec à Montréal, Canada
This study focuses on the behavior of children with autism spectrum disorders (ASD) during daycare activities and aims to describe their behavioral response. Intensive behavioral intervention (IBI) is frequently used with preschool children with ASD. The daycare environment plays an important role in IBI as it allows the generalization of skills and an access to models of typical behaviors, and the exploration of diverse knowledge components (Julien-Gauthier, 2008). After the implementation of an IBI program, 120 direct observations periods were conducted with 40 children on the autism spectrum, during regular activities in educational daycare. The individual response rate of these children to a request made to all children of the group by the caregiver was evaluated in the following activities: free play, discussion circle, daily routine and directed activities. The success rate of children with ASD in the different types of activities observed did not differ significantly. Although the average rate of assistance to the child by its behavioral aid is 16.25%, it varies greatly (2.72% and 29.78%). Considering all the children had non-responses, the behavioral aid could have been more adapted to the needs of children. Moreover, IBI should aim to develop the behavioral responses that are emerging as this would take their successful behavior rate to an average of almost 66%. Interestingly, children observed have a greater rate of failure than non-response rate which is contrary to studies indicating that ASD children are uncooperative and show little motivation to respond to environmental stimuli (Ducharme & DiAdamo, 2005).

The efficacy of the RETMAN robot versus cartoons in helping children manage their exam anxiety
Daniel David, Babes-Bolyai University, Romania; Oana Alexandra David, Babes-Bolyai University, Romania
In Cognitive Behavioral Therapy (CBT) patients are thought how to identify irrational/dysfunctional thinking patterns and replace them with rational/functional beliefs in order to improve their mood, behaviors, and some psycho-physiological responses to the negative events they face. However, automatic or irrational thoughts do not usually occur in a therapist's office, or when patients have a form handy to monitor them, but in real life situations. Recently, tele-therapy has started to overcome this problem, by offering a simple and convenient way to help to manage negative dysfunctional mood in real life circumstances. This paper presents the development of a new app for iPhone – the "PsyPills" app – its theoretical and methodological background, and preliminary data to support its effectiveness. The concept of “Psychological Pills” has been proposed by David (2006) in the form of rational reappraisal strategies (i.e., functional self-statements based on Albert Ellis' RETT/CBT), which have been shown to be effective in regulating negative dysfunctional mood (Cramer & Fong, 1991; Szasz, Szentagotai, & Hoffman, 2012), offered to clients as prescriptions. The "PsyPills" provides users with a detailed report on their mood and a tailored prescription for “psychological pills” depending on their mood and thinking processes and contents. The users can activate the "PsyPills" app whenever their
mood gets worst, print their "psychological prescription", set reminders and monitor their mood in real time, or learn about CBT while on the go. Preliminary results suggest that the "PsyPills" has potential for helping users manage their dysfunctional mood. Applications, advantages, and limits of the "PsyPills" app are discussed in line with empirical research for its effectiveness.

A serious game to support the treatment of anxious children with selective mutism: an innovative element in a CBT program
Maretha De Jonge, University Medical Center Utrecht, the Netherlands
A innovative serious game has been developed to support CBT treatment of young, anxious children with selective mutism. This anxiety disorder is characterized by a lack of speech in situations where speaking is expected (e.g., school), while speech is normal in other situations (usually with family members at home) (DSM-IV, American Psychiatric Association, 2000). Behavioral therapy has been shown efficacious in treating selective mutism (Cohan et al., 2006), but given the low prevalence, treatment protocols are scarce and therapeutic materials for these young children are largely non-existent. Therefore, a serious game was developed as part of a CBT protocol. The game symbolizes the anxiety hierarchy and offers children opportunities to practice with helpful thoughts. Moreover, it persuades children to use their voices. A web-portal facilitates cooperation between parents, teachers and the therapist of a child. We investigated the amount of experience with selective mutism among professionals in education and health care. A pilot study was carried out to investigate the usability of the CBT program and game. The results show a need for easily accessible treatment material. The game, web-portal and CBT program will be shown and the results of the usability study will be presented.

By blending game-play to progress in real-life (eg. at school, therapy-room), this game represents an innovative extension to traditional CBT. It improves the accessibility of a CBT program and treatment materials for young children with a rare anxiety disorder.

An expressive writing intervention for mothers distressed by the birth of their premature baby
Myriam Bickle-Graz, University of Lausanne, Switzerland; Jean-Francois Tolsa, University of Lausanne, Switzerland; Lauranne Jan du Chene, University of Lausanne, Switzerland; Blaise Pierrehumbert, University of Lausanne, Switzerland
The birth of a preterm infant is in most cases unexpected and can be a distressing and traumatic experience for mothers. Mothers of premature babies report more stress, experience more adjustment difficulties and need for support after the first year of delivery compared to mothers of infants born at term. It has been documented that mothers may experience posttraumatic stress reaction, anxiety, and depression following the premature birth of their baby, which subsequently may impact on the mother-baby-interactions, their attachment relationship, and the cognitive, behavioural and social development of their baby in the longer term. In this pilot trial, we offered an expressive writing intervention to women who recently had a premature baby to alleviate their psychological distress. The intervention took place when the baby was three months of corrected age. Participants were randomly allocated to either the expressive writing intervention group or a wait list control group. During the expressive writing intervention, women were asked to write down their deepest thoughts and feelings about the most traumatic aspect of their experience of having a premature baby for 15 minutes over three consecutive days. The aim of the study was to evaluate the effectiveness and efficacy of the expressive writing on the psychological and physical health of mothers who recently had a premature baby. Results and their clinical implications will be discussed. Having an intervention that is safe, cost-effective and easy to implement could substantially improve the standard of care that staff in the Neonatology Units are able to offer to women after the birth of their premature infant.

Early maladaptive cognitive schemas in a clinical sample of Greek children and adolescents
Maria-Ionna Argiropoulou, Institute of Behavioral Research and Therapy, Greece; Ioanna Giannopoulou, CAMHS of Peristeri, Athens, Greece
Despite growing literature on cognitive theory in adult psychopathology research, studies on maladaptive schemas in early life are few and almost nonexistent in Southern European countries. This study aimed first at investigating the relationship between maladaptive schemas and psychopathology, and secondly at exploring age and gender differences for individual schemas in a clinical sample of Greek children and adolescents. Seventy subjects, 9 to 17 years of age, consecutively referred to the CAMHS of Peristeri, completed, as a part of the assessment, the Greek version of the 12-item Schema Questionnaire for Children (SQC; Stallard & Rayner, 2005). In addition, the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) - parent and adolescent version - was filled by all parents and youngsters >11 years old respectively. Principal Component Analysis, with varimax rotation, of the SQC produced a four factor solution, accounting for 67.8% of the variance in the SQC scores. The schemas loading on the first factor ("negative interpersonal relationships") was significantly correlated with peer problems and emotional difficulties as well as with the overall distress and impact of the difficulties in young person's life. The second factor, comprising schemas reflecting "negative self- image" was found to be significantly associated with both total and impact SDQ scores, as well as with ADHD and emotional difficulties. Schemas...
representing “achievement and domination orientation” were not found to be significantly associated with psychopathology. Finally, schemas loading on the “submissiveness” factor were negatively related to behavioral difficulties while positive associations were found with prosocial behaviors. Total schema score was also positively correlated with all but ADHD SDQ sub-scales. Exploratory analyses on an individual schema level revealed that girls scored significantly higher than boys for the schemas of defectiveness/shame and failure. Younger children (9-12 yrs) differed most markedly from adolescents (13-17yrs) for the schemas of unrelenting standards and subjugation.

A clear association of psychopathology and certain schemas was demonstrated. Discussion will focus on the possible adaptive nature of certain schemas, during childhood, that are presumed subsequently to create vulnerability for psychological problems.

As clinically referred children display high levels of specific maladaptive schemas, the SQC might prove a useful instrument in case formulation leading to treatment goals and broadening our understanding of psychosocial difficulties in children.

**EMOTION: a transdiagnostic indicated preventive program for children with anxiety and depression; results of a pilot study and future research plans**


EMOTION: A Coping Kids’ Program for Managing Anxiety and Depression (Kendall, Stark, Martinsen, O’Neil, & Arora, 2013) is a newly developed group intervention targeting children aged 8 to 13 years who experience difficulty with symptoms of anxiety and depression or both. The program is designed as an indicated prevention intervention to reduce the symptom levels and reduce the likelihood of the development of an anxiety disorder and/or depression.

Coping Kids integrates core components of empirically supported treatments for anxiety and for depression in youth; Coping cat program (Kendall & Hedtke, 2006); Taking ACTION (Stark et al., 2007) and targets common underlying processes. The program includes a 7-session parent group component.

The transdiagnostic protocol was piloted in 2011 in one school in Norway (N=11) and examined aspects of importance for the dissemination of the Coping kids program, for example finding good recruitment strategies, using applicable screening instruments, monitoring attendance rates, and securing favorable user satisfaction with the program.

Results from the pilot study with a focus on acceptability and feasibility of the transdiagnostic program will be presented.

The first version of the program run as an indicated intervention appears acceptable to users and feasible to run in a school setting. Plans for a future RCT study of the revised program in 24 schools (N=556) studying if the program is more effective than treatment as usual (TAU) will be discussed.

Internalizing disorders are common and disabling in children and youth with such problems are less likely to receive services. Developing approaches for reaching these children at an early stage are important in order to changes the possible negative trajectory and prevent the development of disorders later in life.

**Factors of the Comprehensive Assessment of At Risk Mental States and clinical status of youth at ultra high risk for psychosis: DEPTh clinical trial baseline characteristics**

Helen Stain, Durham University, UK; Kylie Crittenden, Western Local Health District, UK; Sean Halpin, University of Newcastle, UK; Mike Startup, University of Newcastle, UK; Amanda Baker, University of Newcastle, UK; Sandra Bucci, Manchester University, UK; Ulrich Schall, University of Newcastle, UK

The Detection, Evaluation and Psychological Therapy (DEPTh) study was a single blind randomised controlled trial to compare the effectiveness of cognitive behaviour therapy and non-directive reflective listening in delaying or preventing transition to psychosis among ultra high risk (UHR) youth. While the Comprehensive Assessment of At Risk Mental States (CAARMS) is a preferred clinical assessment of UHR for psychosis, there has been limited attention to its psychometric properties. We examined the association between domains of symptoms on the CAARMS and clinical status of UHR youth.

The Detection, Evaluation and Psychological Therapy (DEPTh) study was a single blind randomised controlled trial to compare the effectiveness of cognitive behaviour therapy and non-directive reflective listening in delaying or preventing transition to psychosis among ultra high risk (UHR) youth. While the Comprehensive Assessment of At Risk Mental States (CAARMS) is a preferred clinical assessment of UHR for psychosis, there has been limited attention to its psychometric properties. We examined the association between domains of symptoms on the CAARMS and clinical status of UHR youth. We identified a five factor solution: negative symptoms-social role impairment, positive symptoms-dangerous behaviour, motor-physical changes, disorganised-emotional/cognitive disturbance, and OCD-anxiety. Youths with a regular/hazardous history of substance abuse reported greater symptoms on all CAARMS factors except negative symptoms-social role impairment factor, and reported significantly greater depression ($M=1.57±1.06$), as measured by the Brief Symptom Inventory, than the no history of substance abuse group ($M=2.39±1.29$; $p<0.05$).

Our findings suggest the need to target alcohol and tobacco use in UHR youth as there is evidence of a progression to regular substance use with age and this is associated with higher levels of depression. It is also associated with poor physical health outcomes for adults with psychosis.
experiences make these tasks more effective. Optimal therapy the processing during treatment interventions. A clear rationale, guided communication and targeted construction of learning ameliorate coping memory and the generalization of mastery experiences by directing attention and information processing during treatment interventions. A clear rationale, guided communication and targeted construction of learning experiences make these tasks more effective. Optimal therapy then shares a basic point with good cuisine: The best result.

Thursday 26th September – Afternoon session

Keynote Addresses

Schema Therapy for Personality Disorders
Prof. Arnoud Arntz, Maastricht University, Netherlands
Abstract: Schema Therapy is an increasingly popular treatment for personality disorders. Schema therapy models have now been developed and tested for a wide range of personality disorders, including all cluster-B and -C personality disorders. Specific models have been developed for forensic patients with personality disorders. Unlike many other treatments, Schema Therapy conceptualizes personality disorders as driven by the different emotional-cognitive-behavioral states, so-called schema modes. The mode model helps patients and therapists to better understand the problems of the patient, and directs the choice of techniques. Schema modes that are related to psychopathology result from negative experiences in childhood, and may reflect a partial arrest in development or survival strategies developed to cope with trauma or severe lack of need fulfillment. Schema Therapy aims at reducing the strength of dysfunctional modes and increasing the strength of functional modes by an integrated set of techniques and methods that use experiential (like imagery rescripting), cognitive and behavioral channels to induce change. There is a strong focus on childhood experiences that lie at the root of dysfunctional modes, including trauma processing – which is probably one of the clearest differences between Schema Therapy and other treatments of personality disorders. The therapeutic relationship is also used to correct early experiences, for example by offering safe attachment and more personal connection than usual. Various studies will be presented demonstrating that Schema Therapy is an effective and cost-effective treatment for personality disorders, and new developments, such as the application in group format, will be discussed.

What keeps worry going? Cognitive processes that maintain Generalised Anxiety Disorder
Dr. Colette Hirsch, King’s College, London
Generalised anxiety disorder (GAD) is characterised by the repeated experience of chronic, excessive, and uncontrollable worry regarding a range of topics. Although anticipation of probable danger may be adaptive in ensuring an individual’s safety, it is less clear why excessive worry persists when it causes mental distress without producing apparent benefits. As will be discussed, GAD is characterised by increased attention to threat and greater access to threatening interpretations of ambiguous events. It is also associated with a predominance of negative verbal processing and a lack of imagery. Furthermore, worry itself takes up cognitive resources that are needed to shift attention to more benign thoughts. Whilst it is important to establish whether or not cognitive processes are biased towards threat in GAD, it may be the case that these biases are incidental or even a secondary consequence of the emotional problem. Given this, then research examining causality is essential. Research will be presented which demonstrates the causal role of cognitive biases in maintaining worry. These cognitive processes will make it more difficult for individuals with GAD to redirect their thoughts away from worry and onto more benign topics, therefore causing their worry to persist. Findings from this research programme have been used to guide the development of new techniques in CBT for GAD, as well as clinical approach that is guided by our understanding of how cognitive processes are at the heart of worry about ever changing topics in GAD.

Short term therapy, long term success: Optimizing psychological treatments
Jurgen Margraf, Ruhr-University of Bochum, Germany
The ultimate goal of psychological treatments for emotional disorders is long-term success. Moreover, it is reasonable to assume that insights from studying long-term outcome should help us to optimize our treatments. Practical problems, however, make long-term follow-up studies rare exceptions. Most follow-up periods are shorter than two years. Beyond five years there is only a handful of studies. A review of the few existing long-term studies (³10 years) as well as our own follow-up of panic disorder patients 22-25 years after treatment shows not only remarkable stability of outcome after CBT treatments but also that this success is typically achieved by short-term interventions. The lecture proposes that this coincidence is not due to chance or pragmatic factors but points to an underlying systematic effect: It is argued that patients benefit most from an optimal rather than a maximal treatment duration. Focusing treatment underscores the relevant points and generates a better signal-to-noise ratio in treatment contents. It facilitates patient self-efficacy and empowers them to cope with the challenges of life and mental health. Additional information for optimizing CBT comes from augmentation studies with cortisol, D-cycloserin, sleep and physical exercise. They support the relevance of measures aimed at increasing inhibition learning, context generalization and self-efficacy. They also underline the necessity to ameliorate coping memory and the generalization of mastery experiences by directing attention and information processing during treatment interventions. A clear rationale, guided communication and targeted construction of learning experiences make these tasks more effective. Optimal therapy then shares a basic point with good cuisine: The best result.
is not achieved by adding more and more good ingredients and cooking them longer and longer, but rather by the optimal combination of a limited number of well matched ingredients that are cooked to the minute. Or in the words of Archimedes: “Give me a place to stand on, and I will move the Earth.” The combination of long-term follow-up and augmentation studies helps to identify the pivotal points that give our interventions the best leverage.

**Mindfulness in Families and Executive Functioning**

Susan Bogels, University of Amsterdam, Netherlands

Children with ADHD [Attention Deficit Hyperactivity Disorder] have problems maintaining attention over prolonged periods of time, have difficulty to hold goals and plans in mind and have difficulty inhibiting a pre-potent response. Mindfulness training is an intervention based on eastern attention/meditation techniques, which helps developing a wide, open awareness as well as focused attention, and reducing automatic responding. Mindfulness is thought to improve executive functioning. Therefore, mindfulness can help individuals who suffer from psychopathology related to executive functioning problems, such as in ADHD, autism spectrum disorders, addictive behaviours. Executive functioning problems can also interfere in family relations, in two ways: children who have problems with executive functioning, such as in ADHD and ASS, need more structure from their parents and environment, whereas parents with executive functioning problems benefit from mindfulness to regulate their emotions and reactivity in parenting. In this keynote the theory and rationale, the program details, and effects of an 8 sessions mindfulness group training for children and for adolescents with ADHD in mental health care settings, and a parallel mindful parenting group training for their parents, is reviewed. Similar mindfulness training for adolescents with ASS and their parents is also discussed. Video examples of group practices are given.

**In Congress Workshops**

**A Cognitive Behavioral Program for Weight Loss and Maintenance**

Judith Beck, President, Beck Institute for Cognitive Behavior Therapy

No wonder dieters have difficulty either losing weight or sustaining weight loss. No one ever taught them how. In this interactive workshop, we will discuss cases, do roleplaying, create an accountability system, describe behavioral experiments, and illustrate how to help dieters make fundamental changes in their thinking so they can maintain fundamental changes in their eating behavior. Why do dieters fall off the wagon so often? Ideas such as “It’s okay to eat this [extra food] because I’m upset/tired/celebrating. . .” “Dieting should always be easy,” “Hunger is bad,” “Restriction is unfair,” “I shouldn’t have to deprive myself,” “I should lose weight as quickly as possible [so I can return to my old way of eating],” and “If I make a mistake, I may as well eat whatever I want and start again tomorrow,” inevitably throw dieters off track. Dieters need to anticipate and create new mindsets so unhelpful ideas don’t derail them. In this workshop, you will learn how to help clients recognize the need to make small but permanent changes in their eating behavior, set achievable goals (e.g., achieving a sustainable life weight), learn skills to deal with hunger, cravings, and the desire to eat for emotional reasons, make their environment “diet friendly,” get back on track immediately when they make a mistake, and continually motivate themselves through their lifetime.

Participants will be able to:

1. Describe how the cognitive model applies to weight loss
2. List techniques to deal with hunger, craving and emotional eating
3. Use strategies to engage the reluctant or inconsistent dieter

Learning methods:
- experiential, didactic, role play

Workshop Leader:
Judith S. Beck, Ph.D., is the President of the Beck Institute for Cognitive Behavior Therapy, a non-profit organization in Philadelphia, PA which she co-founded with Aaron T. Beck, M.D., in 1994. Through the Institute, she has trained thousands of health and mental health professionals, nationally and internationally. She is also Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania. Dr. Beck has written extensively on a cognitive behavioral approach to weight loss, including books for dieters: The Beck Diet Solution: Train Your Brain to Think Like a Thin Person (book and workbook) and The Complete Beck Diet for Life. She is the author of the widely adopted textbooks, Cognitive Behavior Therapy: Basics and Beyond, translated into over 20 languages, and Cognitive Therapy for Challenging Problems. Key references:

Treatment techniques for young children with disruptive behavior disorders and their parents: An integration of cognitive behavior therapy and solution focused therapy

Wim De May, Ghent University and Caroline Braet, Ghent University

Parents of children with disruptive behavior disorders (4-7 years) often lack the belief in their own efficacy to deal effectively with the coercive behaviors of their children. Although parent management training for the parents and social skills training for the children remain the evidence-based treatment, adding solution focused therapy helps to strengthen parents and children alike to change their behavior patterns in a more positive and helpful way. Focusing on the problems often debilitate clients, while focusing on what works enhances their self-efficacy. STOP4-7 (Together Stronger on Track Again) is an early intervention program for young children (4 to 7 years of age) with disruptive behavior disorders, their parents and teachers (evaluated in 2009 and 2011).

In this workshop the theory and rationale behind STOP4-7, and program details of this early intervention for young children with disruptive behavior disorders will be presented. The focus will be on emotion-regulation strategies for children and parent management skills. Learning adaptive emotion regulation strategies are central in the social skills training for the children. The parent management training is based on the social learning theory as developed by Dr. Patterson (Oregon Social Learning Centre). The importance of the therapeutic relationship will be highlighted and techniques adopted from solution focused therapy will be discussed here. The program is published as a manual. Parts out of this manual will be illustrated.

Participants will have knowledge on:
- which parent management skills are important in reducing antisocial behavior and promoting pro-social behavior; when and how integrating positive involvement, time-out and punishment; - adaptive emotion regulation strategies and how to teach these skills to young children;
- how to evaluate the therapeutic relationship and how to enhance this relationship in order to stimulate parents to use different strategies in educating their children didactic instruction, group discussion, video, and role-play.

Wim De Mey, Ph.D., cognitive-behavior therapist, is the main developer of the STOP4-7 program and responsible for the implementation of this program in Flanders (Belgium); he is also a teaching assistant at the University of Ghent, Department of Developmental, Personality and Social Psychology.

Caroline Braet, Ph.D., cognitive-behavior therapist, her research domain is characterised by a developmental psychopathology approach. She is currently professor at University of Ghent, Department of Developmental, Personality and Social Psychology and the coordinator, supervisor, and therapist in the Ghent University Child Mental Health Center. She is author/co-author of over 100 scientific publications.


In this workshop we will discuss what works for children with (serious) behavioural problems, but also the importance of the therapeutic alliance with parents (and teachers and the child) for the effectiveness of an intervention.

Habit disorders: Brief CBT based on self-control procedures

Ger Keijser, Radboud University, Department of Clinical Psychology, BSI and Joyce Maas, Radboud University, Department of Clinical Psychology, BSI

Habit disorders such as trichotillomania (TTM) and pathological skin picking (PSP) are classified in the DSM-IV as impulse-control disorders. The results of behaviour therapy for these habit disorders tend to be excellent on the short-term. On the long term the treatment results tend vary. Sometime excellent gain maintenance has been reported, other studies found relapse rates as high as 70% one or two years after treatment completion.

We present a brief CBT (6-sessions) that has been tested in several studies and is based on behaviour therapy and on theories on self-control and on habitual cognitive processes.

The aim of the workshop is to demonstrate this treatment. In this workshop we’ll use the participants’ ‘real habit disorders’ to, first, characterize the aspects of habits (urge, frequency, typical stimulus environment, typical preconscous cognitions), second, to illustrate ways of self-monitoring, third, to device self-control procedures, fourth, to make clear how cognitive interventions for ‘giving in cognitions’ can be incorporated and, sixth, to introduce new ways of relapse prevention.

Key Learning Objectives
1- Demonstration and application of self-control techniques for changing unwanted habits
2- Insight and application of cognitive techniques for ‘giving-in cognitions’
3- Insight of new ways of relapse prevention for relapse-prone unwanted habits

Training Modalities

The training consist of and introduction and brief rounds of information and explanations followed by assignments offered to the participants. The participants work together in two’s or three’s interviewing each other, discussing treatment plans and carrying out the assignments. The results of the assignments are discussed.
Therapist drift: Why good people do dumb things, and how to get back on track
Glenn Waller, University of Sheffield, UK

There is growing evidence that CBT clinicians fail to deliver CBT, and a greater understanding of the emotional, cognitive and social biases that direct us to being less likely to use the most effective methods in our toolkit. This workshop will briefly outline the evidence base for such therapist drift in clinical practice, why this happens, and the consequences for patients, clinicians and services. Attendees will be invited to reflect on their own practice. The remainder of the session will outline a programme of ‘treatment for CBT therapists’, encouraging clinicians to use similar techniques to those that are
effective with patients (education, monitoring, cognitive challenging, exposure, behavioural experiments, relapse prevention), in order to get back to using the evidence-based methods that exist.

Key Learning Objectives
Attendees will be able to:
1) Identify the ways in which they and their colleagues drift off target when delivering CBT
2) Understand the emotional, cognitive and social reasons why we drift off target
3) Learn key methods for getting ourselves back on track, and delivering evidence-based therapies

Training Modalities
Didactic, discussion, role play

Workshop Leaders
Glenn Waller is Chair of Clinical Psychology at the University of Sheffield, UK. He has published widely in the fields of CBT and the eating disorders, and has delivered skills-based workshops nationally and internationally. He is a member of the editorial boards of Behaviour Research and Therapy and other journals. He is a member of the scientific committee of the British Association for Behaviour and Cognitive Psychotherapy annual conferences.

Key references

Implications for everyday clinical practice
Attendees will be better placed to identify when they stop being so effective, and to return to the delivery of evidence-based CBT.

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Prise en Charge du Trouble Hyperactif Chez L’adulte avec ou Sans déficit attentionnel (TDAH)
Luis Vera, Centre Hospitalier Sainte-Anne, Paris, France

Le TDAH peut être considéré comme une anomalie du développement des fonctions exécutives. Les fonctions exécutives restent déficientes à l’âge adulte. Il n’est pas rare que le déficit des fonctions exécutives ne devienne handicapant qu’à l’adolescence voire à l’âge adulte.

Le diagnostic clinique repose sur les autoévaluations et l’entretien clinique. Un traitement médicamenteux adapté permet le plus souvent de soulager une grande partie des patients en améliorant leurs fonctions exécutives. La thérapie cognitivo comportementale en groupe et en individuel permet de prendre conscience du handicap, de développer l’efficacité des fonctions exécutives, d’améliorer le sentiment d’efficacité et l’estime de soi.

Les participants apprendront les principales techniques thérapeutiques utilisées par les animateurs depuis une quinzaine d’années.

Objectives:
L’entraînement à pratiquer:
- Enseignement gestion du temps:
  - Calendrier, journal d’activité, programme horaire pour les devoirs
  - Loisirs
  - Code de couleur
- Economie de jeton
- Récompense (conditionnement opérant) retour positif: Le patient vit dans le présent, le récompenser de suite
- Entraînement à la résolution de problème :
  1ère étape : reconnaître les signaux de l’environnement : situation problème
  Reconnaître les émotions, entraînement habiletés sociales
  2ème étape : générer des solutions et anticiper les conséquences
  3ème étape : choisir un plan d’action : permettre un comportement adapté : attendre son tour, Adhérer à une demande
  4ème étape : apprendre au patient à évaluer l’efficacité du plan d’action

Au cours de ces étapes : apprentissage par jeux de rôle et modeling
- Stratégies de contrôle du comportement
- Pensée hypothétique et alternative

Training Modalities:
Par des jeux de rôle entraînement à chaque technique thérapeutique. Formation de petits groupes de participants et supervision par les animateurs des techniques utilisées dans la situation d’entraînement.
Implications:
En groupe ou en individuel apprendre à traiter avec des techniques comportementales et cognitives le TDAH chez l’adulte.

Workshop Leader:
Les 2 animateurs sont des thérapeutes seniors au Centre Hospitalier Sainte Anne à Paris. Ils animent depuis une quinzaine d’années des groupes pour traiter des adultes hyperactifs.
Luis Vera est auteur d’une dizaine de livres concernant les TCC. Il est responsable du Diplôme Université de TCC à l’université de Paris V.

References:

L’Affirmation de Soi
Ahmed Souhail Bannour, Centre Hospitalo-universitaire Farhat Hached, Sousse, Tunisie
L'atelier sur l'affirmation de soi offre aux participants une maîtrise des bases théoriques de la communication assertive et des modalités de leurs apprentissage aux clients et ce, à travers l'analyse de jeux de rôles inter-actifs entrecoupés de synthèses des différents aspects théoriques.
L'apprentissage des techniques d'affirmation de soi et de jeux de rôles offre aux cliniciens un moyen de prise en charge des patients anxieux et un atout dans la gestion du stress.
Définir l'affirmation de soi
Décrire le champs d'application de l'affirmation de soi
Repérer les freins à l'affirmation de soi
Définir les caractéristiques des comportements assertif, passif et agressif
Décrire les modalités verbales et non verbales de la communication dans l'affirmation de soi
Mener les jeux de rôle dans

Training Modalités:
La formation se déroulera sous forme de jeux de rôles avec analyse des différents aspects de la communication par les participants.

Implications:
Traitement des troubles anxieux
La gestion du stress

Workshop Leader:

References:
2. L'affirmation de soi : une méthode de thérapie. Frédéric Fanget et Bernard Rouchouse, Odile Jacob, 2007

Symposia
Surviving war and trauma: Long-term consequences and internet-delivered treatments for PTSD
Birgit Wagner, Medical University of Leipzig, Germany

Predictors of treatment outcome in an internet-based cognitive-behavioral therapy for Posttraumatic Stress Disorder in older adults
Philipp Kuwert, Ernst-Moritz-Arndt-University Greifswald, Germany; Christine Knaevelsrud, Freie University Berlin, Germany
Objective: With the established evidence of the efficacy of PTSD interventions, it is important to examine potential predictors of treatment outcome. The aim of this study was to examine the influence of well- known sociodemographic as well as of initial resource-oriented variables on PTSD treatment outcome in older adults traumatized as children.
Methods: In an internet-based manualized cognitive-behavioral writing therapy, seventy-two older adults (M = 70.9 years, SD = 4.56) with war-related (subsyndromal) PTSD were examined at four assessment points (pre, post, three- and six-months follow-up). Initial psychopathology, sociodemographic variables and resource-oriented variables (self-efficacy, posttraumatic growth, locus of control) were examined as potential predictors of treatment outcome.
Results: Multiple hierarchical regression analyses for the prediction of PTSD directly and 6 months after treatment identify PTSD at pre-treatment (β = -.52, p <.001 and β = -.60, p <.001, respectively), external (β = .23, p = .03 and β = -.26, p = .02, respectively) and internal locus of control (β = -.27, p = .02 and β = -.24, p = .03, respectively) and posttraumatic growth (β = -.32, p = .01 and β = -.20, p <.10, respectively) as predictors. In addition, repeated measure analyses of variance revealed that participants with high initial internal locus of control or posttraumatic growth respectively did not
differ in initial PTSD severity comparing with participants with low initial locus of control or posttraumatic growth. Already well-known variables (e.g., gender, marital status, education) failed to be significant outcome predictors in this study. Conclusion: These results demonstrate the relevance of resources for treatment outcome in older adults with PTSD. Implications for optimizing treatment outcome in older PTSD patients will be discussed.

**Therapist-supported Internet-based psychotherapy for posttraumatic stress disorder in war-traumatized Arab patients: a parallel group randomized controlled trial**

Janine Brand, Treatment Centre of Torture Victims; Wassima Schulz, Treatment Centre of Torture Victims; Christine Knaevelsrud, Free University of Berlin

Objective: Internet-based interventions for posttraumatic stress disorder have proved feasible and effective in Western countries. Their applicability and efficacy in war and conflict regions remains unknown. This study investigated the efficacy of a cognitive-behavioral Internet-based intervention for war-traumatized Arab patients, with focus on Iraq. Method: A total of 159 individuals with posttraumatic stress disorder participated in a parallel-group randomized trial. Participants were randomly allocated to a 5-week treatment group (n = 79) or a waiting list control group (n = 80). The treatment group received two weekly 45-minute cognitive-behavioral interventions via Internet over a 5-week period. The primary outcome was recovery from posttraumatic stress symptoms at posttreatment. Results: Posttraumatic stress symptoms were significantly reduced from baseline to posttreatment (intent-to-treat analysis) in the treatment group relative to the control group (d = 0.68 to d = 0.92). Additionally, patients in the treatment group showed greater reduction of comorbid depression (d = 1.03) and anxiety (d = 0.79) than did those in the control group. Treatment effects were sustained at 3-month follow-up. Conclusion: The results indicate that, even in unstable settings with ongoing exposure to human rights violations through war, people with posttraumatic stress symptoms benefit from a cognitive-behavioral treatment provided entirely through the Internet. This method of delivery could improve patients' access to humanitarian aid in the form of e-mental health services.

**Predictors of treatment outcome in an Arabic internet-based psychotherapy for PTSD**

Birgit Wagner, Medical University of Leipzig; Berlin; Christine Knaevelsrud, Freie University Berlin

Background: Although Internet-based therapy seems to be a great treatment alternative to treat posttraumatic stress disorders, it might not be suitable for all clients. The aim of the present study was to investigate to what extent variables known as exclusion criteria (psychotic symptoms and suicidality) predict treatment outcome in an Arabic Internet-based psychotherapy and whether they should be considered as exclusion criteria prospectively. Method: Arabic-speaking participants who suffered from posttraumatic stress disorders and completed the 3-months follow-up in an Internet-based treatment (n = 39) were included in the analyses. Treatment outcome was defined as the difference in pre-treatment PDS scores and those taken post-treatment or at 3-months follow-up. Multiple regression models were used to investigate which participant characteristics could predict outcome for the two different time periods. Results: Multiple regression models confirmed that a lower suicide risk, β = -0.34, t = -2.15, p = .04 was associated with a better outcome at post-treatment. The initial symptom level did not influence the outcome at post-treatment, β = 0.16, t = 0.96, p = .35. Higher psychotic symptoms, β = -0.27, t = -2.12, p = .04 predicted worse treatment outcomes at follow-up. Additionally, participants with a lower suicide risk and a lower psychotic symptom level showed higher recovery rates (defined as reliable change and a PDS score < 20) at 3-months follow-up. Conclusion: Baseline posttraumatic stress symptoms do not influence the outcome indicating that the treatment seems to be effective regardless of symptom severity. However, exclusion criteria (psychotic symptoms and suicidality) predict treatment outcome and need to be considered in Internet-based treatment.

**Mental health of Kosovar children and their parents 11 years after the war**

Matthias Schick, University Hospital Zurich, Switzerland; Richard Klaghofer, University Hospital Zurich, Switzerland; Ulrich Schnyder, University Hospital Zurich, Switzerland; Naser Morina, University Hospital Zurich, Switzerland

Objective: Survivors of war trauma are at high risk to develop mental disorders, especially posttraumatic stress disorder (PTSD). To date, research primarily focused on the individual, little is known on the intergenerational aspects of war trauma. We wanted to examine the intergenerational interplay of trauma related mental health problems among Kosovar families eleven years after the war. Method: In a cross-sectional study, 51 randomly selected triplets of Kosovar families (school-age child, mother, and father) were interviewed regarding traumatic exposure, posttraumatic stress disorder (UCLA, PDS), anxiety (SCAS, HSCL-25) and depressive symptoms (DIKJ, HSCL-25) as well as differential intergenerational aspects. Results: Both, children and parents reported substantial trauma load as well as high prevalence of PTSD, anxiety and depression. Overall, mothers showed the highest psychopathology. The children’s depressive symptoms were highly correlated with paternal psychopathology. In contrast, psychopathology of children and mothers was uncorrelated. Multiple regression analyses showed significant relations between the children’s depressive symptoms and their fathers PTSD severity.
Conclusion: The rates of posttraumatic stress, anxiety and depressive symptoms in civilian children and their parents are still substantial 11 years after the Kosovo war. Data argue for an intergenerational relationship between the children’s psychopathology and those of their fathers. Additionally to the individual perspective, these findings point to the need of a systemic perspective in the assessment and treatment of families affected by war.

New Attentional and Interpretational Bias Studies in Borderline Personality Disorder
Gitta Jacob, University of Freiburg, Germany

How do women with borderline personality disorder see themselves? An eye-tracking study
Katharina Brandt, University of Freiburg, Germany; Detlef Caffier, University of Freiburg, Germany; Brunna Tuschen-Caffier, University of Freiburg, Germany

Background: Disturbances related to the self, such as identity disturbance, negative self-beliefs and self-hatred, are core components of borderline personality disorder (BPD). Relatedly, BPD patients report intense negative reactions to their own image. In this study we investigated eye movements of BPD patients in reaction to an image of their own face. We expected to find avoidance of the own face after a longer time interval allowing for secondary appraisal only, and reduced involuntary fixations of their own face. Sample and methods: Twenty women with BPD and 20 matched healthy control subjects (HC) participated in a modified dot-probe task using photos of the participants own face and a control stimulus as simultaneously presented cues. After a short (150 ms) or longer (1100 ms) interval, both pictures were surrounded by differently coloured frames; participants had to saccade to one of the frame colours. Both reaction time and uninstructed fixation of faces during the presentation interval were used as indices for attention to the cues. Results: BPD subjects showed significantly longer reaction time as compared to HC only towards their own face after the longer interval. Timing of this saccade type was negatively correlated with self-esteem only in BPD. Furthermore BPD showed significantly more uninstructed fixations to both cues. Conclusion: Attention in BPD may be substantially influenced by their impaired self-image. Findings are in line with a model of shame promoting both approach and withdrawal behaviours (De Hooge, Zeelenberg, & Breugelmans, 2010).

Attention and Emotion Recognition in Borderline Personality Disorder
Ilka Baukhage, Heidelberg University, Germany; Ulrike Braun, Heidelberg University, Germany; Marion Hanten, Heidelberg University; Sven Barnow, Heidelberg University, Germany

Prior experiments have found evidence of biased processing of specific emotional stimuli in Borderline Personality Disorder (BPD). We investigated (1) the time course and direction of attention of specific and nonspecific emotional stimuli with an exogenous spatial attention test, (2) recognition of emotional facial expressions with a morphed emotion recognition task, and (3) the relation between attention and emotion recognition in patients with BPD (n=20), patients experiencing a current depressive episode (n=20) and healthy persons (n=20). Results of this study will be presented and BPD conceptualization implications will be discussed.

Interpretation Bias in Borderline Personality Disorder
Anoek Weertman, Praktijk voor Psychotherapie, The Netherlands; Sjoerd Salet, Atrium Medical Center, Heerlen, The Netherlands

Cognitive therapy (CT) assumes that personality disorders (PDs) are characterized by interpretational biases that maintain the disorder. Changing interpretations is therefore a major aim of CT of PDs. This study tested whether Borderline-PD (BPD) is characterized by specific interpretations. BPD patients (n=17) were compared to Avoidant and Dependent-PD (AV/DEPD; n=30), Obsessive-Compulsive-PD (OCPD; n=29), axis-1 patients (n=26), and nonpatients (n=41). Participants put themselves into 10 scripts of negative events and noted feelings, thoughts and behaviors that came to mind. Next, they chose between hypothesized BPD-specific, AV/DEPD-specific, and OCPD-specific interpretations of each event (forced-choice). Lastly, participants rated belief in each interpretation. Regression analyses revealed that forced-choices and belief-ratings supported the CT-model of BPD and AV/DEP: interpretations were specific. The alleged OCPD-beliefs were however not specifically related to OCPD, with relatively high popularity in axis-1 patients and nonpatients. The open responses were classified by judges blind for diagnoses, demonstrating that BPD was characterized by lower levels of solution-focused and healthy-flexible/accepting responses, and higher levels of criticizing others and malevolent interpretations of others. The open responses in the BPD group showed a seemingly contradictory mixture of responses similar to those made by Cluster-C PD patients, and more externalizing responses. This suggests that CBT for BPD should address both kinds of interpretations.

Emotion Recognition and Facial Mimicry in BPD: A Facial EMG Study
Gregor Domes, University of Freiburg, Germany; B Matzke, University of Freiburg, Germany; SC Herpertz, University of Heidelberg, Germany

Background: Previous studies suggested increased sensitivity for emotional facial expressions and subtle impairments in emotion recognition from facial expressions in Borderline Personality Disorder (BPD). It has been proposed that facial mimicry contributes to emotion recognition of and emotional response to facial expressions. Thus, the present study
investigated whether BPD patients differ in facial reactions, emotion recognition and their subjective emotional response to faces showing different emotional expressions.

Method: Twenty-eight female BPD patients and 28 healthy controls underwent a facial recognition task with dynamic facial pictures while facial muscle activity (occipitofrontalis, corrugator supercilii, levator labii, zygomaticus major and orbicularis oculi) was recorded. Furthermore, participants rated the emotional intensity of the presented faces and the intensity of their subjective feelings of this emotion.

Results: Compared to controls, BPD patients showed enhanced responses of the corrugator supercilii muscle in response to angry, sad, and disgusted facial expressions, and attenuated responses of the levator labii muscle in response to happy and surprised faces. There were no overall group differences regarding emotion recognition performance or intensity ratings.

Conclusion: The present results do not support the view that facial recognition in BPD is impaired or that there is a general hypersensitivity to the emotional state of others. Instead, the present results suggest a negativity bias in BPD, expressed by reduced facial responding to positive and increased facial responding to negative social signals; a pattern of facial reactions that might contribute to the difficulties in social interactions frequently reported by patients with this disorder.

Recent developments in understanding and treating chronic pain: from fundamental research to novel targets for treatment
Ann Meulders, University of Leuven, Belgium

Should chronic pain interventions aim more at goal management?
Stefaan Van Damme, Ghent University, Belgium

Cognitive-behavioral interventions for chronic pain are often aimed at reducing avoidance behavior by modifying maladaptive cognitive-affective mechanisms, such as irrational pain cognitions and hypervigilance (i.e., excessive attention for pain-related information). In this presentation, it is argued that such an approach may be too narrow. It is proposed that pain behavior should always be understood in a context of multiple, often conflicting goals. On the one hand, confrontation with pain activates the goal of pain relief or control, typically triggering avoidance of potential pain-evoking activities. On the other hand, valued non-pain goals may be active that rather trigger activity persistence. Which of these contradicting goals is most dominant, will determine whether one avoids or persists. Recent empirical evidence, demonstrating the powerful effects of how people manage conflicts between pain-related goals and other, non-pain goals, will be presented. First, experimental studies will be discussed, showing that in healthy volunteers, activation of the goal to control pain induced hypervigilance for pain-related information and increased fear of impending pain. Second, experimental studies will be discussed, demonstrating that in healthy volunteers, the activation of a non-pain goal (i.e., a financially rewarding task) increased the willingness to endure pain (irrespective of the presence of pain-related fear), and suppressed the allocation of attention to pain-related information. As evidence is accumulating that both excessive avoidance and persistence may be detrimental for chronic pain outcomes, it is important to understand how patients manage conflict between pain and non-pain goals in daily life. Implications for cognitive-behavioral interventions for chronic pain will be discussed, and recommendations for a stronger focus on goal management within existing interventions will be formulated.

A positive psychology self-help intervention for chronic pain patients delivered through the internet
Elke Smeets, Maastricht University, the Netherlands; Steven J. Linton, CHAMP, Örebro University, Sweden; Gerhard Andersson, Linköping University, Sweden

Positive psychological states and traits (e.g. positive affect, optimism) may help individuals to adapt to the challenges of chronic pain. We developed an intervention to foster resilience and positive affect in patients with chronic pain consisting of several exercises derived form positive psychology. This included self-compassion exercises, daily positive focusing, savoring and optimistic visualization. The effects of this “happy despite pain” intervention were compared to that of an existing cognitive behavioral intervention for patients with chronic pain and a waiting list control condition in a randomized controlled trial. The cognitive behavioral intervention included techniques like identifying risk situation, relaxation related information and increased fear of impending pain. Second, experimental studies will be discussed, demonstrating that in healthy volunteers, the activation of a non-pain goal (i.e., a financially rewarding task) increased the willingness to endure pain (irrespective of the presence of pain-related fear), and suppressed the allocation of attention to pain-related information. As evidence is accumulating that both excessive avoidance and persistence may be detrimental for chronic pain outcomes, it is important to understand how patients manage conflict between pain and non-pain goals in daily life. Implications for cognitive-behavioral interventions for chronic pain will be discussed, and recommendations for a stronger focus on goal management within existing interventions will be formulated.

A total of 276 patients with chronic pain were randomized to the positive psychology program (n=114), the cognitive behavioral program (n=112) or the waiting list control condition (n=50). To assess the effectiveness of the program, all participants filled in questionnaires before and immediately after the intervention and at 6 months follow-up. In line with our expectations, both programs led to a decrease in psychological complaints and increased quality of life immediately after the intervention that were significantly greater than changes in the waiting list condition. More in particular, increases in happiness, life satisfaction, positive affect, acceptance and optimism were found as well as decreases in depression, anxiety, negative affect, avoidance and pain catastrophizing. Pain intensity or physical disability did not change after the intervention. These results demonstrate that an online positive psychology intervention can improve quality of life of patients with chronic pain. Future analyses of the 6 month follow-up outcomes will have to demonstrate whether the intervention also has long-term effects.
Optimizing exposure: Emotion regulation in the treatment of pain
Steven Linton, Maastricht University, The Netherlands

This talk reports on a first trial of a new form of exposure training for patients with chronic pain that incorporates emotion regulation. While exposure in-vivo for patients with low back pain has become a standard treatment, the results are not satisfactory. Indeed, patients typically do not choose exposure treatment and many decline or dropout when it is offered. Moreover, there is also a need to increase the size of the effect. Usual exposure in-vivo focuses on fear of movement and it aims to gradually expose the patient to avoided movements. However, because the movements may actually provoke pain, some patients may have difficulty accepting the rationale for the treatment. Another problem is that patients may have emotional reactions that are not related to movement, e.g. guilt about not being able to work, that are not included in the treatment. Consequently, an exposure treatment inspired by Dialectical Behavior Therapy was developed where emotion regulation was in the forefront. The content will be described in some detail but, for example, validation and self-validation were used to sooth negative affect, skills training focused on managing emotions and pain so that exposure could be accomplished, and the targets of exposure were expanded to emotional aspects rather than just movements. To test the viability of the treatment, six patients with chronic pain (1.5 to 25 yr. history of pain) completed a single-subject controlled trial consisting of a baseline period, treatment, and a 3 month follow-up. Treatment was conducted individually over 10-12 sessions. Results indicated considerable improvements for all six of the participants. For example, all patients decreased their levels of pain catastrophizing, fear beliefs, and pain intensity, while increasing their level of physical function, and acceptance. Indeed, at follow-up all six had scores on catastrophizing that fall within a “normal” range and five had a pain rating of just 2 on a 0-10 point scale. Consequently, this form of exposure treatment appears to be feasible and helpful. However, additional research is direly needed to study the generality and reliability of the procedure. The results also suggest that emotion regulation may be an important aspect for improving exposure treatments.

Pain expectancy bias: a possible pathway to fear overgeneralization and avoidance in chronic pain?
Daniel S. Harvie, University of South Australia; Johan W.S. Vlaeyen, University of Leuven & University of Maastricht, the Netherlands; Suzanne Caragianis, University of South Australia; G. Lorimer Moseley, Body in Mind, University of South Australia & Neuroscience Research Australia

Fear of pain is considered a critical factor in the transition from acute pain to chronic pain and disability. Relevant to this assumption is the recent empirical evidence in anxiety disorders revealing that a failure to inhibit fear to safety cues is more important than excessive fear to danger cues. Fear generalization is the underlying process leading to pathological anxiety-related disability. That is, fear is not restricted to a single threat-predicting cue, but spreads to a broad range of safe cues, resulting in excessive fearful responding and/or widespread avoidance behavior. Typically, this lack of discriminative fear responding is fueled by deficits in selective threat appraisal or expectancy bias. This study addresses the intriguing question as to whether chronic pain patients demonstrate a pain expectancy bias relative to healthy controls. Such a bias might be a plausible mechanism leading to non-specific fear of pain, which in turn may induce excessive avoidance behavior. We developed a pain-relevant scenario contingency learning task. Participants are presented with a series of distinct hand position pictures (conditioned stimuli, CSs). They predicted whether a hand pain patient will feel pain when (s)he moves the hand into the position displayed on the screen. During acquisition, participants are informed about the actual stimulus contingencies, i.e. that one hand position is always followed by pain (CS+), and another one is not (CS−). This is done by presenting the outcome (pain/no-pain) on the screen after participants expressed their predictive judgment. Next, we tested generalization of fear to novel hand positions (generalization stimuli, GSs) either being more similar to the original CS+ or CS−. We found that hand pain patients demonstrate 1) an associative learning deficit i.e. a failure to inhibit fear to the CS− 2) flatter generalization gradients i.e. more fear to the GSs more similar to the CS− than the healthy controls.

Cognitive Behavioral Therapy for Childhood Anxiety: Beyond Textbook Cases and University Settings
Francisca van Steensel, University of Amsterdam, The Netherlands

Effectiveness of group cognitive–behavioral treatment for childhood anxiety disorders in community clinics: benchmarking against an efficacy trial at a university clinic
Kristian Arendt, University of Aarhus, Denmark; Lisbeth Jørgensen, University of Aarhus, Denmark; Merete Juul-Šøренsen, Aarhus University Hospital Risskov, Denmark; Mikael Thastum, University of Aarhus, Denmark

Background: The efficacy of a group cognitive behavioural therapy program (Cool Kids) of childhood anxiety has been demonstrated in a university-clinic setting in Australia (Hudson et al., 2009) and findings from a randomized controlled trial (RCT) at a University-clinic supports its efficacy in Denmark (Arendt & Thastum, 2013).

Objective: To evaluate the outcomes of evidence based, manualized group cognitive-behavioural treatment (CBT) for children and adolescent with anxiety disorders, when delivered in an outpatient Child and Adolescent Psychiatry or in a community based School Counselling Service in Denmark.

Method: Psychologists and psychiatrists from three Child and Adolescent Psychiatry clinics and four community bases School Counselling Services are trained and supervised in a manualized group CBT treatment program (Cool Kids) for Childhood anxiety. Ninety-six children with anxiety disorders aged between 7 - 14 are expected to be included, equally
divided between Psychiatric clinics (n = 48) and School Counselling services (n =48). The treatment consists of 10 2-hour group sessions with 5-6 children and their parents. Results are measured by independent diagnostic interviews with the children and their parents at pre- and post-treatment and at 3-month follow-up (ADIS-C/P: Silverman & Nelles, 1988), as well as by self-report child and parent scales pre- and post-treatment, and at 3- and 12 month follow-ups. Parents’ symptoms of anxiety and depression are also measured.

Results: At the time of the conference, we expect to be able to present post-treatment and 3 month follow up data for all participants. Furthermore, pre-post changes, as well as percent of post-treatment diagnosis and pre-treatment severity will be benchmarked against efficacy data from a Danish RCT from the University-clinic.

Discussion: Implications of the findings for the use of the Cool Kids program in a community based and/or psychiatric clinical practice in Denmark will be discussed.

Treatment of children with severe school refusal behavior: seven case studies
Mikael Thastum, University of Aarhus, Denmark; Erin Garnas, University of Aarhus, Denmark, Tenna Liltorp, University of Aarhus, Denmark; Tine Frandsen Vadgaard, University of Aarhus, Denmark

School absenteeism (SA) is associated with social, contextual and psychiatric risk factors, is a main predictor for school dropout, and for adult psychosocial problems. SA can be unproblematic (due to medical illness or other accepted causes) or problematic (due to environmental, social, psychiatric or other causes) At the municipality of Aarhus, Denmark, the frequency of SA is systematically registered. In 2010/11 mean SA was 5.9%, and 15 – 18% (about 6800 children) had so-called disturbing SA (defined as 11 or more absent days and/or more than 10% SA in the last school year). Included in disturbing SA is both absenteeism due to illness, absenteeism after permission by the school, and illegal absenteeism. No treatment for school refusal behavior (SRB) has empirical support sufficient to be viewed as an evidence-based treatment approach. In this presentation results from case study series of cognitive behavioral family treatment of children with severe SRB, 4 with an anxiety disorder and 3 with no psychiatric diagnosis, will be presented.

The effectiveness of cognitive-behavioural therapy for anxiety disorders in children and adolescents with and without ASD.
Susan Bögels, University of Amsterdam, the Netherlands

Anxiety disorders are common in children and adolescents with autism spectrum disorders (ASD), and may cause additional impairments over and above the ASD-related difficulties. Cognitive-behavioral therapy (CBT) is effective in treating anxiety disorders in children and adolescents. The aim of this study was to evaluate the effectiveness of CBT for anxiety disorders in children and adolescents with ASD (age range = 7-18 years), and to compare the effectiveness of CBT to that of children with anxiety disorders, without ASD. The sample consisted of 79 children with ASD and comorbid anxiety disorders, and 95 children with anxiety disorders, and their parents. All families received the same individualized CBT. Anxiety disorders (ADIS-C/P), anxiety symptoms (SCARED-71), quality of life (EQ-5D), ASD-like behaviors (CSBQ), and emotional-behavioral problems (CBCL) were measured at pre-, post-, and three month follow-up. At follow-up assessment, 58% of the children with ASD were free of their primary anxiety disorder according to parent-report, compared to 68% of the children with anxiety disorders. A decrease was found for the total severity of anxiety disorders and anxiety symptoms for the ASD- and AD-group. In addition, ASD-like behaviors and emotional-behavioral problems were found to be decreased after having followed CBT, and quality of life was improved. Results revealed that the effectiveness of CBT for the treatment of anxiety disorders is not very different for children with and without ASD. However, long term follow-ups are needed to examine whether treatment gains are maintained.

Brief intensive modified exposure treatment for multiple interpersonal traumatized adolescents with PTSD and their parents: Two case studies of adolescents with and without comorbid ASD.
Agnes van Minnen, Radboud University Nijmegen, the Netherlands; Eni Becker, Radboud University Nijmegen, the Netherlands; Rianne de Kleine, Radboud University Nijmegen, the Netherlands; Gert-Jan Hendriks, Radboud University Nijmegen, the Netherlands

Introduction: PTSD in adolescents is a highly impairing disorder and chronic PTSD can have enormous effects on the development. Some controlled studies have shown effectiveness of trauma-focussed psychological treatments (both prolonged exposure and EMDR) in adolescents with PTSD. However, improvement of treatment is wanted, given the relatively high dropout rates (up to 33%; Cohen, Mannarino, & Yenar, 2011) and lack of (structural) involvement of parents in sharing the trauma story despite recommendation in treatment guidelines (AACAP Practice Parameter, 2010). The present study aims at developing an intensified modified exposure treatment for adolescents with PTSD, especially those who have suffered multiple interpersonal traumas, while including also their parent(s)/caregiver(s). Method: Participants were adolescents (12-18 years of age) with PTSD who suffered multiple interpersonal traumas. A randomized multiple baseline design was used with baseline and post-treatment phase both varying from 4 to 8 weeks. The exposure treatment phase consisted of one week (5 days of 3 x 90-minutes sessions), including a parent program, and 3 booster sessions in the four following weeks.

Results: Preliminary data of two case studies will be presented (one adolescent with, and one adolescent without comorbid ASD), in which we will focus on process measures (e.g. SUDs, harm expectancies, adverse events) across the 5 treatment days and the parents program.
Depression in children and adolescents: evidence for underlying mechanisms
Caroline Braet, Ghent University, Belgium

Attachment Anxiety Mediates the link between Attachment-related Attributions and Depression in Middle childhood
Caroline Braet, Ghent University, Belgium; Guy Bosmans, KU Leuven, Belgium

Depression in early adolescence: the relationship between emotion and inhibitory control
Caroline Braet, Ghent University, Belgium; Sven Mueller, Ghent University, Belgium

Introduction. The Emotion Regulation (ER)-specificity hypothesis assumes that specific disorders result from the specific misuse of certain maladaptive ER strategies and the lack of specific adaptive strategies. This hypothesis will be investigated for six child-DSM symptom clusters (Study 1) and for Depressive symptoms (Study 2). We also investigated whether certain emotion regulation strategies can be detected through different forms of symptom clusters. Method. Study 1 includes 432 school aged non-referred youngsters (60% girls; age range between 8 and 18 years) and Study 2 includes 128 school aged non-referred youngsters (55% girls; age range between 10 and 14 years). A self-report questionnaire, FEEL-KI investigates a wide range of adaptive and maladaptive ER strategies. DSM symptom clusters (Affective, Anxiety, Somatic, Conduct, Oppositional and ADHD problems) were measured by parent report on the Child Behaviour Checklist; depressive symptoms were measured with the Child Depression Inventory. Results. Youngsters with emotional problems have specificity hypothesis assumes that specific disorders result from the specific misuse of certain maladaptive ER strategies and the lack of specific adaptive strategies. This hypothesis will be investigated for six child-DSM symptom clusters (Study 1) and for Depressive symptoms (Study 2). We also investigated whether certain emotion regulation strategies can be detected through different forms of symptom clusters. Method. Study 1 includes 432 school aged non-referred youngsters (60% girls; age range between 8 and 18 years) and Study 2 includes 128 school aged non-referred youngsters (55% girls; age range between 10 and 14 years). A self-report questionnaire, FEEL-KI investigates a wide range of adaptive and maladaptive ER strategies. DSM symptom clusters (Affective, Anxiety, Somatic, Conduct, Oppositional and ADHD problems) were measured by parent report on the Child Behaviour Checklist; depressive symptoms were measured with the Child Depression Inventory. Results. Youngsters with emotional problems have specifically less adaptive ER strategies. The relation with maladaptive ER strategies can only be detected with self-reported depressive symptoms. ER strategies 'Problem-oriented action' and 'Acceptance' are transdagnostically related to both internalizing
and externalizing problems. In affective/depressive symptoms and somatic problems the ER-specificity hypothesis is confirmed. Discussion. Investigating ER strategies could be of clinical relevance specifically in children with affective/depressive symptoms and somatic problems. Next, training specific deficits in the ER strategies 'Problem-oriented action' and 'Acceptance' were seen as important in the treatment of all children with emotional problems.

Feeding self-compassion as protection against shame and self-criticism in eating disorders and obesity
José Pinto-Gouveia, CINEICC, University of Coimbra, Portugal

Can self-compassion heal the damaging impact of shame memories on eating psychopathology?
Cláudia Ferreira, University of Coimbra, Portugal; Cristiana Duarte, University of Coimbra, Portugal, José Pinto-Gouveia, University of Coimbra, Portugal

Growing research has shown that self-compassion may be a protective factor against shame in eating disorders and that shame memories play an important role in these disorders. The present study explores the association between shame traumatic and central memories, self-compassion, self-judgment and eating psychopathology severity and tests the moderator effect of self-compassion on the relationships between shame memories and eating psychopathology.

Participants were 34 patients with the diagnosis of an eating disorder, who were assessed using Eating Disorder Examination (EDE 16.0D) and the Shame Experiences Interview (SEI) and self-report instruments measuring the traumatic and centrality to identity features of shame memories, self-compassion and self-judgment.

Results show that self-compassion was negatively correlated to shame memory features and eating psychopathology, and self-judgment was positively associated with such variables. Self-compassion had a moderator effect on the association between shame traumatic and central memories and eating psychopathology severity.

These findings illuminate the buffering effect of self-compassion against the pathogenic effects of shame memories on eating psychopathology severity in eating disorders, with relevant clinical and research implications.

Self-compassion in the face of shame in eating disorders
Cláudia Ferreira, University of Coimbra; Cristiana Duarte, University of Coimbra; José Pinto-Gouveia University of Coimbra

There is growing clinical and empirical evidence that self-compassion is about an emotional texturing sense of self, which generates feelings of safeness, contentment and warmth in the relationship with oneself and others. Also, growing studies have been investigating the association between shame and eating difficulties, with theoretical and empirical accounts supporting the assumption that shame has an important role in the vulnerability and maintenance of eating disorders. However, little research has been conducted examining the role that self-compassion may play in relation to shame in eating disorders.

The current research was designed to better understand the importance of self-compassion in this clinical condition, by exploring the potential impact of this positive emotion regulation process on central features of eating psychopathology, such as shame and the engagement in attitudes and behaviours driven by the over evaluation of thinness.

These aims were examined in a sample of 102 female patients with eating disorders assessed by the clinical interview Eating Disorder Examination 16.0D: The participants answered a set of self-report measures assessing self-compassion, external shame, depressive and anxiety symptoms and eating psychopathology.

Results showed that self-compassion was negatively correlated with external shame, and symptoms of general and eating psychopathology. Moreover, mediator analysis showed that self-compassion fully mediates the association between external shame and drive for thinness. That is, feeling that others look down on oneself seems to be linked to a higher tendency to drive for thinness, through how one directs a kind and balanced attitude towards one’s own inadequacies or flaws, with a sense of connectedness and shared humanity.

These data seem to be a particularly relevant avenue for future research examining the efficacy of psychological intervention programmes for eating disorders addressing the development of self-compassion. In conclusion, this study demonstrates the role that affiliative emotions play on disrupting the negative cycle of shame in eating disorders.

Psychological flexibility and distress tolerance mediates the impact of negative affect on eating psychopathology
Lara Palmeira, University of Coimbra, Portugal; Paola Lucena-Santos, University of Coimbra, Portugal; Cristiana Duarte, University of Coimbra, Portugal; José Pinto-Gouveia, University of Coimbra, Portugal

Current research suggests the important role of psychological flexibility as a buffer against eating and body-image related problems. Nevertheless, the processes underlying the complex nature of eating psychopathology remain to be investigated. More specifically, the role of difficulties regarding tolerating negative internal experiences remains under studied.

The current study aims to explore the relationships between psychological flexibility regarding one’s weight and body image, distress tolerance, negative affect, external shame, dissatisfaction with current weight and overall levels of eating psychopathology. Furthermore, this study examined whether psychological flexibility and distress tolerance emerge as mediators in these associations.
This study was conducted in a sample of women from the general population who answered a set of self-report measures assessing the study variables. Significant Pearson product-moment correlations between the variables were found and were in the expected directions. Also, the ability to keep in touch and tolerate negative affectivity emerged as a significant mediator in the mediator analyses. This research adds to the existing knowledge concerning the role of psychological flexibility and distress tolerance in the eating disorders’ research field. Also, these findings have important clinical implications.

**How body shame interacts with body image dissatisfaction, self-criticism and depressive symptoms in the prediction of eating psychopathology**

Cristiana Duarte, University of Coimbra, Portugal; José Pinto-Gouveia, University of Coimbra, Portugal; Cláudia Ferreira, University of Coimbra, Portugal

Theoretical suggestions and recent empirical advances have been highlighting shame as a central construct in relation to the onset and maintenance of eating psychopathology. Nevertheless, the role that shame, and specifically body shame, plays in binge eating and how it interacts with other relevant constructs, such as self-criticism, remains to be investigated. The current study examines the association between a new measure of body shame, body image dissatisfaction, self-criticism, depressive symptoms and eating psychopathology. Furthermore, it is tested whether body shame emerges as a significant predictor of overall levels of eating psychopathology and, particularly, binge eating behaviours, mediating the role of previously identified predictors of these symptoms.

Participated in this research female college students and women from the general population, who answered a set of self-report measures assessing the study variables. Furthermore, participants were assessed by the Eating Disorder Examination 16.0D (Fairburn, Cooper & O’Connor, 2008) to measure eating psychopathology and the frequency and intensity of binge eating behaviours.

Results show that body shame is significantly and positively correlated with body image dissatisfaction, overall levels of eating psychopathology, binge eating, depressive symptomatology and self-criticism. Furthermore, mediator analyses revealed that body shame mediates the association between body image dissatisfaction and eating psychopathology. Also, body shame emerged as a significant predictor of binge eating and mediator analyses results’ showed that this association is mediated by self-criticism and by depressive symptoms.

These findings seem to add to the current body of knowledge regarding the role that body shame and self-criticism plays in eating psychopathology, and specifically they seem to contribute to the understanding of the complex nature of binge eating. Thus, this study has possible important research and clinical implications.

**Struggling to lose weight: The impact of shame, self-criticism and social rank on eating psychopathology in overweight and obese people**

Cristiana Duarte, University of Coimbra, Portugal; Marcela Matos, University of Coimbra, Portugal; James Stubbs, Nutrition and Research Department, Slimming World; Paul Gilbert, University of Derby; Liam Morris, Slimming World

Recent research has gathered empirical evidence on the important role social rank, shame and self-criticism play in the vulnerability to and maintenance of eating disorders. However, the impact of these variables on weight control capability in overweight and obese members of the general population remains unclear. The current study examines the associations between self-criticism, social comparison, external shame, negative affect and eating psychopathology in overweight/obese participants attending a community based weight management programme focused on behaviour change.

2236 participants completed an online survey with measures of self-criticism, social comparison, external shame and negative affect, which were adapted to specifically address these aspects in relation to eating, body weight and shape. Correlational analyses showed that external shame, self-criticism and social comparison were associated with negative affect and eating psychopathology. Path analysis results showed that, when the effect of depressive symptoms is controlled for, the impact of external shame, hated self and reassured self on disinhibition and susceptibility to hunger is fully mediated by their effect on weight-related negative affect. In turn, inadequate self and negative social comparison predicted higher disinhibition and susceptibility to hunger directly and partially through weight-related negative affect.

These results suggest that shame, self-criticism, and perceptions of low social rank play a significant role in the prediction of eating-related difficulties in members of the general population participating in popular weight-loss programmes. In conclusion, targeting shame, self-criticism, and perceptions of low social rank are important areas of future focus for interventions in members of the general population experiencing eating and weight-related difficulties.

**Developments in metacognitive approaches to understanding and treating psychosis**

Hamish McLeod, University of Glasgow, UK

**Attachment and metacognition – Cognitive Interpersonal Therapy in two adolescent onset psychosis samples**

Matthias Schwannauer, University of Edinburgh, UK
To date clinical intervention studies in the efficacy and effectiveness of cognitive behavioural treatments in adolescent onset psychosis show mixed results in terms of essential indicators of clinical outcomes and differential effects for different subgroups within this disorder group. These developments clearly emphasise the need for robust and convincing psychological models for psychosis and their underlying mechanisms in order to further the enhancement of effective clinical management. In particular the apparent differential response rates to psychological intervention in early onset and recurrent psychosis merits attention. Attachment and metacognition are key themes in the clinical management, therapeutic engagement and psychological treatment of adolescent onset psychosis and readmissions and relapse are often driven by an amplification of these factors. There is a need to develop a better understanding of the early phase of psychosis in late adolescence, and to develop and evaluate effective psychosocial treatments and interventions that assist people in this early phase. In this paper we want to present some current work on affect regulation and metacognition in a group of adolescents following their first and second episode of psychosis. Early results of two clinical pilot trials of CBT treatment of adolescent onset psychosis and bipolar disorder are presented in the context of possible adolescent specific risk factors. The trialed treatment approach shows promising results in terms of reduced mood episodes and perceived quality of life for these groups of adolescent onset psychosis and bipolar disorders. Changes in metacognition and interpersonal functioning are clearly related to therapeutic gains and are positive indicators of specific models of psychological intervention for this population.

Metacognitive training in schizophrenia patients (MCT): feasibility and efficacy
Charlotte Wittekind, University Medical Center Hamburg-Eppendorf, Germany
Antipsychotic medication is considered the treatment of choice for schizophrenia patients. However, a substantial subgroup of patients is only partially responsive to antipsychotics, and noncompliance rates are high. Hence, alternative (complementary) treatment options are required, for example cognitive-behavioral therapy and cognitive remediation. Schizophrenia is associated with a number of cognitive biases (i.e., distortions in the processing and appraisal of information) that appear to play a crucial role in the emergence and maintenance of delusions including attributional biases, jumping to conclusions, a bias against disconfirmatory evidence, and overconfidence in memory errors. Deficits in theory of mind and depressive cognitive patterns are also addressed.

The talk introduces an innovative metacognitive training for schizophrenia patients (MCT). MCT is administered as a group intervention aiming to sharpen the patients' awareness on these biases. The training is available in 30 languages including Arabic. The program can be downloaded at no cost via the Internet (www.uke.de/mkt). The talk will briefly present the basic structure of the program (including exercises) and its application. Results affirm that MCT is feasible. Evidence from several randomized controlled trials is presented, tentatively suggesting that MCT leads to accelerated symptom decline and alleviates some cognitive biases (particularly jumping to conclusions) in patients relative to (active) control interventions. We will also present data from a large RCT showing that reductions relative to an active control on delusions are sustained at follow-up (6 months and 3 years).

The contribution of metacognitive factors to the expression of negative symptoms in first episode psychosis: potential implications for psychological interventions.
Andrew Gumley, University of Glasgow, UK; Matthias Schwannauer, University of Edinburgh, UK; Angus MacBeth, University of Aberdeen, UK; Paul Lysaker, University of Indiana, UK
In normal functioning, the capacity to form dynamic and complex mental representations of the self and others imbues daily life with meaning and salience. This form of metacognition, in turn, promotes goal directed behaviour and supports complex behaviours such as social problem solving and interpersonal relating. The negative symptoms of schizophrenia are frequently characterised by a significant loss or attenuation of these abilities that manifests in specific symptoms such as reduced motivational drive, social withdrawal, and anhedonia. These symptoms show only modest improvement with pharmacotherapy but are a major source of functional impairment and diminished quality of life. Our group has extended previous research to show that metacognitive functioning influences negative symptoms in young people experiencing their first contact with First Episode Psychosis (FEP) services. Participants (n=45) were assessed three times over 12 months with the Positive and Negative Symptoms Scale (PANSS). Metacognitive functioning was assessed with the abbreviated version of the Metacognition Assessment Scale (MAS-A) based on responses to the Adult Attachment Interview (AAI). Stepwise linear regression showed that adding metacognition scores to known predictors of negative symptoms (baseline symptom severity, gender, DUP, and premorbid academic and social adjustment) explained 62% of the variance in PANSS negative symptom scores at six months and 38% at 12 months. The observed simple correlations between PANSS symptom scores and MAS-A subscales indicted a direct link between aspects of metacognition and negative symptoms. The results are consistent with the view that some forms of negative symptoms reflect difficulties with processing the mental states of the self and others as well as difficulties using mental state information to solve interpersonal problems. These results fit with the emerging view that metacognitive functioning is a highly relevant psychological treatment target in psychosis. In particular, we argue that CBTP can be enhanced by tailoring interventions to the level of metacognitive ability displayed by the patient. This potentially extends the capacity of psychological interventions to have a positive impact on the recovery of people who are experiencing disabling and hard to treat negative symptoms of schizophrenia.

The Narrative Recovery Style Scale: A new measure of coping and compassion and its association with metacognition.

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Angus Macbeth, University of Aberdeen, UK

Objectives: The ability to regulate affect in the face of stress has implications for recovery and chronicity in complex mental health problems such as schizophrenia and borderline personality disorder. A key aspect of Compassion Focussed Therapy involves helping individuals to develop a warm, caring, and attuned attitude towards difficult inner experiences. We found that increasing compassion was associated with reduced depression, shame and fear of relapse (Braehler et al., 2013). One important aspect of this approach is the hypothesis that cultivating a compassionate mind increases individuals’ capacities to think about their own and others mental states and utilise mental state information to solve problems. We explore the association between compassion and mentalisation in the current study. Design: A cross-sectional mixed methods design was used with a within subjects condition and three between subjects groups Methods: Forty-Three individuals were interviewed and transcripts coded with the Narrative Recovery Style Scale (NRSS) and the Metacognition Assessment Scale. Self-report measures of compassion, attachment, interpersonal problems and symptoms were completed. Symptomatology was also measured. Results: Compassion was strongly positively correlated with Integration; and negatively correlated with Sealing Over. Compassion was also moderately correlated with Mentalisation. Compassion was unrelated to self-reported compassion, symptoms, interpersonal problems or attachment. Conclusions: The NRSS is a promising narrative measure of recovery and compassionate responding. Implications are discussed in terms of a transdiagnostic understanding of recovery processes.

REFLEX: a metacognitive group treatment to improve insight in psychosis

Annerieke De Vos, University of Groningen, The Netherlands; Liset Van der Meer, The Netherlands; Claudi Bockting, University of Groningen, The Netherlands; Mark Van der Gaag, VU Amsterdam, The Netherlands; Andre Aleman, UMC, Groningen, The Netherlands

Background: Many people with schizophrenia (50-80%) demonstrate impaired insight. A number of interventions aiming to improve insight have been proposed and evaluated, for example cognitive behavioral therapy and psycho-education. Results of these interventions leave room for improvement. Therefore, we propose a new intervention to improve insight in people with schizophrenia (REFLEX). REFLEX focuses on insight in one’s functioning in everyday life and changes in general functioning after psychosis by improving metacognitive acts necessary for insight (self-reflectiveness, idiosyncratic self-certainty) and reducing stigma-sensitivity. The primary objective is to improve insight. By improving insight, we hope to improve functional outcome and symptoms.

Methods: 120 patients diagnosed with schizophrenia with poor insight and sensitive are included in a randomized controlled trial: REFLEX was compared to an active control condition consisting of group wise drill and practice cognitive remediation training.

Results: Preliminary analysis show that while clinical insight measured with the SAI-E remains unchanged, cognitive insight measured with the BCIS improves in the REFLEX condition (F 1,85 4,9, p<.05)

Conclusion: REFLEX seems a promising intervention to improve cognitive insight in psychosis.

Positive Clinical Psychology Approaches to Mood Disorders

Barney Dunn, Mood Disorders Centre, Exeter, UK

The regulation of positive emotion in depression

Rosie Banks, MRC Cognition & Brain Sciences Unit, Cambridge, UK; Barnaby D Dunn, Mood Disorders Center, Exeter, UK, Michelle M Moulds, University of New South Wales, Sydney, Australia

While it is widely accepted that depression is associated with difficulty in regulating negative emotion, much less is known about how depressed individuals regulate positive emotion. Furthermore, limited empirical attention has been directed towards the possible role of anhedonia in emotion regulation processes.

In these studies we investigated the extent to which depression is associated with self-reported attempts to amplify or dampen positive emotional experience, and whether symptoms are linked to dysfunctional attitudes towards positive emotion. Across three studies we found that symptoms of depression were associated with apprehension towards, and attempts to down-regulate, positive emotion. A unique relationship emerged between anhedonia and the propensity to dampen positive emotion, suggesting that depression and anhedonia in particular, are related to the use of maladaptive strategies to regulate positive emotion.

These results suggest that focusing on the dampening of positive emotion in therapy may improve how well anhedonia can be repaired in therapy.

The relationship between mindfulness and positive emotion experience

Barney Dunn, Mood Disorders Centre, Exeter, UK

Anhedonia – a loss of interest and pleasure – is a cardinal symptom of depression that predicts a poor prognosis and yet is relatively neglected in many existing gold standard psychological treatments (see Dunn, 2012). However, there is emerging interest in the idea that mindfulness based approaches may be effective at bolstering positive emotion experience in depression vulnerable individuals and that this may be associated with reduced relapse rates following meditation practice.

This talk will present recent data from my laboratory evaluating this claim. First, data examining links between different facets of trait mindfulness, depression and positive emotion experience will be presented. Second, studies evaluating the
Positive mental imagery and optimism: a possible target for new interventions to promote wellbeing

Yvonne Schulte-van Maaren, Leiden University Medical Centre, the Netherlands; Ingrid Carlier, Leiden University Medical Centre, the Netherlands; Victor Middelkoop, Leiden University Medical Centre, the Netherlands; Frans Zitman, Leiden University Medical Centre, the Netherlands; Philip Spinhoven, Leiden University Medical Centre, the Netherlands; Emily Holmes, MRC Cognition and Brain Sciences Unit, Cambridge, UK; Erik Giltay, Leiden University Medical Centre, the Netherlands

Optimism, the tendency to have generalized positive expectancies for the future, is associated with benefits for not only general wellbeing, but also mental and physical health. Interventions to increase optimism could therefore have the potential for significant health benefits, but the cognitive processes underlying optimism need further investigation. The current study (Blackwell, Rius-Ottenheim, Schulte-van Maaren, Carlier, Middelkoop, Zitman, Spinhoven, & Holmes, 2013) aimed to identify a cognitive marker for optimism that could also provide a modifiable target for new interventions. In particular it investigated whether the ability to generate vivid positive mental imagery of the future was associated with increased levels of dispositional optimism (Carver, Scheier, & Segerstrom, 2010). A community sample of 237 participants completed a survey comprising measures of mental imagery, optimism, health, and socio-demographic information. Vividness of positive future imagery was significantly associated with optimism, even when controlling for socio-demographic factors and general use of imagery. This suggests that the more clearly someone can imagine positive events in their future the more optimistic they are. The potential for novel computerised interventions that train the ability to generate vivid positive mental imagery to increase optimism will be discussed.

Compassion for the Self: psychophysiological correlates of a new concept that facilitates resilience in mood disorders

Willem Kuyken, University of Exeter, UK; Anke Karl, University of Exeter, UK

Understanding processes and mechanisms that prevent mental health problems, such as depression, and facilitate wellbeing is of great importance. Recent research has pointed out that the cultivation of self-compassion may be one of these protective mechanisms and seems to mediate the positive effects of Mindfulness-based Cognitive Therapy (MBCT). However, self-compassion is a quite new construct in psychology research and its cognitive and psychophysiological correlates are not well understood. We therefore studied psychophysiological correlates of two meditation exercises (Loving Kindness Meditation and Compassionate Body Scan) designed to cultivate state self-compassion as compared to a ruminative, control and positive excitement condition. Heart-Rate (HR) and Skin-Conductance-Level (SCL) during as well as changes in positive affiliative affect, self-compassion and self-criticism from directly before and after the guided audio exercise were assessed in 135 participants. Both self-compassion inductions and the positive excitement condition increased state self-compassion and affiliative affect and decreased self-criticism whereas the ruminative condition triggered opposite pattern. Affect changes in the ruminative condition were accompanied by the expected psychophysiological response patterns (i.e., a significantly higher HR and SCL during rumination as compared to the self-compassion conditions). The results indicate that one possible protective effect of self-compassion lies in the activation of the positive affective affect system which is characterized by a content and calm state of mind with a disposition for kindness, care and social connectedness.

Psychological well-being deficits and depression

Andrew MacLeod, Royal Holloway University, UK

The last 15 years has seen a burgeoning interest in understanding and improving positive psychological well-being. Despite some attempts to apply theory and findings to understanding clinical problems, by and large the clinical and well-being literatures have progressed in parallel. A particular model of well-being (Psychological Well-Being: Ryff, 1989) will be outlined in relation to understanding depression. Data will be presented that maps out the well-being profile of a depressed sample and attempts to understand the particular well-being benefits that are being lost by having impaired positive future-directed thinking. Application of the model to treatment of residual depression will also be discussed.

Experiential techniques in cognitive therapy

Kees Korrelboom, PsyQ Haaglanden, The Netherlands

Competitive Memory training: a meta-analysis
Training and supervision developments in evidence based psychological therapies for psychosis

Sheena Liness, Institute of Psychiatry & King’s College London, UK

Introduction and an overview of Competitive Memory Training
Kees Korrelboom, PsyQ Haaglanden, The Netherlands

Soon after its start as a primarily verbal psychotherapeutic method, in which dysfunctional opinions and interpretations of the patient were identified and challenged by means of Socratic questioning, more experiential methods came into focus in cognitive therapy. While ‘pure verbal cognitive therapy’ often appeared sufficient to change the patients cognitions at an intellectual level, in many cases it did not change their problematic feelings at an emotional level.

To overcome this discrepancy between knowing and feeling, behavioral experiments were introduced. In a behavioral experiment the patient experiences, physically and emotionally, what he intellectually already knows. Nowadays, behavioral experiments are at the heart of CBT.

Successful as they are, behavioral experiments might not be the ‘experiential answer’ to all problems treated in CBT. Behavioral experiments seem to perform best in falsifying dysfunctional expectations. In a behavioral experiment panic disordered patients experience that they will not collapse during exposure to ‘frightening somatic symptoms’. However, in another kind of emotional problems where dysfunctional interpretations are more intrinsically connected to specific situations and opinions, it might be difficult to organize optimal corrective experiences by means of behavioral experiments. The borderline patients self-image of being a ‘total failure’ is an example.

To overcome this, imagery techniques have been introduced into CBT as an ‘experiential back up’ for Socratic challenging in problems dominated by ‘intrinsic misinterpretations’. At the moment, indications are that the addition of body posture, facial expression and maybe even music to imagery might further enhance the emotional impact of corrective experiences in working with problematic ‘intrinsic misinterpretations’.

After a short introduction to the subject of the symposium (‘experiential techniques in CBT’) arguments for the application and criteria for the indications of imagery, body posture, facial expression and music as therapeutic means to correct ‘intrinsically dysfunctional interpretations’ are put forward during the presentation. Finally a specific intervention, Competitive Memory Training (COMET), that makes use of all these ingredients and that has proven successful in several RCT’s in different patient populations is introduced.

Imagery rescripting as a stand-alone treatment for social phobia: A case series
Petra Frets, PsyQ, The Netherlands; Ciska Kevenaar, PsyQ, The Netherlands

Background and Objectives: The majority of patients with social phobia reports experiencing negative images, usually based on memories of earlier aversive social experiences. Several studies have indicated that such negative self-imagery appears to have a causal role in maintaining social phobia, which suggests that interventions aimed at dealing with these images could be beneficial in the treatment of social phobia. One potentially powerful approach is imagery rescripting (IR), a clinical intervention that focuses on changing the meaning and impact of unpleasant memories. In the treatment of social phobia IR was only used as part of a broader cognitive-behavioural treatment package. However, we propose that IR alone might also be an effective treatment for this anxiety disorder. The present study reports an initial evaluation of the application of IR as a stand-alone treatment for six adult outpatients presenting with social phobia.

Methods: A single case series using an A-B replication across patients design was employed. Following a no-treatment baseline period, IR was delivered weekly and patients were followed up for 3 and 6 months.

Results: For all patients, substantial reductions were obtained on all outcome measures at post-treatment, and gains were largely maintained at 6-months follow-up.

Limitations: The generalizability of the effects of IR for social phobia is limited by the small number of patients treated by only one therapist.

Conclusions: The results of this preliminary case series suggest that social phobia can be treated effectively using IR alone, and indicate that controlled evaluation of its efficacy might be worthwhile.

CBT Training: Recent developments in the evaluation and expansion of evidence based training
Sheena Liness, Institute of Psychiatry & King’s College London, UK
Is CBT Training effective? An evaluation of IAPT CBT Training
Sheena Liness and Suzanne Byrne, Institute of Psychiatry and King’s College London, UK

There is a lack of rigorous research measuring the effectiveness of CBT training, although emerging research has been promising (Jolley, et al 2012; Simons, et al, 2010; Grey, et al, 2008. Since 2008, the Institute of Psychiatry, KCL Post-Graduate Diploma in CBT has run as a full time High Intensity IAPT CBT training course for therapists working with patients with depression and anxiety. The large numbers and varied mental health professionals completing the CBT IAPT training from 2008 to 2013 at the IoP, KCL to date, offers the opportunity for a robust analysis of the effectiveness of CBT training in relation to both therapy competence and patient outcome. Sheena Liness will present an evaluation of the IoP/KCL IAPT High Intensity CBT Training with a focus on trainee’s therapy competence and academic attainment pre to post training. This presentation will track student progression across a number of variables such as the Cognitive Therapy Scale- Revised CTS-R (Blackburn et al 2001), clinical outcome, academic assessments and completion rates. Comparisons will be made across mental health professions plus assessor versus self-therapy ratings. Within CBT training, attention is also beginning to focus on the training methods that best enhance the attainment of therapy competence in evidence based psychological treatments. Suzanne Byrne will present recent developments in training and supervision methods introduced to enhance learning on the Post-Graduate Diploma in CBT, including preliminary findings from a new CBT e-learning package. Areas of good practice will be highlighted.

IAPT Low Intensity CBT training: Recent developments and review
Rachel Newman, University College London, UK

The Improving Access to Psychological Therapies programme (IAPT) was launched nationally in 2008 with the aim of improving access to evidence based psychological therapies for people with anxiety and depression. In line with National Institute of Clinical Excellence (NICE) guidance, the programme provides training for practitioners delivering both high and low intensity interventions. Low intensity interventions are commonly facilitated by Psychological Wellbeing Practitioners (PWPs) and focus on supporting patients to use self-help materials to promote their own recovery. PWP training courses are delivered through universities with trainees employed in IAPT services. Training is delivered over 45 days (25 days university based and 20 days practice based) and follows the national curriculum and set of training materials (Reach Out:...
Richards & Whyte, 2009). The programme is into its 6th year and over this time period there have been significant developments including the creation of a Senior PWP position, the extension of the programme to work with patients with long term conditions and the development of a specific curriculum for older adults.

In response to the evolution of the programme, and specifically to the role of PWPs, DH commissioned a review of low intensity training and associated materials in November 2012. University College London (UCL) carried out this review and established an Expert Reference Group (ERG) to oversee the work. The review included a period of consultation with a view to producing a revised curriculum, an updated best practice guide and a report.

Over 500 people responded to the consultation. A number of themes emerged. Many of these related to the content of the 45 days curriculum, the balance between university based learning and practice based learning in sites, and the need to involve site supervisors in training to a greater extent. Themes included extending training on low intensity interventions, in particular with GAD and in group formats; and expanding training in assessment skills, in particular around triages. Themes also covered the assessment of clinical competence with suggestions to include with live recordings of patient sessions and supervision sessions in addition to the standardised clinical simulations.

The Best Practice Guide (National IAPT Programme) was updated as part of this review. This guide provides an overview of the PWP role and best practice around implementing this role in IAPT sites. A new section has been included on the Senior PWP role. This role is rapidly developing as this new profession matures with practitioners in this role taking on management and supervision duties in addition to continuing to develop clinical expertise.

Post qualification level training was consulted on given the widened remit for IAPT and the need for continuing professional development appropriate for PWPs. Alongside some universities developing diploma and master’s options, training on working with patients with long term conditions is being delivered to increase trainees’ knowledge and skills in adapting low intensity interventions to work with this population.

**CBT First Aid: Can we teach it and does it work?**

Kathryn Mannix, Newcastle upon Tyne Hospitals NHS Foundation Trust, UK; Stirling Moorey, South London and Maudsley NHS Trust, UK

This presentation will briefly review the work previously undertaken by Mannix et al (2006) and Moorey et al (2009) investigating the training of palliative care team members in the use of CBT methods to assist in reducing the psychological distress of their patients and enhancing their coping. The paper will then introduce new data and case vignettes gathered from a three year national training project attempting to evaluate the effectiveness and worth of this type of programme for palliative care health care professionals and their patients. Wider implications for specialists working with long term conditions will be discussed and some preliminary data examined.

Data presented will include rating of trainees’ competency on a ‘CBT First Aid’ Rating Scale after training; feedback from trainees on the ways in which CBT skills have supported their clinical practice after completion of training; vignettes illustrating trainees’ evolving skills in formulation and application of CBT methods to promote coping, reduce emotional distress and enhance quality of life.

References:

Mannix, Blackburn, Garland, Gracie, Moorey, Reid & Scott Effectiveness of brief training in cognitive behaviour therapy techniques for palliative care practitioners Palliative Medicine 2006


**An Introduction to Mental Health and CBT in Adults with Intellectual Disabilities**

John Taylor, Northumbria University and Northumberland, Tyne & Wear NHS Foundation Trust, UK

Historically there has been a general lack of regard for the mental health needs of people with intellectual disabilities. This is despite clear evidence that people in this population have higher levels of unmet need and receive less effective treatment for their mental health and emotional problems; and despite the promotion of government policies and the introduction anti-discrimination legislation designed to break down these barriers. In the UK the government has prioritised better access to psychological therapies (especially cognitive therapy) for socially excluded groups and recommended that mainstream mental health services should increase their ability to meet the needs of people with intellectual disabilities who have diagnosed mental illnesses.

Despite a raft of policy and legislation, there are a number of reasons for the continuing inequality of access to mental health services and effective treatment for people with intellectual disabilities. These include: (a) a lack of knowledge and awareness of mental health and emotional problems experienced by people with intellectual disabilities; (b) some reluctance on the part of therapists to provide these interventions to people in this population; and (c) a lack of good quality evidence to guide practice with this client group. These and related issues are explored in this symposium.

Richard Hastings explains that as a group, people with intellectual disabilities are more likely than people in the general population to experience living circumstances and life events associated with an increased risk of mental health problems, including birth trauma, stressful family circumstances, unemployment, debt, stigmatisation, lack of self-determination, and a lack of meaningful friendships and intimate relationships. However, despite these disadvantages the prevalence of mental health and emotional problems in this population is difficult to determine from the available literature. The research in this area is overviewed and issues such as diagnostic overshadowing are highlighted. The implications of these
problems for case recognition and the effective assessment of mental health problems and needs for these clients are discussed.
In a second paper John Taylor describes the impact of therapist attitudes to working therapeutically with people who are considered unattractive because of their cognitive impairments has had on these clients’ access to potentially effective psychological therapies. The developing evidence base for the use of (modified) CBT interventions with adults with intellectual disabilities is reviewed, with particular reference to approaches to developing cognitive skills and strategies to maintain the effects of treatment over time and across situations.
In the final paper Bill Lindsay provides an account of a small controlled trial aimed at piloting a transdiagnostic CBT intervention for adults with intellectual disabilities experiencing a range of emotional disorders. Twelve treatment and 12 matched control participants were evaluated using reliable and valid measures of psychopathology, anxiety and depression. Following completion of treatment the treatment group participants showed significant improvements on the study measures compared to the waiting list control participants and there were significant within group improvements for the treatment group on all measures used which were maintained at 3-month follow up.

**Beyond CBT: treatment of (poor insight) OCD**

Henny Visser, GGZ Centraal, The Netherlands

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The impact of depression on the treatment of obsessive-compulsive disorder: Results from a 5-year follow-up

Ton Van Balkom, GGZ InGeest and VU University medical centre Amsterdam, the Netherlands; Gideon Anholt, Ben-Gurion University of the Negev, Department of Psychology, Israel

Obsessive compulsive disorder (OCD) is usually not present as a single diagnosis, and major depression is one of the most frequent comorbidities. However, it is unclear whether depressive symptoms are predictive of treatment response, and debate remains whether they should be targeted in the treatment of comorbid patients. The current presentation will discuss the predictive value of depression and OCD symptoms in the long term outcome of OCD treatment. In this study, relations between OCD and depressive symptoms were systematically investigated in a group of OCD patients who received behavior or cognitive therapy either alone or in combination with fluvoxamine. This presentation will examine the long term effect of depressive symptoms on OCD symptoms in the treatment of OCD.

The Inference Based Approach to treating Obsessive Compulsive Disorder with poor insight; the treatment model

Henny Visser, GGZ Centraal, The Netherlands

Psychotherapeutic- and drug treatment of patients with Obsessive Compulsive Disorder (OCD) lead to disappointing results in almost half of the cases. Poor insight is a predictor of poor treatment response. The Inference Based Approach (IBA) to treating OCD targets insight. The core idea of this new theory and treatment of OCD is that patients with OCD act upon imagined problems as if they are confronted with an actual problem in reality. They do, in other words, confuse imagination and reality. In the treatment they learn that their compulsions are preceded by imagination. The learn how to disentangle imagination and reality and to (re)integrate sensory information. Research results show some evidence for the theoretical model and the treatment model of IBA.

The current presentation gives a picture of the peculiarities of the clinical work with OCD patients with poor insight. Clinical understanding of the nature of fixed beliefs in OCD and how to treat them is discussed. The IBA treatment model will be explained by means of case examples.

The effectiveness of the Inference Based Approach to treating Obsessive Compulsive Disorder with poor insight; a randomized controlled multicentre trial

Harold Van Megen, GGZ Centraal Ermelo The Netherlands; Patricia Van Oppen, GGZ InGeest and VU University medical centre Amsterdam, the Netherlands; Merijn Eikelenboom, GGZ InGeest, Amsterdam The Netherlands; Ton Van Balkom, GGZ InGeest and VU University medical centre, Amsterdam The Netherlands

There is an urgent need for an effective psychological treatment for patients with OCD with poor insight, since this disorder is associated with severe suffering and a low quality of life. To date no controlled study is performed, examining the effectiveness of any treatment for patients with OCD with poor insight. The Inference Based Approach (IBA) specifically targets insight in OCD.

In a randomized controlled multicentre trial the effectiveness of IBA was compared to the effectiveness of CBT for treating patients with OCD with poor insight. In this study 24 sessions of IBA were tested versus 24 sessions of CBT. Ninety-one patients with a main diagnosis of OCD with poor insight according to the DSM-IV criteria participated in the study. The primary outcome was reduction of the obsessive compulsive symptoms. Potential predictors of response (including comorbid Axis-I disorders, specific OCD subtypes, level of insight, obsessional beliefs) were tested.

Of the patients treated with IBA 41.9% was responder and 20.9% completely recovered. Of the patients treated with CBT 42.6% was responder and 12.8% recovered. There was no significant difference between the effect of IBA and CBT. In September follow-up data and data on the predictive value of several clinical variables are available and will be presented.
Contrary to the expectation patients with OCD with poor insight do respond well to psychological treatment. Both CBT and IBA lead to clinically significant recovery.

**Enhancing treatment of OCD using home videos; (how) does it work?**

Harold Van Megen, GGZCentraal, Ermelo The Netherlands; Patricia Van Oppen, GGZ InGeest and VU University medical centre Amsterdam, the Netherlands; Ton Van Balkom, GGZ InGeest and VU University medical centre Amsterdam, the Netherlands

Patients with an obsessive-compulsive disorder (OCD) often have a diminished awareness of and insight in the severity of their disorder. Marina Wolf anxiety treatment Centre (the Netherlands) is using home videos confrontation of patient’s compulsions performed at home within their cognitive behavioral treatment program. Clinicians view this video confrontation as a powerful intervention in the treating this severely ill patient group.

In this study we evaluate the use of video confrontation in twenty patients with OCD through interviewing them directly after they received this intervention and six to eight weeks later. We analyze the interviews according to the grounded theory described by Glaser.

Almost all patients are surprised by the severity of their compulsions and argue that seeing their compulsions helps them to look from more distance towards their behavior. They tell that watching their video helps them to look at their own behavior the way other people see their behavior. Frequently they use phrases like 'I knew that I washed my hands careful but now I see that the way I wash my hands is ridiculous'. They emphasize that knowing is really not the same as seeing.

They knew that they had compulsions but seeing their compulsions seems to make them more aware of what is really happening. They argue that seeing their own compulsions enhanced their motivation for treatment. During the second interview most patients tell that they frequently think about how their compulsions looked on the video. Some patients are convinced that this video intervention helped them to reduce their compulsions by enhancing their motivation. Others used the video to describe clear therapeutic goals to reduce their compulsions.

Home video confrontation can be used within the treatment of OCD. It is a powerful intervention to enhance patient’s awareness of and insight in their OCD. We hypothesize that this is motivating them for treatment. The videos also can be used to define therapeutic goals to reduce the compulsions. This lecture will be illustrated with video clips of this intervention.

**Cognitive Therapy versus Fluvoxamine as a Second-Step Treatment in Obsessive-Compulsive Disorder Nonresponsive to First-Step Behavior Therapy**

Ton Van Balkom, GGZ InGeest and Vu medical centre, Amsterdam, the Netherlands

To compare the effectiveness of second-step treatment with cognitive therapy (CT) versus fluvoxamine in patients with obsessive-compulsive disorder (OCD) who are nonresponsive to exposure in vivo with response prevention (ERP).

Methods: A 12-week randomized controlled trial at an outpatient clinic in the Netherlands comparing CT with fluvoxamine in OCD. Of 118 subjects with OCD treated with 12 weeks of ERP, 48 appeared to be nonresponders (Y-BOCS improvement score of less than one third). These nonresponders were randomized to CT (n = 22) or fluvoxamine (n = 26). The main outcome measure was the Y-BOCS severity scale. Statistical analyses were conducted in the intention-to-treat sample (n = 45) on an ‘as randomized basis’ and in the per-protocol sample (n = 30). Due to selective dropout in the fluvoxamine group, two additional sensitivity analyses were performed. Results: Complete data could be obtained from 45 subjects (94%) after 12 weeks. Fifty percent of the patients refused fluvoxamine after randomization compared to 13% who refused CT [χ2(1) = 7.10; p = 0.01]. CT as a second-step treatment did not appear to be effective in this sample of nonresponders. Fluvoxamine was significantly superior to CT in the intention-to-treat sample, in the per-protocol sample and in the two separately defined samples in which the sensitivity analyses were performed. Conclusions: OCD patients who are nonresponsive to ERP may benefit more from a switch to treatment with an antidepressant instead of switching to CT. In clinical practice, it may be important to motivate this subgroup of patients to undergo psychopharmacological treatment, as this may improve their outcome considerably.

**Cognitive Bias Modification - Interpretation: Current Findings and Future Perspectives**

Marcella Woud, Radboud University Nijmegen, The Netherlands

**Imagination then reason in the treatment of depression: a randomized controlled trial of combined internet-delivered cognitive bias modification and cognitive behaviour therapy for depression.**

Alishia Williams, University of New South Wales, Australia; Anna Mackenzie, Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent’s Hospital, Australia; Emily Holmes, MRC Cognition and Brain Sciences Unit, Cambridge, UK; Gavin Andrews, University of New South Wales, Australia & Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent’s Hospital, Australia

The negative interpretive bias that characterises depression may be a target for both cognitive behavioural therapy (CBT) and cognitive bias modification (CBM) approaches to treating the disorder. However, while CBT aims to change biases via an explicit “top down” process of cognitive evaluation and behavioural hypothesis testing, CBM does so via implicit “bottom up” repetitive training paradigms. The current study (Williams, Blackwell, MacKenzie, Holmes, & Andrews, in press) aimed to test whether these two approaches could be combined successfully to form an effective treatment.
package for depression, when delivered via the internet with no face-to-face contact. Participants diagnosed with a major depressive episode were randomized to complete a one-week imagery and interpretation CBM programme followed by a 10-week internet CBT course (n = 38) or to a wait-list control (n = 31). Intention-to-treat analyses demonstrated significant reductions in symptoms of depression, distress, disability, anxiety, and repetitive negative thinking over the intervention compared to the wait-list control. Change in interpretation bias at least partially accounted for the reduction in symptoms of depression over the week of CBM. This study provides initial evidence that imagery CBM and CBT may be successfully combined to create effective computerised treatments for depression.


Assessment and modification of alcohol-related interpretation biases in a student sample
Mike Rinck, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands; Eni S. Becker, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands
According to models of addiction, alcohol abuse / misuse is characterized by the selective cognitive processing of alcohol-relevant information. Empirical evidence supports this assumption. For instance, it has been shown that high levels of alcohol consumption are associated with a stronger tendency to interpret ambiguous alcohol-relevant word cues as alcohol-related. The aim of the present study was to further advance our understanding of this matter.

The first study aimed at replicating and extending findings regarding the assessment of alcohol-related interpretation biases (IB). Therefore, it was investigated whether heavy drinking students, compared to light drinking students, exhibit an alcohol-related IB regarding more complex cues, namely open-ended, ambiguous alcohol-relevant scenarios. Results showed that heavy drinking students generated more alcohol-related interpretations for ambiguous alcohol-relevant scenarios than light drinking students. Additionally, the alcohol-related IB bias was positively correlated with drinking-related problems.

The second study aimed at investigating whether it is possible to modify an alcohol-related IB by means of a Cognitive Bias Modification-Interpretation (CBM-I) training. The CBM-I training consisted of ambiguous alcohol-relevant scenarios. They were designed to end in a to-be-completed word fragment implying that the meaning of the scenario remained ambiguous until resolved by the final word. It was participant’s task to finish each scenario by completing the final word fragment which then produced an outcome consistent with either an alcohol-related or neutral interpretation. Preliminary results indicate that the CBM-I technique was successful.

Applying an Adapted Version of the WSAP-D to Modify Interpretation Bias in an Unselected Sample
Martin Moebius, Radboud University Nijmegen, The Netherlands; Indira Tendolkar, Radboud University Medical Centre Nijmegen, The Netherlands; Eni S. Becker, University Nijmegen, The Netherlands
In recent years, a growing number of studies have discovered a range of negative biases in depression, such as in memory, attention or interpretation. To modify these biases, cognitive training techniques have been developed, the so-called cognitive bias modification (CBM). A meta-analytical review by Hallion and Ruscio (2011) evaluated the efficacy of CBM procedures in affecting biases in anxious and depressed individuals. According to this review, CBM methods aimed at altering interpretation biases in these disorders have stronger effects on biases than attention bias modification procedures. Both CBM training procedures, however, do not significantly affect depressive symptoms. It is important to realize though that, studies on interpretation bias modification for depressed individuals are underrepresented in this review, due to which its potential value might remain underestimated.

A CBM technique that might be very well suited for altering interpretation biases in depression is the so-called Word-Sentence Association Paradigm (WSAP). This training procedure has previously been shown to successfully modify interpretation biases in anxious individuals and to attenuate emotional vulnerability to a stressful situation. During the WSAP, a threatening or non-threatening word is briefly presented on a computer screen, followed by an ambiguous sentence. Participants task is to indicate as quickly as possible, whether word and sentence belong together. By giving positive feedback when non-threatening interpretations are endorsed as well as when threatening interpretations are rejected, a positive interpretation bias is reinforced.

Hindash and Amir (2012) adapted this task to assess interpretation bias in a sample of dysphoric and non-dysphoric individuals (WSAP-D). In contrast to the original version of the task, they first presented a self-referential, affectively ambiguous sentence that was either followed by a negative or by a benign word. Participants were again asked to indicate whether sentence and word belong together. Dysphoric individuals were faster in endorsing negative word-sentence combinations and more frequently endorsed these combinations compared to non-dysphoric individuals.

In two studies we investigated whether this paradigm is also suited for modifying interpretation biases in an unselected student sample. In study I we compared a group receiving positive feedback when endorsing positive interpretations and rejecting negative interpretations (i.e., positive training) to a group receiving positive feedback when endorsing negative interpretations and rejecting positive ones (i.e., negative training). In study II, these groups were compared to a control condition receiving no feedback at all (sham training). Individual differences in depression (SDS), trait anxiety (STAI-T), and self-esteem (RSES) were assessed before training and were related to changes in interpretation bias. Furthermore, training effects on emotional vulnerability to a subsequent stressful memory task were investigated. The results of these two studies will be discussed.
Modifying Interpretation in a Clinically Depressed Sample Using CBM-Errors: A Double Blind Randomised Controlled Trial
Jenny Yiend, King’s College London, UK; Andrew Mathews, University of Oxford, UK; Sinem Tekes, King’s College London; Louise Atkins, King’s College London, UK; Jongsun Lee, King’s College London, UK
Background: Epidemiological studies suggest that depression is a leading cause of disability worldwide and therefore there is a growing urgency to address depression as a public health priority and to improve access to cost effective treatments. Depression has been widely associated with a cognitive deficit leading to the negative interpretation of ambiguous information. Such negative biases play a critical role in the onset and maintenance of psychopathology. Recently, Cognitive Bias Modification (CBM) procedures have shown that negative biases are causally related to emotional vulnerability. However, research using CBM has been notably lacking in depression.
Method: We conducted the first double blind randomised controlled study investigating the effect of a novel CBM procedure, CBM-errors, on depression and its influence on mood and resilience to stress. Designed to target the range of inferential biases that contribute to the maintenance of emotional disorders, CBM-errors offer an important advantage over alternative CBM-I methods. In the current study, forty clinically depressed participants were randomly allocated to a positive training or neutral text reading control group. Results: Participants who were assigned to positive training subconsciously that the 6-item MRSI consists of two related factors. In Study 4 we examined the concurrent validity of the MRSI, showing that scores on the MSRI were positively but modestly related to measures of trait rumination and self-focus. Taken together, these findings provide support for the psychometric properties of the MRSI as well as its construct and concurrent validity.

Cognitive aspects of rumination
Ernst Koster, Ghent University, Belgium

The Momentary Ruminative Self-focus Inventory (MRSI): Validation and Psychometric Evaluation
Igor Marchetti, Ghent University, UK; Nilly Mor, Hebrew University of Jerusalem, UK
Ruminative self-focus is a common emotion regulation strategy that is considered a major risk factor for depression and a number of other emotional disorders. Although measures of trait dispositions to engage in rumination are well-validated, a state measure of ruminative self-focus is lacking. We report on the development and validation of a new self-report measure, the Momentary Ruminative Self-focus Inventory (MRSI). In five studies, we examined the psychometric properties of the MRSI. In Studies 1, 2, and 3, we report the results of exploratory and confirmatory factor analysis, demonstrating that the 6-item MRSI consists of two related factors. In Study 4 we examined the concurrent validity of the MRSI, showing that scores on the MSRI were positively but modestly related to measures of trait rumination and self-focus. Finally, in Study 5, we provide further validation of the MRSI by demonstrating its sensitivity to an experimental manipulation of ruminative self-focus. Taken together, these findings provide support for the psychometric properties of the MRSI as well as its construct and concurrent validity.

Brooding moderates the link between reappraisal and inhibition of negative information
Shimrit Daches, Hebrew University of Jerusalem, Israel
The ability to inhibit negative information is associated with emotion regulation (ER). Reduced inhibition of negative information is characteristic of poor emotion regulation, which in turn plays a critical role in psychopathology. People engage in multiple ER strategies; some harmful and some helpful. However, the effect of using multiple ER strategies on inhibition of negative information is unknown. This study examined the joint effect of reappraisal, an adaptive ER strategy, on brooding, a maladaptive ER strategy, on inhibition of negative information. Participants high (N = 81) and low (N = 47) in brooding completed measures of reappraisal, depressive symptoms and the negative affective priming task, a measure of inhibition bias. As predicted, reappraisal was positively linked with the ability to inhibit negative content. However, this link was moderated by brooding and was found only among low brooders but not among high brooders. The implications of these findings to theories of emotion regulation are discussed.

Combined ambulatory assessment and fMRI to study depressive rumination
Vera Zamoscik, CIMH, Germany; Ulrich Ebner-Priemer, Karlsruhe Institute of Technology, Germany; Silke Hufziger, CIMH, Germany; Peter Kirsch, CIMH, Germany
Introduction: Rumination, a tendency to repetitively think about negative mood states and their causes and consequences, has been proposed as an important cognitive risk factor for the onset and course of depression. Extensive laboratory work has underscored the detrimental role of rumination on cognitive, emotional, and biological health outcomes. However, there have been few demonstrations of the ecological validity of such findings. Aim of the present study was to combine ambulatory assessment (AA) with functional magnetic resonance imaging (fMRI) to investigate effects of momentary
Rumination on mood and cortisol activity during daily life and to establish neural activity correlates of daily life rumination in remitted depressed patients (RD) and healthy controls (HC).

Method: Thirty-two RD and 32 HC, individually matched by age, sex, and education level, participated in a combined AA/fMRI study. AA of momentary rumination, mood, and saliva cortisol was performed on two consecutive workdays with 10 palmtop-prompted assessments per day. Depressive symptoms and habitual rumination were assessed retrospectively at baseline and at a six-months follow-up survey. Participants also underwent a fMRI paradigm that induced negative mood by the recall of significant negative autobiographical life events during scanning.

Results: Higher levels of daily rumination were linked to higher levels of negative mood and predicted higher daily cortisol levels in both samples. A higher connectivity of the default mode network (DMN, seed region posterior cingulate cortex) with the bilateral parahippocampal gyri during negative mood induction was identified in RD, which was even more pronounced in patients with more previous episodes. In RD, a higher connectivity predicted higher levels of rumination and negative mood in daily life and a worsening of depressive symptoms and habitual rumination during the following six-months period.

Conclusion: Our study demonstrates that the combination of laboratory and daily life assessments can add important knowledge to possible rumination-related mechanisms that affect mental health outcomes. In our study, rumination in natural contexts affected subjective emotional experience and psychoendocrinological activity during daily life both in remitted and never-depressed individuals. In RD, momentary rumination was shown to be connected to specific alterations in autobiographical processing of negative experiences that may have scar-like properties. Our future work aims to investigate whether a short mindfulness-based attention training is able to influence DMN hyperconnectivity and daily life rumination in remitted depressed patients.

This project was funded by grants from the Deutsche Forschungsgemeinschaft (DFG) to CK (KU1464/4-1) and PK (KIS76/12-1).

Rumination, executive functioning and depression in the elderly
Aurélie Crombez, Université catholique de Louvain, Belgium

Cognitive changes appear at old age, including a decrease in executive control efficiency. On the affective side, depleted mood has also a high prevalence in the elderly. The present study investigated whether challenged executive functioning in elderly people is related to more dysfunctional repetitive thinking (rumination), which in turn results in more depleted mood. Specifically, 60 elderly people (aged between 60 and 90) completed a set of cognitive tasks: the Minimal Mental State Exam, the Stroop task, a semantic fluency task, the trail making task, and the Buschke test, as well as the Beck Depression Inventory, and the mini-CERTS, a measure of repetitive thinking. The mini-CERTS comprises two scales, one indexing concrete and experiential repetitive thinking, the other, abstract and analytic repetitive thinking, the latter being associated to depleted mood. The main analysis is a mediation analysis in with the impact of executive functioning (estimated by a composite measure) on depression (BDI) is mediated by abstract analytic thinking. The implication for the use of cognitive remediation in depression treatment for the elderly will be discussed.

Tina In-Albon, Universitaet Koblenz-Landau, Germany

Familial relationships of adolescents with NSSI
Taru Tschan, University of Basel, Switzerland; Claudia Ruf, University of Basel, , Switzerland ; Marc Schmid, Child and Adolescent Psychiatry Basel, Switzerland

Adolescents with NSSI often report relationship problems within the family. In addition, relationship problems are often a trigger for NSSI. To our knowledge, there are so far no studies investigating the sibling relationships of adolescents with NSSI. To date, we investigated 28 adolescents with NSSI, 17 adolescents with other mental disorders without NSSI, and 31 adolescents without mental disorders. In addition, 76 parents and 40 siblings participated. Parenting behavior and sibling relationships were assessed with self-report questionnaires. Results indicate that adolescents with NSSI reported less maternal warmth and support and more maternal psychological control compared to the control groups. There were no significant differences in parent-child agreement between adolescents with NSSI and adolescents without NSSI. Regarding the sibling relationship no differences were found in the quality of sibling relationships, however nearly half of the siblings of adolescents with NSSI also reported NSSI. Further results will be presented and clinical implications discussed.

Association of Training on Attitudes towards Self-Injuring Clients across Health Professionals
Jennifer Muehlenkamp, University of Wisconsin-Eau Claire, USA; Katherine Quigley, University of Wisconsin-Eau Claire, USA; Emily Prosser, University of Wisconsin-Eau Claire, USA; Steffie Claes, KU Leuven, Belgium; Dorian Jans, KU Leuven, Belgium

Objectives: To evaluate associations between self-injury training and attitudes across different health care professions.

Methods: Three-hundred forty two psychologists, social workers, psychiatric and medical nurses were recruited from 12 hospitals in Belgium. Participants completed a confidential questionnaire assessing attitudes, perceived knowledge/competence in self-injury, and prior self-injury training.
Results: Professionals with training reported more positive empathy, less negative attitudes, and greater perceived knowledge/competence; which was related to positive attitudes. Mental health providers had more positive attitudes than medical professionals.

Conclusions: Attitudes towards self-injuring patients are multifaceted and vary across health professions. Training on self-injury should be incorporated into the educational curriculum of all health care professions.

Proposed Diagnostic Criteria for the DSM-5 of Non-Suicidal-Self-Injury in Female Adolescents: Diagnostic and Clinical Correlates
Marc Schmid, University of Basel, Switzerland; Tina In-Albon, University of Koblenz-Landau, Germany

Objective. Non-suicidal self-injury (NSSI) will be included in Section 3 disorders as a new disorder in the DSM-5. Yet, it is necessary to investigate the proposed diagnostic criteria and the diagnostic and clinical correlates for the validity of a diagnostic entity. We investigated the characteristics of NSSI disorder and the proposed diagnostic criteria.

Method. So far, a sample of 73 female inpatient adolescents and 37 non-clinical adolescents (aged 13 to 19 years) was recruited. Patients were classified into 4 groups (adolescents with NSSI disorder (n = 41), adolescents with NSSI without impairment/distress (n = 12), clinical controls without NSSI (n = 20), non-clinical controls (n = 37)). Adolescents were compared on self-reported psychopathology and diagnostic co-occurrences assessed with structured interviews.

Results. Results indicate that adolescents with NSSI disorder have a higher level of impairment than adolescents with other mental disorders without NSSI. Most common comorbid diagnoses were major depression, social phobia, and PTSD. There was some overlap of adolescents with NSSI disorder and suicidal behaviour and borderline personality disorder, but also important differences. Further results will be presented.

Conclusion. Results further suggest that the proposed DSM-5 diagnostic criteria for NSSI are useful and necessary. In conclusion, NSSI is a highly impairing disorder characterized by high comorbidity with various disorders, providing further evidence that NSSI should be a distinct diagnostic entity.

'I've seen parts of her life that nobody else has seen': An exploration into the impact of self-harm upon friendship.
Jeffrey Gavin, University of Bath, UK; Karen Rodham, University of Bath, UK

Much of the research considering the impact that self-harm has upon others has focussed heavily upon either health care professionals (e.g. McAllister et al., 2002) or family members (e.g. McDonald, O’Brien & Jackson, 2007). However, we know that many young people who engage in self-harm seek help from friends (Evans, Hawton & Rodham, 2005). Furthermore there are findings that indicate that self-harm has a contagious effect within social groups (e.g. Prinstein et al., 2010). As such, it is important to understand the impact of providing support to a friend engaging in self-harm, and the subsequent bearing this has upon friendship.

In this paper, we compile data collected from a series of interview and focus group based studies that has explored the impact that self-harm has upon adolescent friendship.

The findings from these studies explore the impact of self-harm upon friendship, and how individuals make sense of this impact. This presentation will principally focus upon how individuals negotiate the socio-cultural bearing of self-harm within friendship, how it alters their construction of their friend, themselves and others; and the relationships held. Thus far, our research has indicated that once self-harm is identified individuals go through a process of re-evaluation of the friendship. This begins with the renegotiation of roles, from friend to carer, and how willingly they assumed this new position. Secondly, individuals made sense of this transformation through comparison of their ability to support their friend against other significant people. Finally it became clear that the friendships held deteriorated-either through the cessation of self-harm or by individuals being replaced by people better suited at supporting their friend.

Through providing an understanding into the sociocultural environment of young people’s experiences of self-harm, those who self-harm and those indirectly affected by self-harm can be better understood and subsequently cared for therapeutically.

NSSI as worldwide phenomenon?
Rebecca Groschwitz, University of Ulm, Germany

Introduction: Non-suicidal self-injury (NSSI) has received increasing attention throughout the last 15 years as condition with an onset during adolescence. Recently, NSSI has been included in the section 3 of the DSM 5. A plethora of studies focusing on the prevalence of NSSI have been published so far. Method: We conducted a systematic review of the literature, including all studies reporting on prevalence rates of NSSI within the last 15 years. Results: Mean lifetime prevalence rate of nearly 20% were reported from adolescent community populations in different countries. Higher rates were reported from clinical samples or from the general population. Discussion: Despite overall relatively comparable rates, there have been some reports of differing rates in neighboring countries. Data from Africa, South America and the Middle East are scarcely available.

Self-practice of CBT and Self-Reflection (SP/SR): Its Value for Training CBT Therapists in a Variety of Contexts
James Bennett-Levy, University of Sydney, Australia
Adapting Self-Practice/ Self-Reflection programs for Psychological Wellbeing Practitioners  

James Bennett-Levy, University of Sydney, Australia; Mark Freeston, Newcastle University, UK

In the UK, there is a rapidly expanding workforce of Psychological Wellbeing Practitioners who provide low intensity CBT-based interventions (e.g. guided self-help) as part of the Improving Access to Psychological Therapies (IAPT) program. This presentation will provide a brief description of the role of the Psychological Wellbeing Practitioner. Then, based on the key principles for developing and implementing a Self-Practice/Self-Reflection (SP/SR) program delineated by Freeston (2013), this presentation describes the development of a full SP/SR program developed for PWPs and explains how previous SP/SR programs have been adapted for this practitioner role with the aim of meeting their specific learning needs. In line with the growing evidence-based for SP/SR it is hypothesised that such a program will have the potential to provide a different kind of learning experience for PWPs which will enable them to fine-tune their procedural skills and move from competent to expert in their role.

Initial findings will be shared from the implementation of such a program in a large UK IAPT services and thought given to whether such a learning experience such as SP/SR could (and should) be integrated into basic PWP training.

Cultural Competency: The role of SP/SR  

Beverley Haarhoff, Massey University, New Zealand

In a world where populations are ever more geographically mobile, Multicultural therapy (MCT) has been named the “fourth force” in the development of psychology, and there are increasing demands for cultural competence in psychotherapists. Pamela Hayes, an advocate for the integration of MCT and CBT, argues that achieving cultural competency is a two-proged ‘journey’ for psychotherapists. She recommends that as a first step therapists need to become aware of personal cultural bias and consider how this may impact on their delivery of therapy. She notes that bias can be quite subtle where dominant Anglo/Eurocentic cultural norms hold sway. Second she believes it is up to the therapist to find avenues through which to become objectively educated regarding different cultural perspectives.

In this study, 12 participants enrolled in a practicum year of a postgraduate diploma in CBT, worked through 18 SP/SR exercises with the goal of furthering self-understanding through constructing a self-formulation. Three of the SP/SR exercises target personally influential cultural and spiritual factors which participants were encouraged to consider in relation to their overall case-formulation. Emerging themes will be discussed in relation to Hayes’ first recommendation regarding the acquisition of cultural competency in the context of CBT training.

Designing an SP/SR programme: Keeping the essence while fitting to context  

Richard Thwaites, Cumbria Partnership NHS Foundation Trust, UK; James Bennett-Levy, University Centre for Rural Health (North Coast), University of Sydney, Australia

With increasing interest in SP/SR, it is timely to consider design principles that can guide trainers or practitioners who wish to develop and deliver such programmes. If an intervention is believed to be powerful enough to create benefit, it is likely to have the capability, under certain combinations of circumstances, to also cause harm. Specifically the purpose of this paper is to identify ways of setting up and delivering SP/SR with the goals of a) helping consistently maximize benefits for individuals and organizations, b) reducing risk of unintended negative consequences, and c) ensuring good fit to context. While the first two goals are self-evident, the third refers to keeping what we believe are the essentials of SP/SR while adjusting design and delivery of the programme. The adjustments could be for different levels of trainee or practitioner experience, practitioners working in various roles, in various organizational contexts, and in places and areas of work which have their own traditions. This presentation is a reflection on our own and varied experiences in receiving, developing, delivering, and evaluating training, supervision and SP/SR. The aim is to distil a series of guiding principles that can be used to help design, plan and deliver an SP/SR programme in a way that remains true to its essence but is flexible and responsive to the situation and conditions where it is to be used. The result of this reflection is ten principles that draw on existing theories of learning and development as well as pragmatic and structural considerations relating to governance. The ten principles will be briefly summarized and some of them will be illustrated with examples of how SP/SR programmes can then adjust and remain both fit for purpose and true to model when rolled out in increasingly diverse contexts.

Retrospect and Prospect: Anticipating the Teenage Years of Self-practice/Self-reflection (SP/SR)  

Mark Freeston, Newcastle University and Newcastle Cognitive and Behavioural Therapies Centre, UK; Richard Thwaites, Cumbria Partnership NHS Foundation Trust, UK

In the late 1990s and early 2000s, researchers in Germany, Austria and Australia began to publish papers suggesting the value of practicing CBT techniques on oneself and reflecting on this experience as part of CBT therapist training. This training strategy became known as self-practice/self-reflection (SP/SR). Since that time, other researchers in the UK, New Zealand, Finland and Ireland have evaluated SP/SR programs. Gradually an empirical base for SP/SR has been established. However, SP/SR has yet to find its place as a core part of CBT training curricula in most settings. This paper reviews progress and advances in SP/SR to date, and highlights some questions which have yet to be resolved. With SP/SR entering its teenage years, we anticipate a spurt in growth - and perhaps some lively debate about the value of self-experiential
learning and self-reflection in the development of psychotherapists, including CBT practitioners. As SP/ SR grows into adulthood we envisage SP/ SR entering the mainstream of both high and low intensity CBT training.

Bull’s eye? Effectiveness, Predictors of Relapse, and Mechanisms of Change in Psychotherapy for Depression
Marcus Huibers, VU University Amsterdam, The Netherlands

Schema therapy for chronic depression
Arnoud Arntz, Maastricht University, the Netherlands; Jill Lobbestaal, Maastricht University, the Netherlands; Frenk Peeters, Maastricht University, the Netherlands; Marcus Huibers, VU University Amsterdam, the Netherlands;
The effectiveness of Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for depression is well-establish. However, it is not clear yet whether one therapy outperforms the other with regard to course and severity of the disorder. Furthermore, the underlying mechanisms that cause therapeutic change are still largely unknown. Even though the interest for mechanisms has grown in the past decades, there is still no evidence-based explanation of ‘why’ and ‘how’ psychotherapy leads to an improvement of symptoms. In order to contribute to these questions we conducted a large RCT to the effectiveness, mechanisms of change and relapse prevention of CT and IPT for depression. A total of 182 depressed patients were randomly allocated to one of three conditions: (a) CT (n = 76), (b) IPT (n = 75), (c) or an 8-week waiting-list condition (WLC) condition followed by treatment of choice (n = 31). Participants were asked to fill out questionnaires and perform a computer task at multiple fixed assessment points during and after treatment. By comparing both interventions head-to-head and by repeatedly assessing several potential mechanisms, over a total period of two years, we were able to carefully map out change processes. Results of this trial will be presented.

Effectiveness and Mechanisms of Change of Cognitive Therapy vs. Interpersonal Psychotherapy for Depression: Results of a Randomized Clinical Trial
Marcus Huibers, VU University, Amsterdam; Arnoud Arntz, Maastricht University, the Netherlands; Frenk Peeters, Maastricht University, the Netherlands; Anne Roefs, Maastricht University, the Netherlands
The effectiveness of Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for depression is well-established. However, it is not clear yet whether one therapy outperforms the other with regard to course and severity of the disorder. Furthermore, the underlying mechanisms that cause therapeutic change are still largely unknown. Even though the interest for mechanisms has grown in the past decades, there is still no evidence-based explanation of ‘why’ and ‘how’ psychotherapy leads to an improvement of symptoms. In order to contribute to these questions we conducted a large RCT to the effectiveness, mechanisms of change and relapse prevention of CT and IPT for depression. A total of 182 depressed patients were randomly allocated to one of three conditions: (a) CT (n = 76), (b) IPT (n = 75), (c) or an 8-week waiting-list condition (WLC) condition followed by treatment of choice (n = 31). Participants were asked to fill out questionnaires and perform a computer task at multiple fixed assessment points during and after treatment. By comparing both interventions head-to-head and by repeatedly assessing several potential mechanisms, over a total period of two years, we were able to carefully map out change processes. Results of this trial will be presented.

Potential pathways to relapse in depression: the role of childhood adversity and later life stress.
Gerard van Rijssbergen, University of Groningen, the Netherlands; Hermien Elgersma, University of Groningen, the Netherlands; Huibert Burger, University of Groningen, the Netherlands; Filip Smit, VU University Amsterdam, the Netherlands; Pim Cuijpers, VU University Amsterdam, the Netherlands; Heleen Riper, VU University medical centre, the Netherlands; Evelien van Valen, Academic Medical Center, University of Amsterdam, the Netherlands; Harm van Marwijk, VU University medical centre, the Netherlands; Jack Dekker, Department of Clinical Psychology of the Vrije Universiteit, Amsterdam, the Netherlands; Claudi Bockting, University of Groningen, the Netherlands
Major depressive Disorder (MDD) is a highly recurrent disease (American Psychiatric Association, 2000; Burcus & Iacono, 2007). There is ample evidence that the experience of childhood adversity is related to persistence of depression and depressive relapse, even after successful treatment (e.g. Nanni, Uher & Danese, 2012). A possible pathway of childhood adversity leading to depressive relapse could be through adult daily stress. According to the stress sensitization hypothesis, daily life stress sensitivity is the result of a sensitization process initiated by previous exposure to stressors, such as childhood adversities (Post, 1992). Therefore the experience of childhood adversity could lead to a higher perceived intensity of later life stress. However, according to the stress generation hypothesis (Hammen, 1991) depression is related to the generation of a higher frequency of stress in adults and in recent research childhood adversity was found to be a predictor of stress generation (Jiu et al., 2012).

In the current study we examined if the experience of childhood adversity was related to a higher frequency or a higher intensity of daily stress in later life in 309 remitted recurrently depressed patients (in remission at baseline), and if this predicted subsequent depressive symptom levels as measured at three month follow-up. Preliminary results: we found that childhood adversity was not associated to a higher frequency or intensity of later life daily stress. However, some forms of daily stress were associated to subsequent depressive symptom levels, especially, the intensity of dependent and independent daily stress (respectively B=0.281, 95% CI=0.03-0.54, P=0.031; B=0.527, 95% CI=0.07-0.99, P=0.024). The implications of these findings will be discussed.
Cognitive reactivity: predictor of relapse and potential working mechanism of Preventive CT?
Claudi Bockting, University of Groningen, the Netherlands; Huibert Burger, University Medical Center Groningen, University of Groningen, the Netherlands; Philip Spinhoven, Leiden University, Leiden University Medical Center, the Netherlands; Maarten Koeter, Academic Medical Center, University of Amsterdam, the Netherlands; Henricus Ruhé, University Medical Center Groningen, University of Amsterdam, the Netherlands; Steven Hollon, Vanderbilt University, USA, Aart Schene, Academic Medical Center, University of Amsterdam, the Netherlands.

Additions to Beck’s Cognitive model (1967) suggest that rigid dysfunctional beliefs can be activated by mild dysphoria in the remitted phase of depression (i.e. cognitive reactivity), and thereby determine vulnerability for depressive relapse. Moreover, it has been suggested that CT after remission, including MBCT, exerts its effects through changing cognitive reactivity. So far, mixed findings have been reported on the predictive validity of cognitive reactivity in the prediction of relapse. Instead, it might be reactivity of mood that makes patients vulnerable for relapse.

Within a RCT (DELTAs, Bockting et al., 2005), 172 remitted recurrently depressed out-patients were randomized over Treatment As Usual (TAU) versus TAU + Preventive Cognitive Therapy (PCT) and followed for 5.5 years prospectively. PCT consists of 8 group-wise sessions and is based on Beck’s Cognitive model (1979). PCT was found to be effective in the prevention of depressive relapse up to 5.5 years for high risk patients (Bockting et al., 2009). All patients underwent two mood inductions (baseline and after three months). Main outcome measure was time to first relapse over 5.5 years, as assessed with the SCID-I and analyzed by using survival analysis. Moreover, we assessed whether PCT potentially exerted its effects through changes in cognitive reactivity over 3 months.

We found no evidence that cognitive reactivity predicts relapse over 5.5 years (Wald statistic (1, N=172) = 1.143, p=0.285, HR=0.9), neither when assessed baseline nor after 3 months (post-treatment for experimental group). Both higher levels of unprimed dysfunctional beliefs (Wald statistic (1, N=172) = 12.294, p≤.001, HR=1.01) and mood reactivity (Wald statistic (1, N=172) = 8.285, p=.004, HR=1.27; increase in sad mood) predicted an earlier time to relapse directly. Finally, the effect of PCT on time to relapse that was explained by either level of cognitive reactivity or mood reactivity was small. Our results do not support the notion that cognitive reactivity is a risk factor for relapse in depression. Directly assessed dysfunctional beliefs (i.e. Dysfunctional Attitude Scale) predicted relapse in remitted patients. This indicates that these attitudes do not have to be activated in the remitted phase. Affective responses in reaction to daily stress might serve as vulnerability factor for relapse as well. Future studies should focus on the working mechanism of CT after remission in order to be able to optimize its efficacy.

Key references:

Open Paper Symposia

Cognitive Biases in Anxiety and Depression

Psychometric properties of reaction-time based experimental paradigms measuring anxiety-related information processing biases in children
Hannah Brown, King’s College London, UK; Thalia Eley, King’s College London, UK; Kathryn Lester, King’s College London, UK.

References:
Information processing biases are commonly characterised using experimental paradigms, which compare response latencies for stimuli varying in emotional valence (e.g., dot-probe, stroop, visual search tasks). Numerous studies have identified links between information processing and anxiety in adults but studies with children have been more inconsistent. One possibility is that these paradigms perform less reliably or are less valid measures of children’s information processing. Studies exploring the psychometric properties of these tasks are scarce, particularly with children. The psychometric properties of several information processing tasks were examined in a nonclinical sample of children (N=155; mean age (SD) = 9yrs 3m (8m)). Reliability was assessed using split-half and test-retest correlations of mean reaction times and bias indices. Associations with anxiety and between bias measures were also examined. Mean reaction times showed substantial split-half and test-retest correlations. However, reliability coefficients for bias scores were near zero and nonsignificant, suggesting poor reliability. Associations between bias scores and anxiety were weak and inconsistent and showed little convergence between tasks, questioning their sensitivity in detecting anxiety-related information processing.

If replicated, the questionable psychometric properties of these tasks suggest they may be poorly suited to detecting individual differences in emotional processing biases in child samples. Study limitations and future directions are discussed. Understanding the links between information processing biases and anxiety is important for the development of treatment interventions and for understanding the mechanisms by which these treatments may act. It is therefore important to develop experimental paradigms with sound psychometric properties to characterise biases in information processing and to evaluate the impact of CBT interventions on these biases.

The Role of Uncertainty in Emotional Responses to Aversion: Implications for Generalized Anxiety Disorder

Jessamine Chen, University of NSW, Australia; Kim Felmingham, University of Tasmania, Australia; Hobart; Peter Lovibond, University of NSW, Australia

Intolerance of Uncertainty (IU) has recently garnered significant research interest as a vulnerability factor for the etiology of pathological worry in Generalized Anxiety Disorder. The hypothesis that IU is implicated in the process of worry by exacerbating cognitive bias (Dugas et al., 2005) has not been empirically examined extensively, as existing IU studies have typically relied on correlational designs. The present study examined the impact of uncertainty on biased expectancies of aversion.

80 non-clinical participants with high (n=40) and low (n=40) levels of IU viewed four different cues: one preceded aversive pictures 100% of the time, one preceded aversive pictures 0% of the time, one preceded aversive and neutral pictures at an equal ratio (participants were informed of the equal ratio). One cue (“uncertain cue”), which is not explained at all in the instructions, also preceded aversive and neutral pictures at a 50/50 ratio.

Online self-report data revealed negatively biased expectancies of aversion after uncertain cues. The degree of this online expectancy bias predicted estimates of the relationship between uncertain cues and aversive pictures. The uncertain cues that preceded aversive pictures (relative to the certain cues that preceded aversive pictures) were accompanied by increased skin conductance responses.

These findings that uncertainty is accompanied by biased expectancies of aversion and heightened responses to aversion provide preliminary understanding of the mechanisms that mediate the impact of IU on pathological worry. Identification of specific cognitive and behavioural strategies for treating pathological worry.

Mapping the Cognitive Network of Depression

Patrick WL Leung, The Chinese University of Hong Kong, China; Maggie MT Wong, The Chinese University of Hong Kong, China

Our mind could be depicted as a series of cognitive networks involving inter-related nodes developed since childhood. These nodes and their inter-connection formed the basis of our cognitions. This study aimed at exploring the cognitive network of depression.

The study composed of two stages. Stage 1 focused on construct generation (identifying nodes) of depression using the technique of free association with 83 depressed patients and 105 community controls. It resulted in a construct list of depression involving phrases or words. In Stage 2, a second sample included 108 depressed patients and 114 community controls. They were asked to rate on the construct list of depression. Multidimensional Scaling (MDS) analysis was employed to map the cognitive network of depression.

A combined visual map of the cognitive networks of depressed patients and controls was constructed. It illustrated that the depressed patients developed a cognitive network involving mainly depressive responses, but they were less likely to co-activate positive coping, while normal controls tended to do so.

Thus, both depressed patients and controls exhibited depressive responses, but they were differentiated by their tendency to co-activate or not positive coping in their respective cognitive networks. Cognitive networks of depressed patients and controls could be empirically mapped by MDS. Further efforts should be devoted to mapping cognitive networks of other disorders.

Knowledge of depressed patients’ cognitive network assisted our understanding of them and planning of their treatment strategies and directions.

The influence of self-image on self-focused attention in social anxiety

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Yasemin Meral, Clinical Psychology and Psychiatry; University of Basel, Switzerland; Noortje Vriends, Clinical Psychology and Psychiatry; University of Basel, Switzerland

A negative self-image and heightened self-focused attention (SFA) are assumed to play a crucial role in the development and maintenance of social anxiety disorder (SAD). So far these two constructs have not been tested in the same paradigm. And whereas questionnaire studies showed that mainly public SFA is related to SAD, experimental studies up to now measured SFA in social anxiety mainly through reaction time paradigms measuring private SFA (e.g., focus to internal processes such as heart rate). The present paradigm investigated self-image and public SFA (experimentally through eye tracking) during a real social situation in social anxiety.

Socially anxious (N = 22) and socially non-anxious (N = 31) participants (age 18-30 years) with either a negative or positive manipulated self-image had a video-conversation with an instructed confederate and watched the real-time video display of the confederate and the same-sized display of themselves on their computer screen. Public SFA was measured directly by eye tracking and operationalized as relative gaze duration on the participant’s own video display to the confederate’s video display. The conversation was divided into three phases: 1. warming-up; 2. social stress; and 3. social active.

A self-image x social anxiety x conversation phase interaction was found, indicating that socially anxious participants with a negative self-image focusing more to themselves at the beginning of the conversation than low socially anxious with a negative self-image, but show less SFA in the active phase. Socially anxious participants with a positive image show more SFA in the active conversation phase.

Our results might indicate, that a positive self-image overrules social anxiety at the beginning of the conversation. Taken together, results suggest that an actual self-image interacts with SFA in social anxiety.

A polymorphism in the COMT gene is associated with emotional working memory performance in formerly depressed and non-depressed individuals

Janna Vrijsen, Radboud University Medical Centre, the Netherlands; Iris van Oostrom, Radboud University Medical Centre, the Netherlands; Alejandro Arias-Vásquez, Radboud University Medical Centre, the Netherlands; Barbara Franke, Radboud University Medical Centre, the Netherlands; Eni Becker, Radboud University Nijmegen, the Netherlands; Anne Speckens, Radboud University Medical Centre, the Netherlands

Sad and (formerly) depressed individuals show cognitive biases toward negative information, especially in the wake of life stress. This might be due to difficulties in processing emotional information in working memory (WM). There is an important genetic contribution to depression. A polymorphism in the dopamine-modulating COMT gene (rs4680, Val158/108Met) is such a genetic risk factor. Generally, Val-carriers show worse WM performance, but have an advantage when processing emotional information. Because Val-carriers seem less sensitive to emotional stimuli, we expected an emotional WM-bias in Met/Met individuals, specifically in individuals with stressful childhood experiences.

A total of 297 sad non-depressed (NDs) and 198 formerly depressed (FDs) individuals performed an N-back task with facial stimuli (happy, sad, angry, neutral). Childhood stress was measured with a validated questionnaire. The three-way interaction of genotype (Val-carriers, Met/Met) with childhood stress (yes, no) and bias-score (latency emotional expressions - neutral) was analyzed.

In both samples, Val-carriers did not differentially process emotional faces, indicating no WM-bias. In Met/Met FDs with a history of childhood stress, happy faces interfered less with WM processing than in Met/Met FDs without stress. In contrast, happy faces seemed to interfere more with WM processing in Met/Met NDs who experienced childhood stress than in those who did not.

The results indicate that the dopamine system may be involved in emotional WM processing and might be sensitive to childhood stress. Perhaps genetically susceptible NDs are able to overcome the detrimental effects of childhood stress, while this may be more difficult for individuals who experienced depressed episodes.

Although still in its infancy, the results support the implementation of genetic testing to improve diagnostics and treatment of depression. Moreover, the stress-system may function differently in individuals who experienced stressful childhood events. Hence, knowledge about such childhood experiences will aid treatment.

Interventions in Chronic and Recurrent Depression: Mindfulness, Maintenance Therapy and CBASP

Mindfulness-Based Cognitive Therapy (MBCT) Reduces the Tendency to Elaborate Self-Discrepant Information in Chronically Depressed Patients

Thorsten Barnhofer, Freie Universitaet Berlin, Germany; Catherine Crane, University of Oxford, UK

The tendency to get captured by and elaborate self-discrepant content is an important maintaining characteristic of depression. This study investigated whether Mindfulness-Based Cognitive Therapy (MBCT) can reduce this tendency. Currently depressed patients with a history of chronic-recurrent depression performed a delayed matching to sample task before and after either MBCT (N = 14) or treatment as usual (TAU, N = 14). As an indicator of elaborative processing, slow wave potentials in EEG were assessed both following self-discrepant and non-discrepant words.

Patients in the MBCT group showed significantly reduced slow wave potentials in response to self-discrepant words following treatment, while no significant change was seen in the TAU group.

The results are in line with the assumption that MBCT can help patients become better able to recognize and disengage from negative patterns of thinking.
These findings further inform our understanding of the mechanisms of action of mindfulness meditation.

Contingent self-esteem and mindfulness
Arjan Bos, Open University; Anja Zök, Maastricht University, the Netherlands; Hugo Alberts, Maastricht University, the Netherlands; Ellin Simon, Open University

Contingent self-esteem refers to the extent to which self-esteem is contingent upon outcomes and achievements (Kernis, 2002). People with high contingent self-esteem are preoccupied with their performance and the evaluations of others. Their levels of self-esteem fluctuate depending on their experiences of failure or success (Bos, Huijding, Muris, Vogel & Biesheuvel, 2010). This fragile form of self-esteem is related to different forms of psychopathology, such as depression, anxiety and eating disorders (Bos et al., 2010; Burwell & Shirk, 2006; Sargent, Crocker & Luhtanen, 2006). Whereas people with high contingent self-esteem are focusing on external standards and judgments from others, mindful people pay attention to the present moment in a non-judgmental manner (Alberts & Thewissen, 2011; Kabat-Zinn, 1994). The relationship between contingent self-esteem and mindfulness has not been examined before and is the focus of this study.

Students (N = 196) filled out an online questionnaire containing the Rosenberg self-esteem scale (Rosenberg, 1965), the contingent self-esteem scale (Paradise & Kernis, 1999), the contingencies of self-worth scale (Crocker, Luhtanen, Cooper & Bouvrette, 2003), the mindfulness attention awareness scale (Ryan & Brown, 2003), the Kentucky inventory of mindfulness skills (Baer, Smith, & Allen, 2004) and background variables.

Results demonstrate that contingent self-esteem is negatively related to both mindfulness measures. Furthermore, the mindfulness skill ‘accepting or allowing without judgment’ is significantly related to contingent self-esteem, whereas the skills ‘observing’, ‘describing’ and ‘acting with awareness’ are not.

The present study suggests that mindfulness interventions are a potential way to change high contingent self-esteem. The present study shows that contingent self-esteem and mindfulness are negatively associated. This suggests that mindfulness interventions are a potential way to change high contingent self-esteem.

Mindfulness training increases momentary positive emotions and reward experience in adults vulnerable to depression. A randomized controlled trial.
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Mindfulness-Based Cognitive Therapy (MBCT) is an intervention receiving empirical support for the prevention of depressive relapse and recurrence, and for the treatment of residual depressive symptoms. Positive emotions are associated with increased resilience against depression, but the impact of MBCT on positive emotions has received only scant attention. We examined whether MBCT increases momentary positive emotions and the ability to make use of natural rewards in daily life.

Adults with a life-time history of depression and current residual depressive symptoms (mean age 43.9 years, SD 9.6; 75% female; all Caucasian) were randomized to MBCT (n = 64) or waitlist control (CONTROL; n = 66) in a parallel, open-label, randomized controlled trial. The Experience Sampling Method was used to measure momentary positive emotions as well as appraisal of pleasant activities in daily life during six days before and after the intervention. Residual depressive symptoms were measured using the 17-item Hamilton Depression Rating Scale.

MBCT compared to CONTROL was associated with significant increases in appraisals of positive emotion (β* = .39) and activity pleasantness (β* = .22), as well as enhanced ability to boost momentary positive emotions by engaging in pleasant activities (β* = .08; all p < .005). Associations remained significant when corrected for reductions in depressive symptoms, or for reductions in negative emotion, rumination and worry. In the MBCT condition, increases in positive emotion variables were associated with reduction of residual depressive symptoms (all p < .05).

MBCT is associated with increased experience of momentary positive emotions, greater appreciation of, and enhanced responsiveness to pleasant daily-life activities. These changes were unlikely to be pure epiphenomena of decreased depression and, given the role of positive emotions in resilience against depression, may contribute to the protective effects of MBCT against depressive relapse.

MBCT may benefit from an increased focus on positive emotions savouring small daily events, though this question awaits further empirical research.

Prevention of relapse in recurrent depression: Short-term and long-term outcome of a randomized controlled trial comparing cognitive maintenance therapy with manualized psychoeducation
Ulrich Stangier, , University of Frankfurt, Germany; Thomas Heidenreich, University of Social Sciences Esslingen, Germany; Christine Hilling, University of Frankfurt; Germany; Arnd Barocka, Psychiatric Hospital Hohe Mark, Oberursel, Germany; Ralf Schlässer, Department of Psychiatry, Jena, Germany; Martin Hautzinger, Department of Psychology, University of Tübingen, Germany

Major Depression is a highly recurrent disorder with high personal and societal costs. Beside pharmacological continuation and maintenance therapy, several cognitive approaches have been developed for the prevention of recurrences. The
primary goal of our multicenter study was to compare the relapse preventing effects of cognitive maintenance therapy (CMT) with a manualized Psychoeducation (MAPE). 186 Patients were included in our study, meeting the following inclusion criteria: recurrent depressive disorder, currently remitted, ≥3 depressive episodes in the history. Excluded were patients with psychiatric disorders of higher severity than depression, severe physical illness, and acute suicidality. Patients were randomly assigned to either CMT or MAPE. All patients received treatment as usual (TAU) by a psychiatrist. Patients were treated in 12 psychiatric hospitals or outpatient clinics. As a primary outcome, relapse rates were measured in both treatment conditions over three years. After one year, there were no significant differences between both treatments. However, when comparing patients with 5 or more depressive episodes and patients with less than 5 episodes in the history, there was a significant interaction effect. Univariate analyses revealed that CMT was significantly superior to MAPE in the subsample with 5 or more depressive episodes. At the three-year follow-up, however, differences between treatments and interaction with the number of episodes were no longer significant. Discussion will focus on the particular importance of the history of depression for the efficacy of CMT, and possible consequences from our study for the improvement of relapse prevention in depression. CMT might improve relapse prevention for recurrent depression. However, on long-term, continuous booster session might be necessary to maintain remission.

A Case Series Studying Intensive Psychotherapy for Chronic Depression: Patient Characteristics and Clinical Outcomes associated with 6 months of Cognitive Behavioural Analysis System of Psychotherapy (CBASP)

Bob MacVicar, University of Dundee, UK; Robert MacVicar, University of Dundee, UK; David Christmas, University of Dundee, UK; Petra Rauchaus, University of Dundee, UK; Rob Durham, University of Dundee, UK; Matthews Keith, University of Dundee, UK

Chronic depression is a common, debilitating disorder yet guidance on how best to treat this disorder is sparse. Cognitive Behavioural Analysis System of Psychotherapy (CBASP) for chronic depression has shown some promise with this difficult to treat group. We set out to establish the acceptability and clinical effectiveness of this novel treatment in routine psychiatric practice in NHS settings.

Diagnostic status, in particular the presence of chronic depression, was established by an independent, trained assessor before and after 6 months of CBASP. The primary outcome measure was the HRSD-24 supplemented by a suite of measures of symptom burden, social adjustment, health status/quality of life and interpersonal functioning/problems. 74 people entered 6 months of therapy with 46 completing. Using multiple imputation to take account of “drop-out” rates across the 6 months of treatment, the remission rate (≤8 HRSD score) was 30.4%. Clinically significant change (>8 and ≤15 HRSD plus 50% reduction in baseline score) was achieved by 30.4%; 39.2% experienced “No change” using the previous criteria. All measures of quality of life, social functioning and interpersonal functioning were improved.

Six months of this novel psychological therapy provided significant benefit for 60% of participants. These results are noteworthy in this very difficult to treat population and support the need for a larger scale RCT. Guidance on how best to treat Chronic Depression from a psychological perspective is sparse. Depression specific therapies proven to be effective in acute depressive episodes do not have the same efficacy/evidence base when applied to Chronic Depression. The outcomes from this study may provide some guidance to clinicians to make choices when considering the change.

Widening Access to Effective Depression Interventions

Behavioural Activation for depression delivered by non specialists. Results from a meta analysis and pilot randomised controlled trial of clinical and cost effectiveness and design of COBRA (cost effectiveness of behavioural activation) multi centre RCT

David Ekers, Durham University, UK; David Richards, Exeter University, UK; Simon Gilbody, Univeristy of York, UK

Depression is set to become the second largest cause of disease burden by 2020. Cognitive Behavioural Therapy (CBT) is the standard psychological treatment but barriers to access exist. Behavioural activation (BA) if as effective as full CBT and may offer increased access if suitable for delivery by a wider range of mental health staff. We explored clinical and cost effectiveness of BA through meta-analysis and randomised controlled trial with attention to parsimony of the approach and if it could be delivered by mental health nurses. Findings informed design a large multi-centre RCT which is currently recruiting participants.

BA is effective compared to controls (k=12, SMD -0.70, 95% CI -1.0 to -0.39) and as effective as CBT (k=12 SMD 0.08 95% CI -0.14 to 0.30). All trials used experienced psychotherapists hence parsimony had not been demonstrated.

RCT

We randomly allocated 47 depressed adults to 12 sessions of BA by mental health nurses or usual primary. A difference was found in favour of BA of ~15.79 (95% CI ~24.55 to ~7.02) on the Beck Depression Inventory-II. Functioning and satisfaction also showed a significant difference in favour of BA. Quality adjusted life year difference in favour of BA of
0.20 (95% CI 0.01 to 0.39, p= 0.042) via bootstrapping analysis suggested an incremental cost effectiveness ratio of £5756 with 97% probability that BA is cost effective at a threshold value of £20,000. From this study a multi-centre RCT of BA delivered by non-specialist therapists has been designed and will randomise 440 participants between BA and CBT. A non-inferiority design will be utilised on clinical outcomes at 6, 12 and 18 months. Cost utility will be explored using a health and social care perspective. The study protocol will be presented. This research stream is the first to directly examine the apparent parsimony of BA a leading to suitability for dissemination beyond the traditional therapist workforce. This has considerable relevance in relation to increasing the availability of evidence based therapy for depression in the population.

Understanding poor help-seeking for depression: The role of identity, health beliefs, and attitudes to treatment
Caroline Farmer, University of Exeter, UK; Heather O'Mahen, University of Exeter, UK; Paul Farrand, University of Exeter

Efforts to increase access to evidence based treatments for depression are undermined by poor help-seeking rates with fewer than two thirds of depressed individuals seeking treatment (Bebbington et al, 2000). Identity plays a key role in the way in which individuals experience and manage illness, and recent findings suggest that the ability of individuals to incorporate depressive symptoms into identity was a key determinant of help-seeking (Farmer et al, 2012). Decisions to seek treatment are also thought to be influenced by attitudes towards symptoms and treatment, although few studies have examined the relative strength of these factors in predicting intentions to seek treatment for depression. 400 individuals who scored ≥ 5 on the PHQ9 and not receiving treatment for depression were recruited. Using structural equation modelling (SEM), a model of factors that influence intentions to seek treatment was developed drawing on aspects of two established models of health behaviour; the Theory of Planned Behaviour (Ajzen, 1988, 1991) and the Health Belief Model (Janz and Becker, 1984; Rosenstock, 1974). These models were extended to incorporate identity. Overall intentions to seek treatment for depression were low; only one in five participants expressed moderate to high intentions to seek treatment. Help-seeking intentions were associated with greater perceived benefits of treatment, self-efficacy, support of significant others, susceptibility to depression, cues to action, and identity. Our results suggest that efforts to increase treatment engagement should seek to manage beliefs about symptoms and treatments for depression and address the way in which identity influences treatment engagement. This study highlights the prevalence of low help-seeking rates for depression. The results suggest reasons underlying low treatment uptake, and increase our understanding of the attitudes and motivations of individuals who do access CBT. Furthermore, the results may inform the way in which services can seek to increase treatment uptake.

Examining the five areas approach as an unguided self-help intervention for depression
Katie Hanson, University of Sheffield, UK; Thomas Webb, University of Sheffield, UK; Paschal Sheeran, University of Sheffield, UK; Graham Turpin, University of Sheffield, UK

Williams (2008) ‘Overcoming depression: A five areas approach’ workbooks have been found to significantly reduce depression. Previous research evaluated the efficacy of these workbooks alongside guided support. The present research examined the efficacy of these workbooks in an unguided context. 148 students/university staff were posted either (1) self-help (8 workbooks) or (2) self-help augmented with implementation intentions. A waitlist condition received no intervention. The primary outcome measure was depression levels (CESD) at 8 week post intervention. We also measured adherence to the self-help intervention. A mixed ANOVA found a significant main effect for time, but not for condition, or the interaction between time and condition, indicating that depression reduced for all groups regardless of treatment received. Levels of adherence ranged from 29-100% but there were no significant differences between the self-help (92%) and augmented self-help (84%) Levels of adherence did not influence outcomes. Findings indicate that all three conditions improved from baseline to follow-up. The waitlist condition perhaps experienced a decline in depression due to the expectancy of help to come (participants were told they would receive a self-help intervention after an 8 week waitlist). Levels of adherence to the self-help materials were relatively high, perhaps leaving little room for implementation intentions to confer additional benefit. The workbooks were found in a unguided context to reduce depression, however the waitlist control also experienced a reduction in depression, indicating that as an unguided intervention the workbooks are no more effective than no treatment. This provides support for the use of this intervention in a guided context. Additionally, high levels of adherence were found, implying the intervention was acceptable to the participants. However, due to this high level of adherence there were no effects of using implementation intentions to boost adherence. Imposing that this technique does not confer additional benefit when adherence is already high.

A randomized controlled trial of Blues Begone a stand-alone cCBT program
David Purves, Berkshire Psychology Service, UK

Computerized cognitive behaviour therapy (cCBT) is now well established as a viable treatment option for depression and anxiety. However, current cCBT options typically fall within the category of guided self help, which require additional human support to maintain engagement and facilitate progress. Previous research has shown that the cCBT program ‘Blues
Begone’ is able to function without additional human support and deliver clinical outcomes on par with face to face CBT. The aim of this randomized controlled trial was to further test the clinical outcomes, seen in previous research, while controlling for the effects of the research interview and being engaged in a research trial. Blues Begone is designed as a stand-alone program that participants install on their own computer. The program learns about the user and creates a unique ‘Roadmap to Recovery’ that is delivered in 30 separate sessions. The program uses animated talking avatars to communicate feedback and deliver CBT material. Most users take approximately 8 weeks to work through the program.

Patients in the English NHS (n = 390) were referred by their GP to take part in a waitlist controlled RCT of cCBT using Blues Begone. Of those referred, 131 declined to participate and were not assessed. Two hundred and fifty eight patients (female n = 167, male n = 91) were assessed with the BDI II and the BAI and were asked questions regarding their current life circumstances. After the interview, they were randomized to either an immediate use condition (n = 98) or an eight week waitlist condition (n = 67). Those in the immediate group were given Blues Begone and instructed to start work on it at home. Those in the waitlist group were invited to return after eight weeks, when they completed a second set of questionnaires, and then were given Blues Begone. All patients returned after completion of the program and completed a final set of questionnaires. All patients were contacted six months after completion to re-do the questionnaires.

All groups demonstrated significant clinical improvement following cCBT with Blues Begone. Mean scores at assessment were not significantly different between conditions; immediate BDI II (26.9), waitlist BDI II (24.8). After completion, the immediate group BDI II mean was 13.3, t (93) = 11.95, p < .001. The waitlist group BDI II mean score was 11.5 t(58) = 13.4 p < .001. Significant statistical differences were maintained following intention to treat (ITT) analysis on both groups. All patients received as minimal human contact as possible to facilitate the research goals. No additional psychological input or support was offered to participants during the conduct of the trial.

This RCT of the cCBT program Blues Begone demonstrates that, given appropriate cCBT materials, patients are able to consistently and successfully work through a program of self help. And since human contact was kept to a minimum throughout this trial, and was controlled for by the waitlist condition this suggests that the ability of patients to adequately treat themselves for the common problems of depression and anxiety is often underestimated. The change in scores for depression and anxiety seen in this RCT match those seen in previous research of Blues Begone and suggest that Blues Begone may provide a viable alternative for some patients, to face to face CBT therapy.

It is apparent that cCBT programs can be devised that offer mass appeal and yield clinical outcomes appropriate for the treatment of large numbers of patients for both depression and anxiety. cCBT has the added benefits of providing treatment at a fraction of the cost of face to face therapy and of enabling immediate access to treatment. For the large numbers of sufferers of depression and anxiety world-wide, stand alone cCBT products may provide an answer to the dearth of treatment options.

**Perceived acceptability and feasibility of Time-Intensive CBT from the perspectives of the Service User and Therapist**

Josie Millar, University of Bath, UK; Paul Salkovskis, University of Bath, UK

Cognitive Behavioural Therapy (CBT) is an effective treatment for OCD, with several randomised controlled trials yielding clinically significant effects in the reduction of OCD symptomatology (Abramowitz, 1997). Despite proven effectiveness, many clients remain symptomatic following the completion of treatment (Stanley & Turner, 1995). Research indicates that the average OCD symptom reduction across studies is 48% (Abramowitz et al., 2002).

The UK National Institute for Health and Clinical Excellence (NICE) guidelines advocate CBT as the treatment of choice and recommend that individuals who have not responded to one or more trials of CBT or one or more adequate trials of a Selective Serotonin Re-uptake Inhibitor (SSRI) or Clomipramine be offered an intensive version of CBT (NICE, 2005). Thus far however there are few systematic studies that have examined the effectiveness, feasibility and acceptability of CBT delivered in this format for clients who have not previously responded to treatment. The perspectives of therapists regarding the feasibility and acceptability of delivering time-intensive CBT and whether it is being delivered in practice in the UK have not been thoroughly investigated.

This paper examines the findings of two studies that have examined the perceived acceptability and feasibility of time-intensive CBT. The first study examined this aspect from a service user perspective. Fourteen participants took part, 7 with OCD and 7 with Panic Disorder. Participants were 18 years and above and reported to have previously received CBT that had not been completed or was ineffective. Participants completed a semi structured interview which explored the reasons they believed CBT had been unsuccessful. The interview also focused on introducing the concept of time-intensive CBT. Participants were asked about their thoughts and feelings about time-intensive CBT, whether they viewed this as an acceptable way of receiving treatment and if there were any benefits or obstacles that they could foresee.

Thematic analysis was used to analyse the data. Analysis revealed four main themes which were linked to two overarching themes. The overarching themes were linked to the perceived difficulties and benefits of this treatment format. The second study utilised a questionnaire developed to investigate therapist beliefs about the advantages and disadvantages of delivering CBT in a time-intensive format. The questionnaire also sought to understand how therapists perceived various elements of this approach would work in clinical practice and to identify the number of therapists who were actively engaged in providing time-intensive CBT and their experience of this.

One hundred qualified therapists who were involved in providing psychological therapy for psychological problems who were 18 years and above took part in the study. Descriptive statistics were used to examine the utilisation of time-intensive CBT in clinical practice and which disorders it was being used for. Thematic analysis was used to analyse qualitative responses to questions.
The results of the two studies are taken together and a synthesis of the service user and therapist perspectives was conducted to identify the perceived enablers and obstacles to time-intensive CBT. The findings of these studies will be discussed with regards to the clinical implications and future research. The combined results of these studies are applicable to therapists who are working with clients who have previously not responded to treatment and are considering an intensive version of CBT for OCD.

**Predicting Anxiety: Stress, Self and Culture**

**Early maladaptive schemas as predictors of depressive and social anxiety symptoms in adolescents:**

*Examining the role of stressors*

Esther Calvete, University of Deusto, Spain; Izaskun Orue, University of Deusto, Spain; Maria Camara, University of Deusto, Spain; Benjamin L Hankin, Denver University, USA

The vulnerability-stress paradigm proposes that cognitive factors increase the risk for emotional disorders, particularly when individuals experience stressful events. The aim of this study was to test whether early maladaptive schema (EMS) domains derived from the Schema Therapy model predict alone and in interaction with social and achievement stressors, the increase in depressive and social anxiety symptoms among adolescents. We expected that EMS domains would make adolescents more vulnerable to symptoms of depression and social anxiety in the presence of stressful events and that the effects of these schemas would be different for each symptom.

A total of 959 adolescents (455 girls and 504 boys; Mage = 13.61; SDage = 1.41) completed measures of three EMS domains (disconnection/rejection, impaired autonomy, and other-directedness), social and achievement stressors, depressive and social anxiety symptoms at Time 1, 2, and 3. The results indicated that increases in social anxiety were predicted by disconnection/rejection and other-directedness domains whereas disconnection/rejection and impaired autonomy domains predicted the increase of depressive symptoms. Social stressors predicted both depressive and social anxiety symptoms. However, the results overall did not support the hypothesis that EMS domains interact with stressors to predict increases in depressive and social anxiety symptoms.

This study shows that the role of EMS is relatively independent of the stressors. It also indicates which schemas are specific of depression and social anxiety.

These findings suggest that the intervention of adolescents’ depression and social anxiety symptoms should focus on changing specific schema domains. Furthermore, interventions should take into account that social stressors are also a risk factor for increasing adolescents’ distress.

**Anxiety symptoms among adolescents in Pakistan: Implication for prevention**

Cecilia Essau, University of Roehampton, UK; Farah Qadir, Fatima Jinnah Women University, Pakistan; Aneela Maqsood, Fatima Jinnah Women University, Pakistan, Najam us Sahar, Fatima Jinnah Women University, Pakistan; Nadia Bukhtawer, Fatima Jinnah Women University, Pakistan; Regina Pauli, University of Roehampton; Catherine Gilvarry, University of Roehampton, UK

According to studies conducted in Western countries, anxiety symptoms and disorders occur commonly in adolescents. Anxiety is associated with impairment in various life domains and may act as a risk factor for the development of various types of psychiatric disorders in adulthood. Some of the most consistent correlates of anxiety symptoms and disorders include: being female, school stress, and parental styles. Although these findings have enhanced our understanding of anxiety, little is known about the extent to which they can be generalized to adolescents who live in other cultures such as Pakistan.

The aim of the present study was to examine the prevalence of anxiety symptoms and their correlates among adolescents in Pakistan.

A total of 1277 adolescents (569 girls, 708 boys), aged 13 to 17 years, took part in this research. They completed a set of questionnaires which were used to measure DSM-IV anxiety disorder symptoms, general difficulties and positive attributes, self-construals, school stress, and parental bonding.

The highest score was found for symptoms of obsessive-compulsive disorder, followed by symptoms of generalized anxiety disorder. Girls, compared to boys, scored significantly on the symptoms of specific phobia, generalized anxiety, social anxiety, panic, and separation anxiety disorders. Symptoms of obsessive disorder were significantly higher in boys than in girls. Total anxiety symptoms correlated significantly positive with independent and interdependent self-construals, school stress, and parental overprotection. Anxiety symptoms correlated significantly negative with parental care.

Compared to findings reported in numerous Western and Asian countries that used the same questionnaire to measure anxiety symptoms, our present findings showed very high anxiety levels among Pakistani adolescents. Future studies need to explore the effects of cultural context and environmental experiences that account for the high level of anxiety symptoms among adolescents in Pakistan.

Given the similarity of correlates of anxiety symptoms in Pakistani adolescents as found in numerous Western and Asian countries, the next step is to adapt CBT-based prevention/early intervention programmes that can be delivered by trained
CBT clinicians in Pakistan. At present the availability of evident-based prevention/early intervention programmes for used among adolescents in Pakistan are rare.

**Usefulness of the Strengths and Difficulties Questionnaire to screen for future psychiatric disorders in a community sample of adolescents**

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The aim of the study was to examine whether the Strengths and Difficulties Questionnaire (SDQ) can predict future psychiatric service use several years later, in a large Dutch community sample of adolescents.

Two waves of Regional Profiles of Youth health (RPY) data of the Public Health Service in Maastricht, pertaining to 1903 adolescents who were attending the second grade of secondary school (aged 13/14 years) and approximately 2 years later whilst attending the fourth grade (age 15/16 years) were used for the present longitudinal analyses. At T1 psychopathology was measured with the Strengths and Difficulties Questionnaire. At T2 data on utilization of psychiatric care in the two years following the two RPY measurements were used, that have been collected cumulatively since 1981 in the Psychiatric Case register of South-Limburg (PCR-SL). Both measures were subjected to regression analysis.

Adolescents with an increased level of psychopathology at 13/14 years old were significantly more at risk of coming into contact with psychiatric services in the two years following the two RPY measurements, even after controlling for confounding variables.

The self report version of the SDQ is able to detect adolescents with psychiatric disorders in the community with reasonable efficiency during a follow-up of two years. Community screening programs based on self-report SDQs could potentially improve the detection and treatment of adolescent psychiatric disorders in the community.

**Culture aspects in social anxiety disorder among Ethiopian and former USSR immigrants to Israel**

Sofi Marom, Geha Mental Health Center; Kelly Sabina Hasenson, Ruppin Academic Center; Lilac Lev Ari, Ruppin Academic Center, Rafael Youngmann, Ruppin Academic Center; Haggai Hermesh, Tel Aviv University

Social Anxiety Disorder (SAD) is a chronic anxiety disorder characterized by extreme fear of embarrassment and attempts of avoiding social activities. SAD is linked to social norms and role expectations which are culture dependent, such as the degree of society collectivism. An important component of the individualism–collectivism dimension is defining whether one construes the self as independent or interdependent. Research has demonstrated that interdependence is positively and independence negatively correlated with embarrassability and fear of negative evaluations.

The current study is the first to examine SAD symptoms among Ethiopian and former USSR immigrants to Israel compared to a sample of native Israelis. The study’s objectives are: (1) to examine the relationship between SAD symptoms and origin (2) to investigate the relationship between SAD symptoms and dependent/interdependent self-construals.

288 Israeli students (151 native-born Israelis, 60 Ethiopians immigrants and 50 students from the former USSR) filled out questionnaires assessing social phobia, depression, and dependent/inter-dependent self-construals.

Females exhibited higher SAD scores across all three groups. Ethiopians exhibited highest SAD scores compared to both Israelis and former USSR immigrants. Israelis and Ethiopians exhibited highest interdependent scores compared to former USSR immigrants. SAD scores were predicted by gender, origin and interdependent self-construal.

Social anxiety among immigrants to Israel should further be examined and assessed in regard to the effects of cultural differences on their mental well being and integration process into the Israeli society. Efforts should be directed towards improving assessment and treatment of people suffering from social anxiety disorder, among immigrants from various cultures. This would hopefully lead to their better integration in their new society.

**Stepped Care and Internet Treatment of Social Anxiety, Panic, Emetophobia and Insomnia**

**Online Treatment of Emetophobia (Fear of Vomiting)**

Mark Boschen, Griffith University, Australia; Mark Sykes, Griffith University, Australia

Researchers interested in anxiety disorders have predominantly focused on the explicit role of fear in the acquisition and maintenance of phobias, leaving little theoretical and empirical attention to the clinical role of disgust. Recent findings suggest that disgust plays a major role in the maintenance and acquisition of conditions such as spider phobia, blood-injection-injury phobia, obsessive-compulsive disorder and eating disorders. Furthermore, in contrast to fear acquisition and extinction, research indicates that feelings of disgust are readily acquired, but not easily extinguished.

This study extends previous research examining the differences between fear and disgust reactions in an experimental method used to assess extinction of conditioned responses. This study applied self-report measures as well as a lexical decision task to examine participants’ reactions toward a conditioned stimuli. Participants (N = 36) were exposed to both a conditioning and an extinction phase.
Self-report findings indicate that both fear and disgust increased after conditioning, and decreased during extinction. However, reduction in fear was significantly greater than the reduction in disgust. Lexical decision task reaction times revealed similar results.

Lexical decision task reaction times revealed similar results. Implications, limitations and future research suggestions from the current study are identified.

Results have important implications for the treatment of conditions where disgust is a significant component such as OCD and some specific phobias. Resilience of disgust responses to extinction may necessitate the adjustment of treatment procedures to attempt to overcome this resilience to extinction in treatments like exposure therapy.

Stepped Care and Face-to-Face CBT for Panic Disorder and Social Anxiety Disorder. Predictors of Outcome and Dropout. Results from an Effectiveness Study.

Thomas Haug, University of Bergen, Norway; Tine Nordgreen, University of Bergen, Norway; Lars Göran Öst, University of Stockholm, Sweden; Tone Tangen, University of Bergen, Norway; Gerd Kvale, University of Bergen, Norway; Einar Heiervang, University of Oslo, Norway; Odd E. Havik, University of Bergen, Norway.

The effect of both face-to-face CBT and guided self-help (GSH) for social anxiety disorder (SAD) and panic disorder (PD) is well documented through numerous RCTs and meta-analyses. There has been an increasing demand in the research literature for more research studies on CBT conducted in ordinary clinical settings (i.e. effectiveness studies), and studies investigating factors related to treatment outcome, to increase generalizability of the results and identify patients likely to benefit. The present study aim to identify potential predictors and moderators of treatment outcome for ftf-CBT and GSH for PD and SAD in an effectiveness trial.

173 patients (105 SAD, 71 PD), who were referred to treatment in public out patients clinics were randomized to 12 weeks of manualized face-to-face CBT (Hf-CBT) or a CBT based stepped care (SC) model consisting of 1.5 hour psychoeducation, 9/10 weeks of GSH through the Internet, and 12 weeks of manualized ftf-CBT. In the present study potential predictors and moderators for the first two steps of the SC model (psycho-education and GSH) and the direct ftf-CBT were investigated through ANCOVA and multiple regression analyses.

Results indicated that comorbid cluster C personality disorder is a non-specific predictor of treatment outcome. In addition, more socially marginalized patients with more severe problems at baseline had a poorer treatment outcome, particularly for PD. Comorbid anxiety was associated with a better outcome among PD, but not SAD patients, whereas comorbid depression was associated with a better outcome among patients (both PD and SAD) treated with GSH, but not ftf-CBT.

GSH and manualized ftf-CBT can be successfully implemented into clinical care, but patients with comorbid personality problems, lower social functioning and more severe problems related to their primary anxiety disorder might require further attention and a more individualized approach.

E-mail support improves the effectiveness of internet-delivered self-help treatment for insomnia: A randomized trial

Jaap Lancee, University of Amsterdam, the Netherlands; Jan van den Bout, Utrecht University, the Netherlands; Marjolijn Sorbi, Utrecht University; Annemieke van Straten, VU University, the Netherlands.

Insomnia is a common disorder with serious consequences that is treated most effectively with cognitive-behavioural therapy (CBT). Internet-delivered CBT for insomnia is proposed as a good first option within a stepped-care model. Several authors have reported on the effectiveness of internet-delivered treatment for insomnia. However, little is known about the beneficial effects of support. In this study we investigated if low-intensity support via the e-mail enhances internet-delivered CBT for insomnia.

Participants were randomized to an internet-delivered intervention for insomnia with (n = 129) or without support (n = 132). The participants randomized in the support condition received weekly e-mails with feedback on the progress and exercises. Post-tests were 4-weeks and 6-months after treatment.

Within group analyses showed that both conditions significantly ameliorated sleep measures (d = 0.1–1.1), self-reported insomnia severity (d = 1.1–1.6), anxiety, and depressive symptoms (d = 0.3–0.7). Adding support led to significantly higher effects on most outcomes (d = 0.1–0.5). At the 6-month follow-up, these effects remained significant for sleep onset latency, insomnia symptoms, day rating, and depressive symptoms.

This is the first study to address the additional effects of support delivered via the e-mail in an internet-delivered intervention for insomnia. Providing a minimal amount of support significantly enhances the benefits of internet-delivered treatment for insomnia on several variables.

It appears that internet-delivered treatment for insomnia should preferably be delivered with support.

Social Anxiety Internet Therapy: A new state-of-the-art treatment?

Richard Stott, Kings College London, UK; Richard Stott, Jennifer Wild, University of Oxford, UK; Emma Warnock-Parkes, Kings College London, UK; Nick Grey, UK; David Clark, University of Oxford, UK; .

Internet-delivered treatments for social anxiety represent an important avenue of treatment innovation, as prevalence rates for social anxiety in the population are high but treatment-seeking rates are relatively low and only a small proportion of individuals receive state-of-the-art individual face-to-face therapy. Existing internet-delivered treatments show promise but are at a relatively early stage of development (Andrews, Davies & Titov, 2011; Hedman et al., 2011).
Interestingly, the attentional difficulties (as measured by omission errors) reported impulsivity the main purpose of this study was to measure changes in behavioral impulsivity after normalizing eating behavior. The outcomes from the pilot series revealed a highly effective treatment comparable with the outstanding results obtained in previous randomised controlled trials of face-to-face cognitive therapy based on the Clark and Wells (1995) model (Clark et al, 2003, 2006). Detailed findings will be reported. Results are discussed in terms of the viability of the internet modality as offering an acceptable, alternative mode of delivery for state-of-the-art treatment of social anxiety. Implications are discussed for ongoing research and further development of this exciting field.

In future, this treatment modality may offer access to a state-of-the-art treatment to thousands of individuals with social anxiety disorder who currently either do not seek face-to-face treatment, or cannot access a high quality of individual therapy.

**Effectiveness of Computer-aided Cognitive-Behavioural Treatments for Obsessive-Compulsive Disorder: A Meta-analysis**

Andrea Pozza, Miller Institute for Behavioural and Cognitive Therapies, Italy; Gerhard Andersson, Department of Behavioural Sciences and Learning, Linköping University, Sweden; Paolo Antonelli, Department of Health Sciences, University of Florence, Italy; Davide Dettore, Department of Health Sciences, University of Florence, Italy

Therapist-administered Cognitive-Behavioural Treatments (CBTs) are well-established for Obsessive-Compulsive Disorder (OCD). However, a small proportion of patients receive CBTs, due to factors such as geographic limitations, perceived stigmatisation and lack of specialized CBTs services. Some evidence suggests that Computer-aided Cognitive-Behavioural Treatments (CCBTs) could be an effective treatment strategy to improve patients’ access to CBT. A meta-analysis of the effectiveness of CCBTs for OCD has not been conducted to date. The present study used meta-analytic techniques applying random effects models to summarize the effectiveness of CCBTs for OCD and investigate which treatment characteristics could be related to outcome.

Treatments were classified as CCBTs if including at least one of the evidence-based cognitive-behavioural components for OCD (psychoeducation, exposure with response prevention, cognitive restructuring), delivered through devices such as stand-alone or web-linked computers, palmtops, telephone, telephone-interactive voice response systems, CD-ROMs, DVDs and cell-phones. Studies were included if using validated outcome measures for OCD. Eight studies met the inclusion criteria, resulting in a total sample size of 259 participants with a primary diagnosis of OCD. CCBTs for OCD were effective across outcome measures (Sdiff= 1.08; 95% CI: 0.73-1.43). CCBTs delivered through computers were significantly more effective than telephone-administered CCBTs (Zdiff= 11.49, p< .01). Treatment duration was not significantly related to outcome. Theoretical implications and directions for clinical practice are discussed. Further research based on randomized controlled designs is required to compare the effectiveness of CCBTs with therapist-administered CBTs and also examine which types of patients most benefit from CCBT. To investigate therapeutic mechanisms, process measures are needed.

**Emotion and Behaviour in the Eating Disorders**

**Changes in behavioral impulsivity following food restoration in eating disorder patients**

Kirsti Akkermann, University of Tartu, Estonia; Kirsti Akkermann, University of Tartu, Romania; Kerttu Petenberg, University of Tartu, Estonia; Kairi Kreegipuu, Department of Psychology, University of Tartu, Estonia

It has been suggested that impulsivity differentiates patients with eating disorders from healthy controls and between eating disorder patients themselves. As the irregular and restrictive eating behavior of these patients has been shown to exaggerate their premorbid impulsivity the main purpose of this study was to measure changes in behavioral impulsivity after normalizing eating behavior.

The emotional Go/No-Go task with pictorial stimuli (food, body and neutral stimuli) was administered at the beginning and after the inpatient treatment to 17 eating disorder patients as well as 9 healthy controls. Also self-reported impulsivity measures were administered.

Bulimia nervosa binge/purge patients were behaviorally more impulsive before and after restoration of normal eating behavior in association to all presented stimuli as compared to healthy controls and anorexia nervosa binge/purge patients. The latter showed reduced levels of impulsivity after the food restoration and did not differ anymore from healthy controls. BN binge/purge patients exhibited also more attentional difficulties (as measured by omission errors made in emotional Go/No-Go task) than AN binge/purge patients at the beginning of the inpatient treatment. Interestingly, the attentional difficulties in BN-P reduced significantly due to stabilizing eating behavior.
These results suggest that behavioral impulsivity (as reflected in faster reaction times in emotional Go/No-Go task) decreases following food restoration in eating disorder patients but still refer to higher premorbid impulsivity in bulimia nervosa binge/purge patients.

**Binge eating, depressive mood and executive functioning: An experimental study**

Alexandra Dingemans, Center for Eating Disorders Ursula, the Netherlands; Hiske Visser, Center for Eating Disorders Ursula, Leidschendam, the Netherlands; Eric van Furth, Center for Eating Disorders Ursula, the Netherlands

Besides mediating self-control, self-regulation and decision making in general, executive functions play an important role in one’s problem-solving capacity. Set-shifting is an aspect of executive functioning and represents cognitive flexibility. It is hypothesized that deficits in set-shifting may be associated with reported loss of control for eating in individuals with Binge Eating Disorder (BED). Previous studies of our group showed that depressive symptoms (trait), acute negative mood (state), and binge eating behavior are related. Difficulties in set-shifting may also be related to depressive mood. The primary aim of the present study is to test whether there is a causal relationship between changes in mood, set-shifting ability and the urge to binge in individuals with BED.

Eighty individuals with BED will be randomly assigned to a negative or neutral mood induction (film clip). Subsequently the rule change task (set-shifting) will be completed. Depressive symptoms (Beck Depression Inventory), set-shifting (Trailmaking Test) and eating disorder psychopathology (Eating Disorder Examination) will be assessed at baseline. Mood and urge to eat (VAS) will be assessed at 4 time points.

Preliminary results (N=52) suggested that individuals with BED who experienced more set-shifting problems had a higher urge to binge compared to individuals with less or no set-shifting problems during the acute negative mood. No effects were found in the neutral condition. No correlation between depressive symptoms (BDI) and set-shifting was found.

Poor set shifting abilities may worsen binge eating in individuals with BED when in an acute negative mood.

Cognitive Remediation Therapy (CRT) which aims to improve set-shifting (mental flexibility), may be given as an adjunct to Cognitive Behavioral Therapy (CBT) to individuals with poor set-shifting abilities. In a previous randomized clinical trial of our group, we found that CRT improves eating disorder psychopathology in patients with a severe and enduring eating disorder. CRT may also be promising as an adjunct to CBT in patients with BED.

An internet-based program to enhance motivation to change in females with symptoms of an eating disorder: A randomized-controlled trial

Katrin Hötzel, Ruhr-Universität Bochum, Germany; Ruth von Brachel, Ruhr-Universität Bochum, Germany; Ulrike Schmidt, King’s College London, U.K., Elisabeth Rieger, Australian National University, Australia; Joachim Kosfelder, Fachhochschule Düsseldorf, Germany; Tanja Hechler, Vestische Kinder- und Jugendklinik Datteln, Germany; Silja Vocks, Universität Osnabrück, Germany

Abstract: Previous research has demonstrated the association between a low motivation to change and an unfavourable treatment outcome in eating disorders (ED). Consequently, various studies have shown that motivational enhancement therapy (MET) can lead to an increase of motivation to change. However, in these studies MET was administered in a face-to-face setting, which might not be an appropriate framework for the ambivalent ED clientele. The current study investigated the effects of an internet-based program (ESS-KIMO) to enhance motivation to change.

In total, N=1617 requested the website. Of the n=1125 applicants screened, n=276 females were accepted for participation and were randomly assigned to the intervention condition (n=103) or wait-list control condition (n=109). The intervention consisted of six sessions with motivation-focused contents. Participants answered the Eating Disorder Examination-Questionnaire, the Stages of Change-Questionnaire for Eating Disorders, the Pros and Cons of Eating Disorder Scale, the Self-Efficacy Scale, and the Rosenberg Self-Esteem Scale before and after the intervention or the waiting period, respectively. A total of n=125 participants completed the diagnostic session at post-test.

Significant Time-by-Group interactions were found for several motivational aspects, eating disorder psychopathology, and self-esteem from baseline to post-assessment compared to the control group. Furthermore, significant main effects of Time were revealed for most dependent variables.

This is the first randomized controlled trial to use an online program to successfully improve motivation to change in eating disordered women. Internet-based approaches are useful in order to enhance motivation to change in ED and to reach first symptomatic relief.

The online program can easily be integrated into clinical care. It might especially be attractive for the “first step” of treatment, as it is characterized by several advantages like anonymity and being easily accessible at any time without having to make appointments or to spend time travelling. Its low threshold for taking part makes it an excellent adjunct to the treatment of ED, which might prevent chronication. It could especially be delivered before treatment in order to shorten the waiting time and to prepare an ambivalent clientele. The program is able to achieve first symptomatic relief at low cost and independent of time and place.

**Insecure Attachment and Eating Pathology in Early Adolescence: Role of Emotion Regulation?**

Kim Van Durme, Ghent University, Belgium; Caroline Braet, Ghent University, Belgium; Lien Goossens, Ghent University, Belgium
Previous research has found an association between insecure attachment and eating pathology (Zachrisson & Skarderud, 2010). However, little research has been conducted on adolescents and little is known about how insecure attachment might be linked to eating pathology. Based on the The Interpersonal Vulnerability Model (Willifley et al., 1997) and the emotion regulation model of attachment (Shaver & Mikulincer, 2002), maladaptive emotion regulation might be expected to be an important mediating factor. Therefore, the present study investigated whether associations exist between attachment towards the primary attachment figure (mother) and different forms of eating pathology in a group of early adolescent boys and girls, and whether these associations were mediated by maladaptive emotion regulation strategies. Developmentally appropriate self-report questionnaires were administered from a community sample of 952 early adolescents (Mage = 12.19, 54.6% female).

Results demonstrated that the relationships between both attachment anxiety and attachment avoidance towards mother on the one hand and restraint, eating pathology related concerns, and objective binge eating on the other hand, were partially mediated by maladaptive emotion regulation. As concerns purging, only the relationship with attachment avoidance was partially mediated by maladaptive emotion regulation. Attachment anxiety was directly associated with purging.

These cross-sectional results assign an important role to maladaptive emotion regulation in explaining the relationship between insecure attachment and eating pathology. Longitudinal data was also collected in the same group of early adolescents to replicate and elaborate on our findings and these results will additionally be presented at the conference.

Both prevention and intervention/treatment programs of eating pathology should address the issue of insecure attachment and dysfunctional emotion regulation adequately. Prevention programs of eating pathology should focus on (a) the concerns on weight, body shape and eating of the early adolescent, (b) learning how to deal with emotional distress (improving emotion coping skills) (c) and education of the parents on the importance of the quality of the parent-child relationship to help their children to deal with problems and to prevent psychological distress. As concerns the treatment of eating pathology, the concerns (core pathology of eating pathology, Fairburn, Cooper, & Shafran, 2003) might be addressed using Cognitive Behavioral Therapy adapted to use in treatment of eating disorders (CBT-E, Fairburn, 2008).

Regarding insecure attachment and maladaptive emotion regulation, Family Based Therapy (Lock & le Grange, 2005), Attachment Based Family Therapy (ABFT; Diamond & Siqueland, 1995), Interpersonal Psychotherapy (IPT; Rieger et al., 2010) and Emotion Focused Therapy (EFT; Dolhanty & Greenberg, 2009) might help to address some of the problems in early adolescents with eating pathology.

Panel Discussions

A Multidisciplinary Approach to Conflict Resolution: The Contribution of the CBT
Mauro Galluccio, EANAM, School of Advanced International Studies, Johns Hopkins University, USA

We live in very difficult times of transition and change. At the heart of change for humans are the pressures and demands of socio-technical change, especially the content, rates, and severity of changes that are occurring as a result of globalization events and forces (e.g., trans-border flow of wealth, populations, cultural forms). Among individuals, psychological uncertainty, ambiguity, unpredictability, powerlessness, anger, frustration, and confusion abound. The world today is more complex, geopolitically fragmented and difficult to understand. We, therefore, need complex cognitive tools to face these realities. The panel postulates a common discussion on how CBT could help to implement 4 specific operative objectives for preventive diplomacy and conflict resolution:

To study and enhance awareness of preferred as well as habitual internal and external negotiating processes within and among States and International Organizations, and to encourage a focused reflection among main actors on the multidisciplinary of these processes in which they are involved.

To study and increase integrated theoretical as well as experiential knowledge of cognitive and emotional dynamics within negotiation processes and conflict resolution strategies.

To nurture and encourage studies, teaching, and experimentation with negotiation methods that can be used to advance high-priority interests and values while protecting working relationships.

To explore and develop the formulation of strategic training and tailored teaching pedagogy to nurture the new generations of negotiators in order to build effective international partnerships for conflict resolution.

In these times of uncertainty it is strategically crucial to better understand how we could capitalize on negotiators' cognitive and emotional resources, thus strengthening their resiliency skills. To think, feel, and act straightforwardly -- and to cultivate and negotiate a culture of hope instead of a culture of fear and hate -- represents a main breakthrough that human beings should aim for. In today's international political context of conflict resolution, pulling together a wide range of interpretative angles might open new opportunities to integrate and strengthen the field.

References

Clp: Classifying Psychotherapy Procedures
One of the main requirements for the evolution of psychotherapy from art into a science is to establish a common psychotherapy language. At present, similar procedures are given different names by different schools or the same label (name) may denote different procedures in different hands. The EABCT and AABT have recognized the need to reduce this confusion by appointing a joint task force to work on a project towards a common psychotherapy language. Panel members will outline the project. It aims to evolve a dictionary of psychotherapy procedures of therapists from different schools, with the hope of encouraging shared use of the same terms for given procedures. A common language might reduce confusion and facilitate scientific advance in the field. The project will use plain language. It will not lead to an encyclopaedia or textbook or theoretical exposition of psychotherapies. The dictionary will concisely describe terms for a comprehensive set of psychotherapy procedures in simple language as free from theoretical assumptions as possible, each with a brief case example (up to 450 words), note of its first known use, and 1-2 references. The terms will try to describe what therapists do, not why they do it (the latter too is important and could be the subject of a separate project). Regular updates of the Dictionary will be aimed at via the CLP website that should operate shortly. Submissions will be invited of 1st-draft entries of terms to the clip task force. The Panel will describe the project’s significance and hoped-for outcome, give examples of completed entries and their authors, and how to make 1st-draft submissions and the iterative process toward their completion. Most of the Panel’s 1.5 hours is expected to be taken up by audience feedback to help shape the project even further.

Using a plain common language to describe unambiguously each psychotherapy procedure will not only foster scientific research, but also facilitate communication among clinicians and with patients.

Special Interest Groups

Current Treatment of Depression and Innovative Interventions in Depression-Kick-Off Meeting

Special Interest Group ‘Depression’
Claudi Bockting University of Groningen, The Netherlands
This panel discussion will focus on the acute treatment of depression and long-term effects of treatments. In addition, this is the kick-off meeting of the Special Interest Group ‘Depression’. Questions to be addressed are: How effective are current acute treatments for depression? How effective are these treatments to prevent relapse? What are the essential ingredients of effective treatments? What is the therapeutic relevance of cognitive models in the CBT for depression? What are the mechanisms of change associated with beneficial outcomes? What do new treatments have to offer in addition to more traditional approaches? What is the best way to study it? What can we learn from research on attentional processing? Experts will shed light on the questions from their own clinical and research perspectives, and will reflect on practical consequences as well as avenues for future research. Panelists are experts in the field of treatment of depression: Antonio Pinto (EABCT Scientific Coordinator, Naples, Italy), will explain the purpose of the SIG within the EABCT project; Robert DeRubeis’ research (University of Pennsylvania, USA) particularly focuses on the role of conscious beliefs for the maintenance of depression and its reduction. Martin Hautzinger (University of Tuebingen, Germany) studies the effectiveness of CBT in depression and working mechanism. Claudi Bocktings’ research (University of Groningen, The Netherlands) focuses on long-term course, etiology and maintenance of mood disorders, as well as psychological interventions for depression and to prevent relapse and recurrence. She explores the therapeutic relevance of cognitive models in CBT for depression. Ernst Kosters’ (University of Ghent, Belgium) research interests center on the attentional processing of affective information in emotional disorders.

Challenges and Strategies in the Treatment of Psychosis: from Standard Cbt Protocols to the Mindfulness Approach
Antonio Pinto, Department of Mental Health, Naples, Italy
Recently, there has been substantial evidence for the effectiveness of CBT for Psychosis. Since the end of the 90s, several randomized controlled trials have been conducted. There are many evidences now that CBT leads a better improvement in the overall symptomatology, mainly due to the effect on positive symptoms, and in the improvement of the therapeutic alliance.
In the last years data from literature describe also the importance of CBT in getting positive results in the treatment of negative symptoms, and in the early treatment of psychosis. Indeed, CBT of Psychotic patients seems to have seized and overcome some of the issues that had been thwarting attempts to structure therapy interventions that could give adequate considerations both to the characteristics of this kind of patient and to the need for types of interventions that could be standardized and therefore, reproduced.
CBT (opportunistically revisited and adapted to these patients’ specific needs) starts from a fundamental premise: all kinds of patients regardless of presented symptoms can, to some extent, improve their subjective perception of well-being and, as a consequence, the quality of their lives. This can only be possible if the achievement of a solid therapeutic alliance is identified as a core factor therapy success and is therefore set as a priority goal.
Taking advantage of their role, therapists can try to get to represent a “safe base” for patients, structuring an acceptance-oriented relationship.
Only afterward will therapist try to develop, along with patients, a programme for achieving specific shared goals. Collaborative empiricism, as well as giving importance to patients as thinking beings who are able to express sensible and meaningful ideas, are the ingredients that make it possible to access a wide range of both cognitive and behavioural techniques, allowing therapist-patient pairs to reduce current symptoms or at least prevent them from thwarting an acceptable and satisfying standard of living.

Despite these considerations, there are still significant obstacles to the diffusion and application of CBT protocols identified for these patients, and the predominant form of therapy still remains nowadays the pharmacological treatment. One of the assumption is that there is no full knowledge about the CBT effectiveness on this disease.

The aim of this SIG is to contribute to the dissemination of correct information about the nature and real possible treatment of this disease, creating a network of therapists and researchers who want to work together within the EABCT in order to improve clinical skills, standardize treatment strategies and producing scientific research.

French Language Symposium and Roundtable

Prise en charge des dépendances et du TAG, personnalité des joueurs en ligne
Martine Bouvard, Université de Savoie, France

Evolution du traitement du trouble anxieux généralisé: intégration de nouvelles approches
Françoise Riquier, Cabinet privé, Lausanne, Switzerland
Le trouble anxieux généralisé (TAG) est une pathologie chronique, hautement invalidante chez l’adulte, définie par la présence persistante de soucis. Si la thérapie comportementale et cognitive a prouvé une certaine efficacité, elle a été confrontée à la complexité de ce trouble limitant ses résultats et conduisant à améliorer la compréhension du trouble et redéfinir les stratégies thérapeutiques.

Différents modèles élaborés depuis le modèle de Borkovec soulignent l’importance de certains mécanismes essentiellement cognitifs générant l’apparition et le maintien du trouble tels que l’évitement par le souci, l’intolérance à l’incertitude, les croyances sur la nécessité de s’inquiéter, les métacognitions. Depuis quelques années les approches comportementales et cognitives mettent davantage sur l’accent sur le dysfonctionnement émotionnel et sur la difficulté de la personne à être dans le moment présent selon la notion de « mindfulness » ouvrant la porte à d’autres techniques et approches et plus simplement la cohérence cardiaque. L’évolution de la thérapie du TAG illustre la capacité d’intégration du modèle comportemental et cognitif et son intérêt croissant pour les émotions.

Aide du modèle cognitivo-comportemental dans le travail de deuil
Philippe Maso, MD consultation Genève, Switzerland; Christine Davidson, MD consultation Genève, Switzerland
Aide du modèle cognitivo-comportemental dans le travail de deuil Philippe Maso Christine Davidson Le processus de deuil a bien été décrit et on en connaît les principales étapes. L’intégration de ce processus dans les soins aux personnes souffrant de problèmes addictifs facilite l’évolution thérapeutique. Les auteurs ont appliqué les outils cognitivo comportementaux à chacune des étapes du processus. Lors de cet exposé les stratégies seront expliquées et l’impact de ce type de travail sera discuté.

Intégration d’un modèle de soins d’origine cognitivo comportementale dans les équipes hospitalières spécialisées en addiction
Christine Davidson, MD consultation Genève, Switzerland; Philippe Maso, MD Consultation Genève, Switzerland
Intégration d’un modèle de soins d’origine cognitivo comportementale dans les équipes hospitalières spécialisées en addiction Christine Davidson Philippe Maso Les approches cognitivo comportementales ont marquée une réelle avancée dans le traitement des addictions. Malheureusement, certaines équipes ne les connaissent pas ou les mettent peu en pratique. Les expériences d’intégration de ce modèle montrent à quel point il est fédérateur et qu’il devient donc très vite indispensable. Les différentes étapes du processus avec les aspects facilitateurs et les obstacles seront discutées lors de cet exposé.

Etude de la personnalité spécifique des joueurs pathologiques en ligne
Ducroz Emilie, MD Consultation Genève, Switzerland
Etude de la personnalité spécifique des joueurs pathologiques en ligne. E. Ducroz et Dr. C. Davidson. L’objectif principal de notre recherche est d’étudier l’importance de l’impulsivité et de ses différents construits chez les joueurs pathologiques en ligne afin d’améliorer la prise en charge. Les résultats de cette étude montrent que les joueurs pathologiques en ligne ont des niveaux plus élevés d’anxiété et de dépression, une forte impulsivité comportementale lorsqu’ils sont confrontés à des
affects négatifs, et un coping centré sur le problème déficitaire. En parallèle, ils présentent davantage de distorsions cognitives, notamment une illusion de contrôle accrue et des biais importants d’attribution des gains et des pertes. Ces données soulignent l’importance d’une action thérapeutique conjointe sur les émotions d’une part et les cognitions d’autre part. L’indication des thérapies cognitives et comportementales, par leur méthode de restructuration de la pensée et de gestion des émotions sera discutée avec les auteurs.

**Poster session 2 — Therapeutic and Applied and Training**

**Attentional focus during visual exposure : The role of schematic versus non-schematic imagery during exposure with spider phobics**

Vincent Dethier, Catholic University of Louvain, Louvain-la-Neuve, France; Pierre Philippot, Catholic University of Louvain, Louvain-la-Neuve, France

Several studies have investigated the role of distraction during exposure with contradictory results. Those studies display considerable variations in the way distraction is experimentally manipulated. It seems that the nature of the activated concepts during exposure may account for the effect of distraction. Indeed, the activation of non-schematic concepts during exposure has often been considered as distraction in comparison with the activation of schematic concepts. In the present study, we manipulated the nature of the activated concepts in order to evaluate its effect on fear reduction. We hypothesize that participants engaged in an imagery task involving non-schematic words during exposure will show a greater fear reduction than participants engaged in an imagery task involving schematic words. We also controlled for the mere effect of a dual task during exposure. This is, we proposed a condition with a single task (mere exposure to phobic stimuli—spider), and conditions with a dual task (exposure to spider with the concurrent task of imagining items related or not (according to condition) to spider).

Participants were spider phobics. The experiment comprises in two sessions. In the first session, the participant took part in five exposure trials in which he/she was presented with spider pictures and asked (or not) to form a mental image of concurrently presented words (schematic vs non-schematic). Self-reported (fear of spiders, disgust, self-efficacy, vividness of imagery and subjective units of discomfort), behavioral (behavioral avoidance test) and physiological measures (heart rate variability and skin conductance) were recorded. Two weeks after the first session, the participant came back to the laboratory for a follow-up. The measures were conducted once again and another exposure session was realized. The data collection will be complete in June 2013 and presented at the conference.

This research has a clear clinical implication in the recommandations a therapist should give to the patient regarding the orientation of attention during exposure.

**Dialectical Behaviour Therapy-Based Skills Training in Groups for Adults with ADHD**

Tatja Hirvikoski, Karolinska Institutet, Sweden; Elin Morgensterns, Psychiatry Northwest, Sweden; Julia Alfredsson, Prima vuxenpsykiatri, Sweden; Berit Bihlar Muld, Karolinska Institutet, Sweden.

In this series of studies we evaluate effectiveness of Dialectical Behavioural Therapy (DBT)-based skills training groups (Hesslinger, Philipsen, & Richter, 2004) for adults with ADHD in an outpatient psychiatric context, as well as for adults with ADHD and substance abuse disorder (SUD) in compulsory care.

In study one, participants were randomized to a structured skills training program (n = 26) or a loosely structured discussion group (n = 24). Feasibility, treatment acceptability and efficacy were evaluated. Studies two and three are ongoing uncontrolled effectiveness studies in open trial design using same treatment manual and outcome measures as study.
one. Study two is performed in a psychiatric outpatient context (at the moment n=98 included participants), while study three is performed in compulsory care for adults with ADHD and SUD and the treatment is modified to this group (at the moment n=29 included participants).

In study one, feasibility and participant satisfaction were good and skills training was perceived as more logical and effective for AD/HD-related problems as compared to the discussion group/control. A significant reduction in AD/HD symptoms was observed in the skills training group, but not in the control group. Preliminary results from study two show promising effectiveness in psychiatric outpatient context with stable treatment effects at two months follow-up. Preliminary results from study three show good feasibility for adults with ADHD and SUD in compulsory care.

Group-therapy based on DBT can be a feasible, effective and well tolerated treatment for adults with ADHD. The effectiveness of group-therapy based on DBT for adults with ADHD, can be good in both psychiatric outpatient setting as well as (SUD) compulsory care setting.

Changes in Thought-Action Fusion and Inferential Confusion Scores with Cognitive-Behavioral Group Therapy for Obsessive-Compulsive Disorder

Yasir Safak, Ankara DYB Research and Training Hospital, Turkey; Kadir Ozdel, Ankara DYB Research and Training Hospita, Turkey; M. Emrah Karadere, Hitit Univesity Corum Research and Training Hospital; Turkan Dogan, Aksaray State Hospital; M. Hakan Turkcapar,Hasan Kalyoncu University; S. Olga Guriz, Ankara DYB Research and Training Hospital, Turkey

Thought-action fusion (TAF) have been claimed to contribute to the development of obsession and obsession-like intrusions. Inferential confusion (IC) is proposed to be a meta-cognitive fusion particularly relevant to obsessive compulsive disorder (OCD). In this study, we aimed to assess these two related cognitive features (e.g., thought-action fusion, inferential confusion) in the same sample of OCD patients that were treated with cognitive behavioral group therapy.

Thirty-seven patients with OCD, according to DSM-IV criteria entered to study were included. Twenty nine patients completed the study. YBOCS, BAI, BDI, TAFS and ICQ scales were administered pre- and post treatment. Mean scores were compared with dependent sample t-tests.

We found CBGT is effective. Hence, statistically significant difference between the initial and final scores (YBOCS, BDI, BAI) of the patients was detected. Also, alterations in TAFS and ICQ are both statistically significant at the level of p<0,001. Inference-based model where the reasoning process is put in the center is proposed to be more relevant than appraisal-based models of OCD where the focus is on beliefs guiding the appraisal of intrusive cognitions in the development and maintenance of OCD. As the previous studies conducted in different samples in our study mean scores on the TAF and IC measures decreased significantly from pre- to post-treatment, indicating that TAF and IC are susceptible to change during CBGT. However to understand which cognitive feature is more accountable, further studies are needed.

Understanding cognitive features that contribute OCD support clinicians to create more effective interventions.

Effectiveness of a treatment programme for immigrants who committed gender-based violence against their partners: A study in Spain

Javier Fernandez-Montalvo, Universidad Publica de Navarra, Spain; Jose A. Echauri, Psimae. Instituto de Psicología Jurídica y Forense, Spain

In recent years, the number of immigrant perpetrators who attend treatment programmes for partner violence in Spain has increased. Nowadays immigrants constitute approximately half of the treated perpetrators in treatment programmes in Spain. However, little is known about the effectiveness of the intervention programmes in this population. In this study, the effectiveness of a cognitive-behavioural treatment programme for immigrant men who have committed a gender-based violent crime was evaluated.

The sample was composed of 300 individuals (150 immigrants and 150 citizens) who received treatment in a batterer intervention programme (CBT) developed in Pamplona (Spain). A two-group design was used (immigrants and citizens) with multiple, repeated evaluations (pre-treatment, post-treatment, and follow-up at 12 months).

The results demonstrated the usefulness of the programme, with no statistically significant differences in the success and improvement rates being observed between the immigrant and citizen patient groups. The post-treatment success rate was 34.6% in both the immigrant group and the citizen group. The improvement rate was 51.3% in both groups. The results at the 12-month follow up were nearly the same. The combined rate of success and improvement was 87.3% among immigrants and 86.6% among citizens. In addition, the associated psychopathologic symptoms exhibited significant improvement.

The tested programme was demonstrated to be effective in the treatment of immigrant batterers. Moreover, similar levels of effectiveness are observed when the programme is used to treat citizen and immigrant male perpetrators. The success and improvement rates obtained in this study are similar to those presented by other research groups. The main difference resides in the rejection rate, which is effectively non-existent in this programme because it is primarily composed of perpetrators who applied for a sentence suspension from the courts. This aspect is important, given that rejection and withdrawal from treatment undoubtedly constitute one of the primary weak points of batterer treatment. Anyway, the results of this study, although positive, must be verified by further studies.

The results of this study show that CBT is an effective way to treat batterer men, both immigrant and citizens.
Sexual desire in women with chronic psychosis
Sylvia Mohr, Hôpitaux Universitaires de Genève, Switzerland; Maria Boucherie, Hôpitaux Universitaires de Genève, Switzerland; Céline Miserez, Université de Genève, Switzerland; Patrizia Castellano, Université de Genève, Switzerland; Francesco Bianchi Demicheli, Hôpitaux Universitaires de Genève, Switzerland; Michal Yaron, Hôpitaux Universitaires de Genève; Philippe Huguelet, Hôpitaux Universitaires de Genève, Switzerland; Sexuality may lead to personal well-being, as well as sexually transmitted disease, sexual abuse, non-wished pregnancy. Sexual practices and desires of women with chronic psychosis are understudied. The present study aimed to contribute to fill this gap. The ongoing study compare women with psychosis treated in an ambulatory service of psychiatry to healthy women recruited at the service of gynecology. Sexual history, behaviors and desires are explored through a structured interview and questionnaires (Childhood Trauma Questionnaire, Sexual Desire Scale, Female Sexual Function Index, and The Multidimensional Sexuality Questionnaire).

Preliminary results obtained with 39 women (m=38-years-old, SD=8) (18 patients Vs. 21 controls) showed that patients have far more less often a sexual partner than healthy controls (17%Vs.81%,X2=16.03,p.000); they give less importance to love relationships (essential for 28%Vs.52%, z=-2.02,p.04); they have less often auto or hetero sexual activities (53%Vs.95%,X2=6.83,p.01). However, patients display the same levels of sexual desire, alone or with a partner. Traumatic sexual experiences happened more often in patients’ life than control (67%Vs.19%,X2=9.08,p.00). Patients have lower sexual-esteme, sexual motivation and sexual satisfaction; they experienced more sexual-anxiety, sexual-depression, external sexual-control, and fear-of-sexual relations. Despite less sexual activities than healthy control, those women have unalterd sexual desires. The high prevalence of traumatic sexual experiences, low sexual self-esteem, depression and anxieties related to sexual relationships have to be addressed. Indeed, those women often lack of social skills to manage relationships aspects of sexuality. Those preliminary results underline that sexuality in women with psychosis is a domain significant for clinical care.

The effects of training program for self-management of tics on the social functioning of adolescents with Tourette syndrome
Stephanie Ouellette, University of Quebec in Montreal, Canada; Julie Leclerc, University of Quebec in Montreal, Canada; Julie Bellavance, Laval University, Canada; Kieron O’Connor, University of Montreal, Canada
Tourette syndrome (TS) is a complex disorder which defining symptoms are motor and vocal tics. TS affects the social life of people afflicted with this particular disease because they can become victims of harassament and social exclusion due to their behavioural symptoms. The social difficulties are particularly important during adolescence because of the need for social acceptance, social pressure and the need for conformity. Moreover, tics seem generally to worsen during this developmental period.

The theoretical and therapeutic model of O’Connor (2005) focuses on the self-management of tics by restructuring the cognitive, behavioral and psychophysiological functioning (CoPs therapy). This treatment has proven to be effective with an adult population; 65% of participants have obtained a degree of control on their tics from 75% to 100% after therapy, with maintenance of these improvements after two years for 52% of participants (O’Connor et al., 2001). The treatment has been lately adapted for children ages 8 to 12 but it has not yet been implemented with adolescents. This study aim to evaluate the effects of the CoPs therapy for tics in adolescence and, the effect of the therapy on their social functioning.

The first objective was to evaluate changes in tics frequency and intensity following treatment. Tics were measured by triangulation with questionnaires (e.g. YGTSS, Leckman et al., 1989) and videos. The second objective was to evaluate the impact of the tics on the participant’s daily functioning with their family, at school and in social activities before and after the treatment. The degree of functional impairment was measured with the Child’s Tourette’s Syndrome Impairment Scale-Parent Report about Child (Storch, Simons, Goodman, Murphy, and Geffken, 2007). Four participants from ages 12 to 16 with TS participated in this study (three girls and one boy). They were followed individually in a therapy protocol over a period of 12 to 15 weeks.

The results revealed that the majority of the participants showed a decrease in the frequency and intensity of tics. However, a significant increase in their social functioning was also demonstrated in the total sore and in the social activities subsacle after treatment. These results indicate that applying the CoPs therapy in adolescents seems to produce similar results than in the adult population. A major impact of therapy is on adolescent’s improved involvement in social activities. This psychosocial effect is of particular importance in this population. Nevertheless certain aspects of the program requested adaptation such as reinforcement of the motivation to participate in treatment, and the concrete explanation of cognitive concepts. The comparable treatment outcome between adults and adolescents, together with the adaptation of the treatment for children, allows us to establish that the current therapy is suitable for the entire age range of those with tics and TS.

Design, development, and case series of a novel transdiagnostic treatment for adult unipolar mood and anxiety disorders: The Modular Protocol for Mental Health (MP:MH)
A wide range of evidence-based treatment (EBT) manuals for depression and anxiety disorders are now available, but most are designed to treat single Axis I diagnoses rather than comorbid presentations. Due to the level of complexity and comorbidity in many ‘real-world’ clinical settings, clinicians are often forced (in the absence of appropriate controlled trials) to mix-and-match separate components from single-disorder EBT manuals to suit their clients’ complex presentations and needs.

To address this gap, we developed the Modular Protocol for Mental Health (MP:MH): an individualised, case-formulation-driven transdiagnostic intervention for adult unipolar mood and anxiety disorders. The MP:MH is theory-driven and includes both components derived from basic science, and distils common treatment components from single disorder EBTs that are theorised to improve symptoms (e.g., exposure). It aims to target the shared features and underlying cognitive, emotional, behavioural and interpersonal maintaining factors across depression and anxiety disorders. The modular format of the MP:MH allows for flexible delivery of 10 core modules to clients on the basis of personalised goals and case-formulation (examples of modules include emotion awareness and tolerance, and overcoming avoidance).

This poster will provide an overview of the content and format of the MP:MH, and the results from a small case series conducted to pilot the MP:MH with individuals with heterogeneous comorbid depression and anxiety disorders. The aim of the pilot study was to gain preliminary data on the efficacy, feasibility, and acceptability of the MP:MH, and to obtain feedback from clinicians and service-users to inform further revisions to the protocol. The MP:MH provides a new personalised approach to deliver effective evidence-based techniques to clients with complex anxiety and depressive presentations.

CBT practitioners will be informed about how the transdiagnostic and modular approach to treatment has the potential to maximise both the benefit to patients, and the efficiency of treatment.

Attention and Control Scales Measuring Emotion Dysregulation
Kersti Luuk, Department of Psychiatry, University of Tartu, Estonia; Kätlin Padesaar, Institute of Psychology, University of Tartu, Estonia; Anu Aluoja, Department of Psychiatry, University of Tartu, Estonia; Veiko Vasar, Department of Psychiatry, University of Tartu, Estonia; Aavo Luuk, Institute of Psychology, University of Tartu, Estonia

Depression is thought to become one of the major health risks alongside with coronary heart disease and cancer in near future. Individual differences in cognitive processes like attention, memory and appraisal may affect emotion regulation and can also be used as markers of sustained emotion dysregulation in emotional disorders. The aim of the study was to develop a set of self-report measures that enables the assessment of cognitive components of emotion regulation involved in affective disorders and which also could be used for predicting of treatment efficacy.

Fifty one inpatients from the Psychiatry Clinic of University of Tartu with a primary diagnosis of depressive disorder were matched to same number of healthy controls by gender, age and education. The participants filled in modified Estonian versions of Attentional Control (Derryberry and Reed, 2002), Locus of Control (Rotter, 1966) and Rosenberg Self-Esteem (Pullmann, Allik, & Realo, 2009) scales. Subscales revealed good internal consistency and test-retest reliability.

Analysis of variance demonstrated significantly higher mean results for patients on Internal Attention Hindrances (p=0.00), External Locus of Control (p=0.00) and Negative Self-Esteem (p=0.00) subscales and marginal elevation on External Attention Hindrances (p=0.055) subscale. On Attentional Control and Planning-Type of Control subscales the patients’ group had significantly lower means (p=0.00 and p=0.001 accordingly) compared to healthy controls.

Five out of six subscales showed good discriminant validity and could be used to measure cognitive correlates of emotion dysregulation.

These measures could be useful for predicting CBT efficacy and monitor therapeutic change.

The effect of US deflation on human fear renewal
Iris Engelhard, Utrecht University; Marcel van den Hout, Utrecht University

After treatment of anxiety disorders, fear may return. Analogue studies show that fear acquired in context A, and extinguished in context B, may return in context A (“ABA renewal”). An explanation for this is that after extinction learning the meaning of the conditioned stimulus (CS) is ambiguous – the individual has learned both that the CS predicts the unconditioned stimulus (US) and that the CS does not predict the US – hence on later encounters with the CS the context is used to disambiguate (Bouton, 2004). Contemporary learning theory predicts that the intensity of the conditioned response (CR; fear) may be attenuated (1) by weakening the CS-US association (extinction learning), but also (2) by devaluing the cognitive representation of the US (“US deflation”; i.e., reducing the perceived aversiveness of the US, e.g., Davey, 1997). Crucially, US deflation is likely context-independent. Therefore, we hypothesized that US deflation attenuates fear renewal.

In a differential fear conditioning paradigm four groups underwent acquisition in context A with geometrical figures as CSs and 100 dB white noise as US. Next, in an ABA-deflation group the US was presented 20 times in descending intensity
(down to 70 dB), while in an ABA-habitation group the US was presented 20 times at the original intensity. An ABB-control group and an ABA-control group did a filler task. Then, all groups underwent extinction in context B and were retested in context A (ABA-groups) or B (ABB-control group). Outcome measures were online US-expectancy and online outcome severity.

We will examine whether the ABA-deflation group shows reduced fear renewal in the test phase. Results will be presented at the conference. Theoretical and therapeutic implications will be discussed.

A Feasibility Study of Preventive Group Behavioral Parent Training for Mothers of Preschool Children
Shin Tatsumoto, University of Miyazaki, Japan
The intervention effect and feasibility of Preventive Group setting Behavioral Parent Training for Preschool Children (PG-BPT-P) were examined.

PG-BPT-P comprised five 90-min parenting skills sessions: (1) behavior classifying, (2) reinforcing, (3) ignoring misbehavior, (4) limit setting and time out, and (5) reviewing and application. Interventions were conducted by 17 trainers at 16 kindergartens or nurseries who completed a 2.5-hr 10-session training program. Outcomes were measured by the Parenting Skills Scale Version 2, the Children’s Social Behavior Rating Scale, and the Psychological Stress Rating Scale. Ninety-seven mother-child dyads were assessed by mother report 30 days before the intervention (Time 0), just before the intervention (Time 1), 1 week after the session (Time 2), and 30 days after the intervention (Time 3). Children’s social behavior was classified as not problematic (n = 51), mildly problematic (n = 42), or highly problematic (n = 4).

The intervention had high treatment fidelity (99.5%), as determined by an outside assessor. It significantly improved scale scores and effect sizes. PG-BPT-P improved mothers’ parenting skills and stress reactions, and children’s behavioral tendencies in the total sample, and the not problematic and mildly problematic groups.

PG-BPT-P can be conducted faithfully and improves mildly problematic behaviors.

The Preventive Group setting Behavioral Parent Training for Preschool Children (PG-BPT-P) can be conducted faithfully and improves mildly problematic behaviors.

Emotion Regulation Predicts Subsequent Reduction of Depressive Symptom Severity During Treatment
Carolin M. Wirtz, Philipps-Universität Marburg, Germany; Jan-Michael Dierk, Schön Klinik Bad Arolsen, Germany; Thomas Gärtner, Schön Klinik Bad Arolsen, Germany; Matthias Berking, Philipps-Universität Marburg, Germany
Deficits in general emotion regulation (ER) skills are considered an important maintaining factor for major depressive disorder (MDD). Thus, systematically fostering health-relevant ER skills might help improve the efficacy of psychotherapeutic treatment for depression. Since at this point only few studies have investigated the association between general ER skills and depression over the course of treatment, we aimed to clarify reciprocal prospective associations between ER skills and severity of depression over the course of inpatient cognitive behavioural therapy.

ER skills and depressive symptom severity (DSS) were assessed weekly during treatment of 152 inpatients meeting criteria for MDD. Based on Structural Equation Modelling, we used growth curve analyses to test whether changes in ER were negatively associated with changes in DSS during treatment and latent change score models to clarify whether ER skills would predict subsequent reduction of depressive symptoms. Moreover, we investigated which specific ER skills predict subsequent changes in depression severity.

An increasingly successful application of ER Skills was significantly associated with a decrease in DSS during treatment. Moreover, ER skills predicted subsequent changes in DSS, but not vice versa. In secondary analyses the specific ER skills Tolerance, Readiness to confront distressing situations and Modification had the strongest associations with subsequent changes in depression severity.

Systematically enhancing ER skills helps reduce DSS in patients suffering from MDD. In particular, patients benefit from learning to tolerate and modify undesired emotions and to willingly experience situations cueing such emotions if that is necessary to attain personally relevant goals.

Fostering health-relevant ER skills during CBT might help improve the reduction of depression severity.

Effectiveness of cognitive behavioral psychotherapy (CBT) for patients with obsessive-compulsive disorder (OCD) in an academic outpatient care clinic
Norbert Kathmann, Humboldt-Universität zu Berlin, Germany; Tanja Schuhmann, Humboldt-Universität zu Berlin, Germany; Eva Kischkel, Humboldt-Universität zu Berlin, Germany; Benedikt Reuter, Humboldt-Universität zu Berlin, Germany
CBT has been proven to be efficacious for OCD patients in several randomized controlled trials (RCT). Meta-analyses revealed controlled effect sizes ranging between 1.0 and 1.5. However, few studies in more naturalistic settings have been conducted that may support external validity of those RCTs.

Treatment effects were investigated in a sample of 89 patients with a primary diagnosis of OCD. Patients were consecutively admitted to the academic outpatient care clinic of Humboldt Universität zu Berlin in 2010 and 2011, and finished treatment before data analysis. General admission criteria were the absence of acute psychotic symptoms,
suicidality, and comorbid substance dependence. CBT was not manualized but the use of exposure and response prevention techniques as well as cognitive restructuring techniques according to guidelines was strongly encouraged. Y-BOCS total score was the primary endpoint, BDI-2 score, and global assessment of functioning (GAF) score were secondary endpoints. Effect sizes were standardized using pre-treatment scores. In addition, the rate of clinically significant improvers was computed.

Twenty-four percent of patients finished CBT before completion. Results showed an intention-to-treat effect size of 1.41, and a completer effect size of 1.44 (Y-BOCS). 52% of patients fulfilled criteria for clinically significant improvement, with 27% being remitted from symptoms. Moderate depressive symptoms were observed in one third of patients at pre-treatment but only in 15% after CBT. Effect sizes for GAF change were large (d = 1.53,ITT; d = 1.82, completers). These findings show that CBT is effective for OCD also under routine care conditions. Nevertheless, conclusions are limited to the population of patients who do not have substance-related disorders, psychotic symptoms, or severe depression, and who are willing to participate in research projects. Further research will address the time course of symptom improvement and post-treatment follow-up.

CBT for OCD patients shows large positive effects also in routine settings, and supports a moderately optimistic view on treatment of OCD.

The implementation of the Unified Protocol overseas: The Israeli Example
Arnon Rolnick, The Rolnick Center, Israel; Todd Farchione, Center for Anxiety and Related Disorders, Boston University, USA

The Unified Protocol (UP) was developed in the USA to be applicable across anxiety and mood disorders. The focus of the UP on common underlying factors reflects scientific advances leading to multi-dimensional conceptions of psychopathology, and represents a move away from the extreme diagnostic splitting evident in the DSM-IV that has resulted in the proliferation of diagnosis-specific treatment.

There is an effort to translate the UP to several other languages. This presentation describes the implementation of the UP in Israel.

Psychotherapy in Israel is divided amongst the Psychodynamic and Cognitive-behavioral camps. Eshet and Rolnick decided to use the unified protocol to teach psychodynamic therapists a sound CBT protocol. Steps in the implementation included: A) opening an internet based reading club for the UP B) translating the UP booklet C) teaching the protocol to groups of therapists, D) using Barlow’s group videos to teach the nuances of the protocol.

Eshet also added elements of Jewish culture into the translated protocol for example themes from the bible and themes based on Maimonides writing.

The UP and other transdiagnostic treatments like it, have the potential to improve training and dissemination efforts, in the United States and elsewhere. The Israeli example suggests that this protocol is suitable for use in other countries and cultures.

Effectiveness of group cognitive-behaviour therapy for social phobia
Mireia Forns, Unitat d’Ansietat, Barcelona; Silvia Rosado, Unitat d’Ansietat, , Barcelona; Guillem Pailhez, Unitat d’Ansietat, Barcelona; Antoni Bulbena, Unitat d’Ansietat, Barcelona; Miguel Angel Fullana, Unitat d’Ansietat, , Barcelona

Social phobia (SP) is a prevalent and disabling anxiety disorder. The efficacy of group cognitive-behaviour therapy (GCBT) is well established but few data exist on its effectiveness (how it works in the “real life”). Seventeen patients with a main diagnosis of SP attended ten 1-h sessions of (CBGT) facilitated by an clinical psychologist. Groups consisted of between 7 and seven participants. Treatment components were designed to address maintaining factors proposed in cognitive-behavioural models of social phobia: psychoeducation about anxiety, exposure, reducing safety behaviours, changing attention focus and eliminating “post-mortem” negative thoughts. Symptom severity (including fear and avoidance of social situations and depressive symptoms), and disability were assessed at pre and post-treatment. 5 patients did not complete the treatment. Treatment completers (N=12) achieved significant reductions at post-treatment in measures of global social anxiety (p=0,014), fear (p=0,032) and avoidance (p= 0,014) of social situations. The reduction in disability approached significance (p= 0,054). Depressive symptoms did not change from pre to post-treatment (p= 0,473). CBT was effective to reduce symptoms of social phobia in a real-world setting. Further studies in larger samples and with long-term follow-ups are needed.

Effective cognitive-behaviour therapy for social phobia.

A manual-based intervention program on Emotional Openness - Results of a new treatment study
Stéphanie Haymoz, University of Fribourg, Switzerland; Chantal Martin Sölich, University of Fribourg, Switzerland; Michaël Reicherts, University of Fribourg, Switzerland

Emotion Regulation, and in a broader sense affective processing, has an important role in mental and physical health (Gross, 2007). Based on the dimensions of the model of “Emotional Openness” (Reicherts, 2007; Reicherts, Genoud, & Zimmermann, 2012) we developed a treatment program with manual-based sessions to enhance components of Emotional
Openness as well as the frequency and the efficacy of certain functional techniques used to regulate positive and negative affective states.

102 non-clinical subjects randomized in two group conditions (i.e., “control”/“waiting list” versus “intervention”) were assessed 3 times (pre-test, post-test and follow-up) with questionnaires measuring emotional processing (DOE-Trait; Reicherts, 2007), emotion regulation (e.g., DOE-IT; Reicherts & Haymoz, 2011) and quality of life (WHOQOL-Brief; Skevington et al., 2004).

Multi-level analyses showed significant increases for participants of the intervention program compared to controls in cognitive representation of emotional states (t-ratio=3.32, p<.001) and in emotion regulation (t-ratio=2.4, p<.05) of the DOE-Trait. Concerning the strategies taught during the sessions measured by the DOE-IT and used to regulate negative affect, participants in our intervention increase significantly in their use of acceptation (t-ratio= 2.76, p<.01) and mental relaxation (t-ratio= 2.45, p<.05) and evaluate the efficacy of their use of mental relaxation significantly higher than controls (t-ratio= 2.66, p<.05). Concerning regulation of positive affect, the use of bodily relaxation (t-ratio= 2.61, p<.05) is perceived as being more efficient.

Our research shows significant effects of our intervention program and incites us to introduce it with different subject groups in the domains of clinical and health psychology.

Considering the importance of affect processing in mental and physical health, CBT gains to focus on validated model of affect processing and to integrate it into its interventions.

Generalization of the effect of attentional bias modification

Yuki Nishiguchi, The University of Tokyo, Japan; Keisuke Takano, Nihon University, Japan; Yoshihiko Tanno, The University of Tokyo, Japan

Attentional bias modification (ABM) is attracting a lot of interest as one of potential cure for depression. However, there are two major unclear points; the extent to which the effect of ABM generalizes and the effect of explicit instruction in the training session (Krebs et al., 2009). In the present study, we measured the generalization of effect of ABM training and explicit instruction with three kind of attentional tasks

Participants who completed all sessions were 40 university students belonging to the University of Tokyo. Participants completed pre-test session, training session and post-test session. In pre and post-test session, dot-probe task, gap-overlap task and attentional network test (ANT) were assigned to participants for measurement of attentional functioning. Training task was modified dot-probe task. In training session, half of the participants received explicit instruction to avoid attention from negative stimuli and the other half received standard instruction.

Only explicitly instructed participants showed the decrease of attentional bias score in dot-probe task (p < .05), and the similar result was seen on the bias score in gap-overlap task (p < .05). Marginally significant increase was found on the three types of scores of ANT (p < .1)

The present study indicated the generalization of ABM effect and the utility of explicit instruction in attentional training. Explicit instruction may make the training effect larger, and that effect will be generalized to other aspects of attention.

The present study revealed that explicitly instructed ABM training can make good effect on attentional bias in short period. Moreover, our results confirmed that the effect of attentional training with dot-probe task affect not only the result of dot-probe task, but also the results of other attentional tasks. It implicates that ABM procedure have considerable effect on attentional and emotional function, and this effect is not superficial.

Self-Compassion for Trainee Therapists: An open trial of a web-based self-compassion training program amongst post-graduate psychology trainees

Amy Finlay-Jones, Curtin University, Australia; Clare Rees, Curtin University, Australia; Robert Kane, Curtin University, Australia

Psychotherapists – particularly those who are younger or less experienced - often report higher levels of work-related stress than many other occupational groups. Given the potentially deleterious outcomes of occupational stress, researchers have argued that the promotion of resilience to stress amongst trainee therapists is an ethical imperative. While self-compassion has been identified as a variable capable of enhancing health and well-functioning among psychotherapists, there is limited research examining the relationship between self-compassion and health-related outcomes amongst this occupational group. The current study sought to develop, trial, and evaluate the effectiveness and feasibility of an online self-compassion training program for enhancing stress resilience amongst trainee psychologists. This study follows our previous findings which indicated that self-compassion was negatively correlated with stress and emotion regulation difficulties, and positively correlated with happiness amongst Australian psychotherapists. A six-week online program was developed and delivered to participants, and a pre-experimental repeated-measures design was used to collect change data on self-compassion, happiness, emotion regulation and stress. Qualitative data regarding participants’ subjective experiences of the program was also collected.

Post-graduate psychology trainees from around Australia took part in the study (n = 39). Of these, 20 (51%) completed post-test measures and 15 (38%) completed three-month follow-up measures.

It is anticipated that the results from this study will provide preliminary insight into the relevance, feasibility, and effectiveness of online self-compassion training as a way of enhancing well-being and reducing stress amongst trainee psychologists. It is hoped that the qualitative data collected will inform future research into the development of stress...
The everyday clinical practice of CBT is contingent on the well-being of those who practice it. Given the vulnerability of trainee psychologists to occupational stress, the development of sustainable and flexible programs that promote well-being and stress resilience amongst this group is a paramount research concern. Additionally, “third-wave” approaches to cognitive behavioural therapy recommend that practitioners gain experiential understanding of the central constructs of these approaches, prior to introducing them to clients. The current study provides aims to provide insight into the relevance, feasibility, and effectiveness of self-compassion training as a way of promoting well-being and informing practice amongst postgraduate psychology trainees.

Therapist Competence and Treatment Outcome in Cognitive Therapy for Social Phobia
Denise M. Ginzburg, J.W. Goethe Universität Frankfurt, Germany; Christiane Heimlich, J.W. Goethe Universität Frankfurt, Germany; Florian Weck, J.W. Goethe Universität Frankfurt, Germany; Volkmar Höfling, J.W. Goethe Universität Frankfurt, Germany; David M. Clark, Department of Experimental Psychology, Oxford, United Kingdom; Ulrich Stangier, J.W. Goethe Universität Frankfurt, Germany

Several studies have demonstrated a positive relationship between competence and outcome in CBT for depression but studies of CBT for anxiety disorders are lacking. The present study explores the relationship between competence and outcome in cognitive therapy (CT) for social anxiety disorder, using hierarchical linear modelling analyses (HLM). Data were drawn from a multicenter randomized controlled trial. Five trained raters evaluated videotapes of two therapy sessions per patient using the Cognitive Therapy Competence Scale for Social Phobia (CTCS-SP). Overall adherence to the treatment manual and patient difficulty were also assessed. Patient outcome was rated by other assessors using the Clinical Global Impression Improvement Scale (CGI-I) and the Liebowitz Social Anxiety Scale (LSAS). Results indicated that competence significantly predicted patient outcome on the CGI-I (r = .79) and LSAS (r = .59). Patient difficulty and adherence did not further improve prediction. The findings support the view that competence influences outcome and should be a focus of training programs. Further research is needed to compare different ways of assessing competence and to understand the complex relationships between competence and other therapy factors that are likely to influence outcome. Future therapist training programs should focus on competencies. Assessing competence using reliable and specific competence scales can help therapists to improve their competencies. In doing so, they can learn how to conduct better therapies.

Detecting and defusing thinking traps - Evaluation of a metacognitive self-help approach “MyMCT” for Obsessive Compulsive Disorder
Marit Hauschildt, University Medical Center Hamburg-Eppendorf, Germany; Steffen Moritz, University Medical Center Hamburg-Eppendorf, Germany

Effective treatment strategies exist for obsessive compulsive disorder (OCD). However, a large number of people with OCD does not receive adequate help (Voderholzer et al., 2011). Therefore, self-help approaches are increasingly considered to fill the large treatment gap. Our working group has developed the “MyMCT”, a new self-help manual for people with OCD. The approach aims at raising the awareness for several cognitive biases, known to contribute to the pathogenesis of OCD, and at modifying these biases with the help of specific information and exercises. We conducted a randomized controlled internet-based study on the MyMCT versus an active control condition (psychoeducation). In addition to an online survey at pre, post (4 weeks) and follow-up (6 months) using gold standard psychometric scales, the diagnosis of OCD and symptom severity were verified with structured clinical telephone interviews (Y-BOCS). Primary outcomes are the reduction of OCD symptoms, depression (BDI-II), and cognitive biases (OBQ). The self-help group showed a higher reduction of OCD symptoms on the Y-BOCS interview (total score: p = .053, η² partial = .036; obsessions subscore: p = .005, η² partial = .075) as well as a stronger decline of depression (BDI: p = .017, η² partial = .05) and cognitive biases (OBQ: p = .041, η² partial = .038) after 4 weeks. Results from the follow-up analyses will be additionally presented. The current study provides evidence that the MyMCT is a promising novel approach to reduce OCD symptomatology. Results will be further discussed in view of follow-up analyses. The MyMCT, targeting common cognitive biases in OCD, may not only serve as a self-help manual but could also facilitate and complement psychotherapies for individuals with OCD.

Individual Characteristics and Therapist Preferences
Aurora Szentagotai, Babes-Bolyai University, Romania; Maria Wolters, The University of Edinburgh, UK; Ramona Moldovan, Babes-Bolyai University, Romania; Daniel David, Babes-Bolyai University, Romania

Preferences in psychotherapy refer to factors that clients show a desire for in the therapeutic encounter and that can include role preferences, type of treatment preferences, and type of therapist preferences. Therapists’ personal attributes have been shown to influence the development and maintenance of the therapeutic alliance. However, few studies have
looked at the relation between personal characteristics and preferences for therapist attributes. The goal of this study was to look at the relation between self-reported personal characteristics and the ideal therapist’s characteristics. Thirty-six Romanian graduate students filled in the International Personality Item Pool - Interpersonal Circumplex (IPIP-IPC) (Markey & Markey, 2009), which had been translated into Romanian. This 32-item self-report measure assesses two main dimensions of interpersonal behaviour, dominance and warmth, which are composed of eight subdimensions (e.g., submissiveness, arrogance). Participants were first asked to rate themselves on the 32-item IPS scale, and then to rate the “ideal therapist” on the same scale. The match between individual and ideal therapist attributes was assessed using correlation tests.

Overall, participants’ ideal therapist was warm, unassuming, and extrovert, not arrogant or cold-hearted. Participants wanted a therapist who resembled them in terms of dominance.

Few studies have looked at preferences for therapist attributes in relation with client personal characteristics. Our study contributes to the understanding of this issue, that needs to be coherently addressed, considering that client preferences may impact on therapy process and outcome.

Young psychotherapists today: the impact of a four years training in an Italian CBT school
Petra Colombo, ASIPSE, Milano, Italy; Anna Meneghelli, ASIPSE, Milano, Italy; Alice Bizzozero, ASIPSE, Milano, Italy; Alessandra Di Berardino, ASIPSE, Milano, Italy; Pamela Paganuzzi, ASIPSE, Milano, Italy; Chiara Raffognato, ASIPSE, Milano, Italy

The study aims to investigate the impact on trainee psychotherapists of four years postgraduate specialist training, as required by Italian laws, in a Cognitive-Behavioral school. All participants are part of the quadrennial post-graduate School in Cognitive and Behavioral Psychotherapy of Milano: ASIPSE. Member of the AIAMC (Italian Association of Behavior Analysis and Modification) and, as such, affiliate EABCT. The sample consist of No. 84 subjects, distributed into three groups: 28 subjects attending the first two years in training, 28 subjects attending the last two years in training and 28 subjects in the first and second year post training. Subjects are described according to socio-demographic variables such as age, sex, place of origin, employment status, etc.

The dimensions investigated by standardized self-report questionnaires are: self-esteem, assertiveness, explanatory style and coping, stress managing and quality of life (among the test, i.e.: BASIC SE - Basic Self Esteem Scale, SIB - Scale for Interpersonal Behaviour). Since this research is set up as cross-sectional study, data are analyzed comparing the scores distribution of each dimension for the three groups.

From the comparison between groups and the statistical analysis, we expect to find that changes would go in the direction of a general increase in the investigated dimensions (such as, for example, self-esteem and assertiveness), and that these changes are maintained over time.

Attending a CBT school is therefore not only a journey of acquiring knowledge, but also a crucial way for increasing personal competence and well-being.

The effect of psychological rigidness on the clinical accuracy of the Personal Meaning Questionnaire
Risto Valjakka, University of Turku, Turkey

The theory of personal meaning organisations assumes that all information about the self or the environment is selected on emotional basis, preferring cues that contribute to a continuous and consistent self-view. The theory identifies four patterns of self-enhancing information selection and preference, which are the depressive, phobic, eating disorder and obsessive organisation. In addition to the personal meaning organisation type, individual differences can be found in flexibility and the ability for integration and abstraction of emotional and cognitive information (Guidano, 1991; Toskala & Hartikainen, 2005).

Though the theory of personal meaning organisations is influential in the constructivist vein of cognitive psychotherapies, quantitative research on differences between meaning organisations is scarce. This is to some extent the result of a lack of a valid questionnaire with which to differentiate subjects to different meaning organisations. A decade ago in Italy a questionnaire form was created for this purpose (QSP, Picardi 2003) and was used as the basis for Finnish dichotomous version PMQ-D2 (Valjakka, 2006; 2007; 2008; 2010; 2011;2012) The present study aims to evaluate the clinical accuracy of the PMQ-D2 questionnaire and some factors effecting it.

Eighty individuals participated in this research between 2007 and 2009. Data was gathered from outpatients at public health care centers receiving psychotherapy and private clinics of cognitive psychotherapists. The psychotherapists of the participants evaluated on a 7-point Likert scale how accurately four brief descriptions of different meaning organisations did fit to their client, and which description was the most accurate. The participants filled out the PMQ-D2 questionnaire at home and mailed it to the researcher, psychotherapists being blind to their responses. The questionnaire consists of 119 yes/no items which are summed into the scales for Depressive, Phobic, Eating Disorder and Obsessive organisation, Attachment Disorganisation, Self-Esteem Protective Thinking, Socially Desirable Responding and Rage. Furthermore, three scales measuring individual’s responding styles were calculated based on pairing responses on very similar questionnaire items: Contradictious Responding, Tendency to Disagree, Erratic Responding.

Participants were assigned to four meaning organisation groups both a) based on the PMQ-D2 questionnaire and b) based on their psychotherapist’s evaluation. In addition, they were were classified into three equal-sized groups based on Attachment Disorganisation, Self-Worth Protective Thinking, and the four responding style scales.
The classification based on PMQ-D2 matched the psychoterapist classification on 73% of cases, and using the questionnaire reduced random error by 59% (p < .001). PMQ-D2 classification was accurate for 67% of depressive organisation, 100% of phobic organisation, 58% of eating disorder organisation and 72% of obsessive organisation group. The accuracy of classification varied linearly according to their level of Attachment Disorganisation (82% low, 69% middle and 60% high), Self-Worth Protective Thinking (86%/68%/57%), Tendency to Disagree (60%/71%/81%), Erratic Responding (64%/70%/78%). For the Socially Desirable Responding, classification accuracy was 57%/72%/71%). No differences in accuracy were found for Contradictitious responding. The differences in classification accuracy were most conspicuous between participants classified in both Attachment Disorganisation and Self-Worth Protective Thinking as low (n=18, accuracy 94%, eta=.846) or high (n=15, accuracy 60%, eta=.402).

For nearly three out of four participants, the personal meaning organisation classification based on PMQ-D2 questionnaire matched the psychoterapist evaluation. The questionnaire’s accuracy was highest for the Phobic, and lowest for the Eating Disorder meaning organisation. The latter was to be anticipated, as according to the theory the central component of the Eating Disorder is identity diffusion, and this is likely to be reflected in a somewhat diffuse responding to the questionnaire.

The accuracy of questionnaire’s classifications were parallel with the participant’s level of attachment disorganisation and self-worth protective thinking. This might be interpreted to be due individual differences in flexibility and the ability for integration and abstraction as postulated by Guidano (1991). The detrimental effect of psychological rigidity and personality disorganisation on questionnaire accuracy is probably due to increased difficulty for both clients themselves and psychoterapists to evaluate their typical ways of thinking and feeling. Similarly randomness and disagreeing bias in responding style that decreases questionnaire accuracy is likely to be associated with psychological disorganisation or rigidity. Unexpectedly, low social desirability was associated with questionnaire inaccuracy. Excessive and merciless realism in evaluating oneself might thus more reflect inflexible negative thinking than insight and honesty. The most apparent limitation of this study is it’s small sample size. In addition, questionnaires can collect direct information solely on individual’s conscious aspects of self-image and personality. Despite this the questionnaire used in this study seems to classify participants in fairly accurate manner, if psychoterapists are assumed to understand their clients’ psyche and be able to evaluate them.

Based on this study, caution is recommended when interpreting the results of the PMQ-D2 and personality questionnaires in general, when respondents are displaying markers of psychological rigidity and disorganisation of personality.

**Improvement in self-concept following CBT for youth anxiety disorders**

Marianne Villabo, RBUP, Norway; Kasper Arnberg, Akershus University Hospital; Simon-Peter Neumer, RBUP, Norway

Cognitive-behavioral therapy (CBT) for has been deemed efficacious for treating youth anxiety disorders and studies suggest that both individual and group formats are effective. Treatment outcome is indicated by change in diagnostic status or symptom scores, but how the youth feels about him-/herself is also important. Anxious youth often have low self-esteem. Improvement in self-concept after treatment may be of importance for the youth’s quality of life.

We examined change in self-concept in 166 youth, 7-13 years, who participated in an effectiveness trial of CBT for youth anxiety disorders. All included youth met criteria for separation anxiety disorder, social phobia, or generalized anxiety disorder as determined by a diagnostic interview. Participants were randomized into individual CBT (n = 56), group CBT (n = 55), both treatments consisting of 14 sessions, or a 12-week waitlist control group (n = 55). Self-concept was assessed by Beck’s Self-Concept Scale.

Preliminary results suggest that self-concept improved significantly more in the active treatment conditions compared to those in the waitlist group (t = 2.161, p < .05). Comparison of the two treatment formats indicate that group CBT produced greater improvement in self-concept compared to individual CBT (t = 2.993, p < .01).

Meeting with peers in a group format may contribute to greater improvement in self-concept compared to meeting one-on-one with a therapist.

With individual and group formats of CBT for youth anxiety equally effective when considering diagnostic improvement, the group format may be preferential for youth with low self-concept.

**Therapeutic competence – the challenge to integrate different points of view**

Christine Koddebusch, Justus Liebig University Giessen, Germany

Part of the ongoing debate about therapeutic competence is the question which perspective allows the most valid assessment of therapeutic competence: therapists’ self-report or objective performance ratings? Furthermore, what is the impact on the clients’ perception? With special interest in the acquisition of therapeutic competence, we created a peer-coaching-program. First we taught psychology students basic therapeutic skills. Then these students provided 10 counseling sessions to fellow psychology students.

Based on a competence model, we created questionnaires to obtain self- and clinical ratings of therapeutic competence. For objective measurement we developed a video rating scale and vignettes for case conceptualization. All ratings were obtained at the beginning and at the end of the project.

So far 18 M.Sc. students completed training and counseling sessions. Preliminary analyses showed that the novice counselors felt competent right from the start, followed by a significant increase to the end of the project. Associations
with personality traits were found for self-ratings at the end. Correlations between self- and clinical ratings were small overall and even smaller in the beginning of the coaching. Clients’ satisfaction with sessions was higher than counselors’. Correlations between self-report and objective measurement varied depending on the type of competence. Our results demonstrate that our self- and clinical ratings are valuable endpoints in assessing basic therapeutic skills. Overestimation of therapeutic competence and small correlations between counselor and client are in accordance with previous findings. The small correlations between the different measures indicate possible additional factors in therapeutic competence, that need further investigation.

Successful Application of Emotion-Regulation Skills Predicts Depression in Individuals after Inpatient Psychotherapy

Lisa Hopfinger, Philipps-University Marburg, Germany; David Ebert, Philipps-University Marburg, Germany; Matthias Berking, Philipps-University Marburg, Germany

As emotion regulation is widely considered to be a risk and maintaining factor for depression, the aim of the study was to investigate whether successful application of emotion-regulation skills predicts depression in individuals after inpatient psychotherapy. Moreover, it was examined which specific emotion-regulation skills predict depression.

A retrospective study investigated whether emotion-regulation skills, assessed by the Emotion Regulation Skills Questionnaire (ERSQ; Berking & Znoj, 2008), predicted depression, assessed by the depressiveness scale of the Health-49 (Health-49; Rabung, Hafst, Kawski, Koch, Wittche, & Schulz, 2009), in individuals after inpatient psychotherapy for depression. Additionally all subscales of emotion-regulation were tested for their predictive power. Participants were 314 individuals (74.5% women; average age 47 years) who just completed inpatient psychotherapy for depression. Emotion regulation and symptoms of depression were assessed by self-report at discharge from inpatient psychotherapy, and at 3-month and 12-month follow-up.

Posttreatment general emotion-regulation significantly predicted relapse into depression at 3-month \[b = -1.42, \text{Wald } ?^2(1) = 52.45, p = .00\] and 12-month follow-up \[b = -1.03, \text{Wald } ?^2(1) = 34.47, p = .00\]. Among a broad range of specific emotion-regulation skills, only ‘accept emotions’, was the skill that negatively predicted depression at both follow-up intervals [3 Mo-FU: \(b = -0.83, \text{Wald } ?^2(1) = 5.45, p = .01\); 12 Mo-FU: \(b = -0.77, \text{Wald } ?^2(1) = 5.14, p = .02\)], when controlling for the other skills.

Enhancement of general emotion-regulation skills, especially the skill ‘accept emotions’, appears to be an important target in the prevention and treatment of depression.

Enhancement of general emotion-regulation skills, especially the skill ‘accept emotions’, appears to be an important target in the prevention and treatment of depression.

Appropriate back ground music for a mental health: A psychological experiment of relation between "relaxation music" and "listening space design."

Yasuhiro Goto, Hokusei Gakuen University, Japan

In previous researches, the nature of relaxation music was investigated. The results showed that a tune which tempo was slow, the number of timbre used in the tune was limited, and the changes of tempo and/or pitch was few, was highly evaluated as a healing music. For example, some classic music in slow tempo was frequently regarded as relaxation music. In this study, a “healing room” was set up actually as a music listening space. This space was highly-designed room.

Concretely, in about 5-mats room, a white sofa (125cm(W) x 76cm(D) x 60cm(H)), green elliptic cotton rug (170cm (the major axis) x 120(the minor axis)), a “yuca” (a plant with beautiful green leaves), and wooden table (120cm(W) x 50cm(D) x 40cm(H)) were placed. Moreover, a cushion was put on the sofa and a glass vase was placed on the table.

Several types of music were selected in terms of both “harmony with healing room” and “nature of music for relaxation.” These types of music were played in a “healing room” describe above. At first participants were asked to perform the “Uchida-Kureperin test,” simple addition test which caused mental fatigue. Then, they enter such a healing space and spent five minutes in the room. At last, they were asked to perform the “Uchida-Kureperin test” again and to rate some items such as “calmness” in a 7-point scale. They were also asked to judge which type of music was more appropriate for the room.

The following results were obtained: 1) some types of music could decrease mental fatigue, 2) influence of only music was observed in some items, such as “calmness,” 3) influence of both music and healing room was obtained in items such as “relax” and “exit,” 4) a music which was more effective for relaxation was judged more appropriate for healing room than music which was less effective for relaxation, and 5) the listening space was estimated more relax when music in the space was more appropriate for that space than music which was less appropriate one.

It seems reasonable to suppose that listeners can be influenced by a multiplier effect of music and listening space. It can be said that the music can play an additional role in a space which has an obvious purpose such as a healing room. Finally, how to design a listening space as a healing room was discussed in terms of types of music and interior design in that space.

The 24-item Brief Psychiatric Rating Scale factorial structure and its sensitivity in a sample of outpatients with unipolar depression

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Choosing or Combining between C.B.T., E.M.D.R., & Biofeedback, in the treatment of various traumatic states

Tamar Dagan, The Rolnick Center, Israel; Arnon Rolnick, The Rolnick Center, Israel

There is no lack of protocols and tools for treating various trauma-related symptoms. CBT, EMDR qualify as evidenced-based. Studies which added HRV Biofeedback to trauma-focused CBT found a clinically meaningful gain.

How do clinicians, who have no obligation to a particular protocol for research study, choose or combine between available protocols and other tools such as Mindfulness, Focusing, and Narrative practices.

In order to understand the clinical considerations relevant to choosing or combining protocols & practices, our presentation provides a theoretical comparison between CBT, EMDR & Biofeedback, and an analysis of 26 case studies of treatment for PTSD or trauma-related symptoms.

Theoretical analysis reveals more commonality than distinction. All:
- Speak in four languages: cognitive, physical, emotional & behavioral.
- Include elements of monitoring, exposure, psycho-education, resource strengthening, generalization to present and future.
- Are defined as a short-term therapy.

The differences are in emphasis and in practices specific to treatment orientation: brain processing, homework, use of equipments and objective monitoring.

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Clinical analysis suggests that most patients today arrive with a self-diagnosis and/or seek a specific therapy. Our practice is to start with what the patient is looking for. If a traumatic event emerges during intake, treatment will start with EMDR. If complications of cognitive distortions and/or avoiding/obsessive behaviors remain, CBT modules will be added. When the traumatic experience emerges later we start CBT and move onto EMDR. Adding Biofeedback has proven very helpful in regulating accompanying stress and anxiety.

Which psychotherapy situations confront therapists with their limits? Results from a survey with 60 psychotherapists

Anna-Maria Jäger, Psychological University Berlin; Frank Jacobi, Psychological University Berlin; Martin Hautzinger, Department of Psychology, University of Tübingen; Gitta Jacob, Department of Psychology, University of Freiburg

Background: Both experienced psychotherapists as well as novices are regularly confronted with difficult therapeutic situations, where they are spontaneously ‘at a loss’. In which situations do psychotherapists meet their limits? Which patients and constellations cause such situations? How frequently do they occur? As how difficult are these situations perceived? Are there variables moderating the perceived difficulty? These questions found only marginal consideration in the previous and current research.

Method: Thus, we conduct a non-representative telephone survey with 60 medical and psychological psychotherapists and trainees in out- and inpatient occupational fields. During the survey colleagues are asked about difficult or challenging therapeutic situations where they feel to be – at least short-term or spontaneously – ‘at a loss’. In addition, interviewee rate specified difficult patients variables (patient is highly reactant, avoidant, hostile, withdrawn, suicidal, submissive,
demanding, dependent on the therapist, in love with the therapist) on two dimensions: 1. frequency of occurrence, 2. perceived difficulty of handling.

Results: Therapy-sessions with patients suffering from chronic psychiatric disorders (especially chronic depression), personality disorders (narcissistic and borderline type) or both (chronic disorder with comorbid personality disorder) are experienced as particularly challenging. A ‘relevance ranking’ (adding the frequency with the perceived difficulty scores) shows the following order: Extremely 1. avoidant patients, 2. suicidal patients, 3. withdrawn patients, 4. hostile patients. Therapeutic situations where the patient falls in love with the therapist or becomes extremely dependent are ranked as indeed rare but particularly difficult. Age, work experience, gender, and profession (medical practitioner/psychologist) have no impact on the rating of subjectively experienced difficulty. However, psychotherapists that have acquired additional skills in CBASP (Cognitive Behavioral Analysis System of Psychotherapy), Schematherapy, or DBT (Dialectic Behavioral Therapy) feel more secure in those difficult situations than peers that have no such available additional skills in these integrative treatments.

Conclusions: Limitations of our survey point to the restricted and non-representative sample and the acquisition of only subjective data by a personal telephone interview without direct observation or further external competence rating. Results are discussed with regard to further training implications and integrative strategies of shaping therapeutic alliance with difficult patients. In addition, a self-report questionnaire will be designed on the basis of these results. Concerning CBT, these results implicate the importance of specific training workshops for CBT psychotherapists to enable practitioners to a better handling of difficult therapeutic situations. In addition, a self-report questionnaire on this topic could provide an even deeper insight into difficult or borderline situations in CBT therapy sessions.

Cognitive Behavioral Therapy as Continuation Treatment after Electroconvulsive Therapy in Patients with Unipolar Depression
Gregor Wilbertz, Department of Psychiatry, Charité, University Medicine, Berlin; Angela Merkl, Department of Psychiatry, Charité, University Medicine, Berlin; Arnim Quante, Department of Psychiatry, Charité, University Medicine, Berlin; Eva Kischkel, Department of Psychology, Humboldt University Berlin; Norbert Cathmann, Department of Psychology, Humboldt University Berlin; Bajbouj Malek, Department of Psychiatry, Charité, University Medicine, Berlin

Although electroconvulsive therapy (ECT) is the most effective acute antidepressant intervention, sustained response rates are low. It has never been systematically assessed whether psychotherapy, continuation ECT, or antidepressant medication is the most efficacious intervention to maintain initial treatment response.

In a prospective, randomized clinical trial 90 inpatients with major depressive disorder (MDD) were treated in the acute phase with right unilateral ECT. Responders to acute ECT received six months guideline-based antidepressant medication (MED) and were randomly assigned to one of the following three additional continuation strategies: add-on therapy with cognitive-behavioral group therapy (CBT-arm), add-on therapy with continuation electroconvulsive therapy (ECT-arm), or no add-on therapy (MED-arm). After the six months of continuation treatment, patients were followed-up for another six months. The primary outcome parameter was sustained response rate at twelve months after the end of the acute phase. Of the 90 MDD patients starting the acute phase, 70 percent responded and 47 percent remitted to acute ECT. After 6 months of continuation-treatment, significant differences were observed in the three treatment arms with sustained response rates of 77% in the CBT arm, 40% in the ECT arm, and 44% in the MED arm. After 12 months (primary outcome analysis), these differences remain stable with sustained response rates of 65% in the CBT-arm, 28% in the ECT-arm, and 33% in the MED-arm. Survival analysis indicated longer time-to-relapse in the CBT arm.

These results suggest for the first time that cognitive-behavioral group therapy in combination with antidepressants might be an effective continuation treatment to sustain response after successful ECT in patients with major depression. These results suggest for the first time that cognitive-behavioral group therapy in combination with antidepressants might be an effective continuation treatment to sustain response after successful ECT in patients with major depression.

Are there any changes of beliefs and attitudes towards supervision in Cognitive Behavioural Therapy in different stages of CBT Training?
Jana Vyskocilova, Faculty of Humanities, Charles University Prague; Jan Prasko, Faculty of Humanities, Charles University Prague

Psychotherapy requires clinical supervision. This is systematic guidance of a therapist by a supervisor. Inevitably, there is a question of training new high-quality therapists. This is related to supervision of their basic training. Beliefs and attitudes toward supervision in CBT could change during CBT training.

Our study was concentrated in mapping of the expectations from supervision of participants of CBT training in two different phases of training course (after 1st year of the training and after 4th year of the training) and expectation from supervision of participants of training in CBT supervision. As an assessment tool was used the Attitudes and Beliefs about Supervision Scale (ABSS). The expectations of probands with different experience in supervisor were compared to find out the similarities and the differences of the expectations. The results showed that the students of Supervisory training (n=16) stress especially self-reflection and structure of supervision, Beginners in CBT training (n=36) stress counseling and planning of therapeutic strategies, and Advanced in CBT
training \( n=34 \) prefer higher understanding of transference and counter-transference and learning according the model. Surprisingly the self-reflection and therapeutic relation were evaluated as a most important by all groups. Most important expaction from the supervision was self-reflection and better understanding of therapeutic relation. Supported by grant IGA MZ CR NT 11047-4/2010 For supervisor is very important to understand needs of supervisee.

**Emotion Regulation Predicts Anxiety over a Five-Year Interval**

Carolin M. Wirtz, Philipps-University Marburg, Germany; Anna Radkovsky, Philipps-University Marburg, Germany; Matthias Berking, Philipps-University Marburg, Germany

Emotion regulation deficits have been linked to symptoms of anxiety in cross-sectional studies. However, the direction of the relationship between emotion regulation and anxiety symptoms is unclear. In order to clarify the relationship between emotion regulation skills and anxiety symptoms, we assessed emotion regulation skills and anxiety symptoms in 131 individuals twice over a 5-year interval. Cross-lagged panel analyses were conducted to test whether emotion regulation skills were a significant predictor for subsequent anxiety symptoms or vice versa.

Emotion regulation skills negatively predicted subsequent anxiety symptoms over and above the effects of baseline anxiety. However, anxiety symptoms did not predict subsequent emotion regulation. Acceptance, tolerance, and willingness to confront undesired emotions had the strongest prospective effects on subsequent symptoms of anxiety. Our study demonstrated that the enhancement of general emotion regulation skills may be an important strategy in the prevention and treatment of anxiety symptoms.

**Contributions of Ancient Greek Philosophers to Cognitive Behavior Therapy**

George Baniokos, Hellenic American Education Center & Hellenic American University, Greece; Sophia Charokopu, Hellenic American Education Center & Hellenic American University, Greece; Irene Koutela, Hellenic American Education Center & Hellenic American University, Greece; Thomas Mallaroudakis, Hellenic American Education Center & Hellenic American University, Greece; Chrisanna Mastorakis, Hellenic American Education Center & Hellenic American University, Greece; Maria Preka, Hellenic American Education Center & Hellenic American University, Greece; Dimitra Tsikni, Hellenic American Education Center & Hellenic American University, Greece

Ancient Greek philosophers are referred to as contributors to the conceptual formulation of Cognitive Behavioral Therapy (CBT). Since then, CBT has expanded the theory through clinical research into what is considered to be one of the most effective, evidence-based therapeutic processes for the treatment of a wide range of psychological disorders. This paper will provide a comprehensive review of the philosophical backbone of CBT, through the analysis and discussion of the major philosophical contributors to the formulation of CBT.

Specifically, Socrates’ theory of knowledge contributed mostly to the dialogue and eliciting methods in the individual’s effort to reach their own truth. Expanding on that, Plato’s contributed the idea that in order to feel the divine realm of reality humans need to free themselves from false beliefs and brutish passions. Epicurus contributed the concept of tetrapharmakos suggesting that maximizing pleasure and minimizing pain is the road to a happy, anxiety-free and fulfilled life. In addition, he stated that feelings are the key to happiness, whereas developing rational thought, constitutes the way to reduce worry and control emotions. The Stoics, supported the idea that empathy-apatheiy-eupathy is the three-word combination that can lead an individual away from all pathos, leading to happiness through cognitive modifications. Finally, Skepticism contributed the idea that finding conflicting arguments with equivalent influential force, leads the individual to the deferment of judgment and deviates from dogmatism.

The purpose of this study is to make explicit the connections between the contributions of ancient Greek philosophers and CBT approaches, provide additional ideas that may be fruitful in the expansion of already existing methods and propose additional philosophical principles that could be explored by CBT theorist and practitioners.

**Are there any differences related to treatment outcomes in a sample of outpatient treatment center depending on the primary drug of abuse?**

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CAS Barceloneta is an ambulatory drug abuse treatment center for patients with any substance dependence disorder. The high rate of dropout from treatment programs is one of the most important problems in the field of drug dependence. This incident is related to the sort of substance abuse and other clinical and treatment variables. The objective is to assess differences in clinical, toxicological and treatment variables and its implication in treatment outcomes, according to the primary drug of abuse.

A retrospective study with 65 patients, who were randomly selected and had their first psychology appointment in CAS Barceloneta between 2008 and 2010. Two groups were performed according to the main drug dependence diagnosis (alcohol and cocaine). Sociodemographic, psychiatric diagnoses, toxicological data and psychological treatment (PT) variables were collected. Bivariate analyses were conducted with the SPSS 14.0 package.
Two groups with 34 cocaine dependent patients (CDP) (65\% men, 34'4 [+ 9'9] years) and 31 alcohol dependent patients (ADP) (71\%men, 46'7 [+ 11'9] years) were performed. Differences between both groups were found in relation to the age of first psychology appointment (CDP 34'4±9'1 vs ADP 46'8±11'9; p=0.000) and being abstinence at time when they enrolled to PT (18\% in CDP vs 52\% in ADP; p = 0.002).

CDP are younger and less abstinent than ADP when they seek drug abuse treatment. This suggests that cocaine dependence cause more legal, physical, mental and other problems than alcohol dependence.

Provide useful information on the specific treatment needs of cocaine dependent patients.

**Effectiveness of a combined treatment in outpatients with substance abuse**

Monica Astals, Institut Neuropsiquiatria i Addiccions, Spain; Eduard Forcadell, Institut Neuropsiquiatria i Addiccions, Spain; Mireia Forns, Institut Neuropsiquiatria i Addiccions, Spain; Ana Vilar, Institut Neuropsiquiatria i Addiccions, Spain

Research so far has shown that combined (pharmacological plus psychological) approaches improve treatment outcomes in terms of abstinence in individuals with substance dependence disorders. In this study, we investigated the effectiveness of a combined treatment in a heterogeneous sample of substance dependence patients. We conducted a retrospective chart review of 77 patients (66\% males, mean age (SD) of 39.3 [+12.5] years), who were referred for psychological treatment (PT) and had their first appointment between 2008 and 2010. The main substance use diagnoses were cocaine (44\%) and alcohol (40\%) dependence disorders. Abstinence was calculated at 6 months after starting PT by negative urine controls test. Demographic, toxicological and clinical variables were used for the analyses. Bivariate analyses and a multiple logistic regression were performed to identify which variables were related to abstinence. Two variables predicted abstinence in those who were in PT: being unemployed (?=1.56, p<0.026) and being abstinence (?=2.75, p=0.000) at baseline.

To be unemployed when the PT begin help patients to maintain abstinence at 6 months. This could be explained for the patient’s economic factors.

**Change of Cognitive Behavioural Therapy Knowledge after a CBT Workshop**

Ahmad AlHadi, King Saud University, Saudi Arabia

Training in Cognitive Behavioral Therapy (CBT) is not an easy job. The effect of training on trainees is difficult to be assessed. This study aims to measure the knowledge change in Psychiatric residents who attend a one day workshop in CBT. Knowledge of cognitive-behavior therapy (CBT) was measured by Cognitive Therapy Awareness Scale (CTAS). It was applied pre and post the CBT training workshop. Also, we asked the trainees to fill a feedback form including written notes. There is significant statistically difference between post (31.15 SD 2.621) and pre mean (28.80 SD 4.150) scores of CTAS (P<0.05). Trainees liked the workshop in general. They preferred role-plays the most as a teaching method. CBT training workshop can change the knowledge of CBT. Change in skills and attitude need to be assessed in future studies.

Training workshop can change CBT knowledge. Role-plays are preferred way in teaching CBT.

Acknowledgements
This study was sponsored by the Psychological Health Research and Applications Chair, King Saud University, Riyadh, Saudi Arabia.

**Theory of Sabr: An early Arabic theory in emotion regulation**

Khalid Alalbar, King Saud Bin AbulAziz University, Saudi Arabia

The concept of sabr (an Arabic word, may be translated to (Patience) is deeply impeded in the psychology of people in the east in general Sabr constitutes a full set of theory to the Arab eastern, (compare to the mindfulness to the far eastern). the author conducted a historical literature review from early Arabic & Islamic resources, in particular ideas extracted from scholars such as Kindi 869AD, Bulkhi 933, Mawardi 1058, Ghazali 1111, Ibn AlJawzi 1200, Ibn AlQayem 1350 and Menbeji 1383, in additions to Quran and Sunna commentations. Theory reconstruction is made.

Many early scholars consider Sabr as the core of human psychology. Sabr can be defined as the ability to tolerate/bear suffering and pain, to deal with it in calm without overreaction, to raise the threshold of complaining, to control emotional overreaction, and to learn to adopt the state of serenity and calmness. We call this as "sabr state". Sabr as a psychological skills and disposition is something can be learned and taught.

We conceptualize sabr as an ongoing process in 2 phases, an early sabr and the subsequent sabr. An early thought about the components of Sabr revealed that it constitute of the following:

- Bearing and self-control
- Serenity and calmness
- Istrja (Calming prayer)
- Meekness and not to be in rush
- Self-awareness and monitoring
- Steadiness and Perseverance/ Endurance
Theory of sabr can be an important addition to the field of psychology. Details of this and more will be elaborated in the full paper.

A new/old approach to be used in most of cases for emotional regulation.

Combining elements of Motivational Interviewing with CBT supervision – some cultural applications
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One of the crucial elements of successful supervision is the quality of relationship between supervisor and supervisee (Armstrong and Freeston 2005). An effective relationship should be based on safety, trust, support, collaboration (Beinart 2004). In order that supervisors feel able to be honest about difficulties with own work, supervisor is to respond to supervisees needs with openness and sensitivity (Westbrook et al. 2011).

In some countries, however, supervision does not always appear to be based on safety and support. Even though therapists know that CBT approach requires collaboration and partnership, within the supervision context they expect (and often experience) harsh approach. Supervision is often associated with criticism and punishment ('you failed!'). Supervisor is not seen as a facilitator but rather an authority. Supervisees may feel scared of being judged negatively and undermined and can be apprehensive to present cases.

Combining CBT with Motivational Interviewing (MI) may facilitate the process of supervision. MI is a form of collaborative conversation about change (www.motivationalinterviewing.org). It has been successfully integrated with CBT in a wide range of anxiety disorders (Westra 2012).

If the supervisor has any reservations, s/he is to share them in an open and honest way (Pretorius 2006). But if the supervisor tends to be critical (as in some cultures is the case), the supervisee may believe that his/her work is not good. This may affect feelings towards clients (eg. anger, irritability), which may have consequences on the clients’ feelings (eg. helpless, hopeless). Hence, the role of a supervisor is to support the supervisee.

The use of MI strategies (Miller 2012), like affirmations, the focus on the ‘language of change’ facilitates the CBT supervision.

Both the supervisor and supervisee become more confident about their work. Their relationship is built on curiosity rather than frustration. Their feelings change (more sense of empathy, hope, interest, compassion, admiration). The supervisee feels safe, emotionally supported, understood and helped with their CBT work. As a result the client can only benefit.

We will present findings from the Polish experience of combining CBT and MI supervision skills. Supervisors, supervisees and clients can benefit at 3 levels: competency (supervisor and supervisee experience higher level of competency), emotions (they feel less anxious), relationship (there is more trust, higher engagement). Preliminary observations will be discussed based on our work with newly trained CBT supervisors.

Both specific proficiency and relationship factors contribute to the efficacy of supervision. Combining CBT with MI can promote positive change within the supervision context, especially in cultures where there is a long tradition of the supervision based on confrontational practices.

On the relevance of self-reflection (SR) and self-experience (SE) in developing therapeutic competencies in CBT – A retrospective evaluation
Sarah Huneke, Department of Psychology, University of Salzburg; Gertraud Wagner-Mairinger, Institute of CBT, AVM-Austria

Although self-reflection (S-R) and self-experience (S-E) are obligatory components of training in CBT in German speaking countries since more than 20 years, their value on the development of therapeutic competencies in CBT is not yet fully known. Therefore research on this question is still needed.

In the present study the S-R/S-E program of AVM-Austria (200 sessions at all, at least 100 in a group and at least 50 in a dyadic setting) was evaluated retrospectively by focussing specifically on its role for developing therapeutic skills. 60 trainees and 42 graduated therapists rated the perceived outcome of their group- and individual S-R/S-E experiences on the development of their personal (e.g. self-reflection skills, empathy, self-awareness etc.), interpersonal (e.g. interpersonal skills), process- and technique-related (learning basic therapeutic skills and specific techniques) and practice related skills (e.g. getting sensitized for blind spots, increased awareness of ethical problems).

In general S-R/S-E was evaluated as effective in developing therapeutic competencies and skills for almost every field of competence. In most areas individually administered S-R/S-E was rated as being superior to S-E/S-R in groups. Trainees in CBT did not rate S-R/S-E as more important than already graduated therapists. Additionally, outcomes correlated low to medium sized with subjectively measured levels of therapeutic skills, highest with amount of methodological-technical competencies and orientation in CBT-techniques. Exploratory regression analysis found the number of sessions of SR/S-E in groups and the total outcome of individually offered S-R/S-E as best predictors for therapeutic competence.

The results throw positive light on the role of S-R/S-E in developing therapeutic skills and competencies. Contrary to prevailing practice in CBT trainings however, favouring S-R/S-E in groups, the present study reveals individually administered S-R/S-E as being obviously more effective. Although the results of the present study can be interpreted in
Spirituality, Religion and Psychosis: CBT for delusions with religious contents

Sylvia Mohr, Hôpitaux Universitaires de Genève, Switzerland

Spirituality or religiousness (S/R) often plays a key role in the process of recovering from psychosis. S/R is a precious resource for hope, meaning, comfort and social support. However, S/R may also be a burden and a source of suffering. CBT of delusions with religious content is especially challenging, while S/R beliefs cannot be experimentally tested in reality; and S/R still may be a resource. Three clinical cases illustrating the interactions between delusions with religious contents; and negative, positive and mixed S/R will be presented.

The success of treatment lies on integration of S/R and CBT in two cases; and in the given up of S/R in one case. A belief cannot be considered as a delusion only on its content; it needs to be distressing and dysfunctional. In order to avoid stigmatization of patients’ S/R, delusions with religious contents were treated as delusions, either of persecution, of self-significance (grandiose, guilt/sin, reference) or of influence. In-depth S/R assessments allow grasping the interactions between psychotic symptoms and S/R; and to lean on healthy S/R when available.

To disentangle S/R from psychotic symptoms, require to treat symptoms as symptoms, even when they have an S/R content, to take into account the S/R dimensions in patient’s life and to tolerate an overlapping zone between S/R and symptoms.

Something rotten in the state of Denmark? Psychotherapy and CBT-supervision in Danish psychiatry, training of the next generation of psychiatrists, status and need for improvement

Lasse M. Schmidt, Psychotherapeutic ward F4, Psychiatric Centre Frederiksberg, Denmark

BACKGROUND: Psychotherapy training is mandatory for doctors to qualify as psychiatrists. Over the last decades evidence for both effect and harm of psychotherapy has increased. Psychotherapy is included as a cornerstone in many international treatment guidelines.

OBJECTIVE: To investigate how the psychiatrists in training (PITs) perceive the role of psychotherapy, quality of training, and supervision received in psychotherapy.

METHOD: Questionnaires on psychotherapy and supervision of cognitive behavioral therapy (CBT) were used at all PIT-training courses in 2011. Questions investigated respondents’ views on relevance and feasibility of providing therapy and receiving supervision as part of psychiatrist training.

RESULTS: 60 PITs (100%) answered the questionnaire. 77% found it difficult to find time to practice psychotherapy in their clinical setting, less than 10% of the workday was spend on it, whereas psychopathology and psychopharmacology both took up over 40%.35% and 44% felt practicing psychotherapy was a strain on them or their employer respectively.53% wished for a primarily CBT education. 34% had difficulties finding patients, 36% and 53% had difficulties getting psychodynamic- and CBT-supervision respectively.36 participants had received CBT-supervision, however, based on responses more than 50% of supervision appeared to be under the expected CBT-supervision standard, and in 33% so inadequate it might not qualify as CBT-supervision.

CONCLUSION: There is a need to focus on psychotherapy and supervision in the psychiatrist training program. Psychiatrists in training report too little time for psychotherapy and insufficient access to supervision. Good supervision may be lacking. A way to ensure quality of supervision is required.

CONCLUSION: There is a need to focus on psychotherapy and supervision in the psychiatry training program. Psychiatrists in training report too little time for psychotherapy and insufficient access to supervision. Good supervision may be lacking. A way to ensure quality of supervision is required.

Strengthening CBT-supervision. A quality control study of cognitive behavioural psychotherapy supervision in Danish psychiatry

Lasse M. Schmidt, Psychotherapeutic ward F4, Psychiatric Centre Frederiksberg, Denmark; Sebastian Swane, Psychotherapeutic ward F4, Psychiatric Centre Frederiksberg, Denmark

BACKGROUND: Supervision of cognitive behavioural psychotherapy(CBT) in Danish psychiatry is of varied quality, in regard to the skills of the supervisees and in the (lack of) techniques supervisors use and demonstrate. Supervisors that fail to convey knowledge of the techniques used in CBT during CBT-supervision makes it hard for the supervisees to learn and apply them.

OBJECTIVE: To increase quality and gain of CBT-supervision, and thus patient treatment, through development of tools to increase focus on relevant contents of CBT-supervision.
METHOD: based on a review of recommendations for supervision and CBT three tools were developed: Two self-reflecting tools for supervisee usage. One supervision/supervisor-feedback-form for the supervisee to strengthen usage of core CBT techniques/methods. These tools were tested by the authors in CBT-supervision groups (16 supervisees).

RESULTS: 94% found that the self-reflecting tools increased their focus in preparation and execution of therapy and supervision. 75% reported the tools increased the quality of CBT-supervision. 69% became more attentive to and better at handling own thoughts and emotions in therapy when using the tools. The feedback-form was evaluated to increase the quality and the yield of supervision 56% and 53% respectively, 6% and 7% disagreed to these effects. 69% preferred CBT-supervision with the three tools. 7% did not.

CONCLUSION: The usage of tools to reflect on ourselves and our colleges in a non-judgmental manner seems to increase interest, quality and benefit of CBT-supervision and CBT. Such tools should therefore be included in the future to ensure the quality of CBT and CBT-supervision.

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An experimental study of written “emotional expression”: mechanisms and effectiveness
Lucio Sibilia, Sapienza University of Roma, Italy

The Expressive Writing Therapy (EWT) proposed by J. Pennebaker has been shown in several studies to produce noticeable improvements in well-being and health-related outcomes in normal and clinical populations. However, its therapeutic mechanisms are still debated; in the theoretical underpinnings of the proponent, the key factor is the expression of emotions. The present study aimed at testing this hypothesis.

120 undergraduate students were enrolled and randomly divided into 3 groups of 40 SS each. The first underwent three EWT sessions about traumas, the second underwent three sessions of mood enhancing writing exercise, and the third was invited to write about neutral experiences. Both at baseline and 40 days after the end, the scores of well-being were gathered with the Ryff WB Scale (RWBS) and of depression with the Beck Depression Inventory (BDI). All the written reports were also assessed with a linguistic analysis software for the frequency of emotional words (positive, negative) as a measure of emotional expression, and total word count as a measure of descriptive detail.

Only SS in the first group exhibited a reduction in BDI and a marked improvement in RWBS scores, both significant, as compared to the other two groups which did not show any significant improvement in outcomes. Moreover, the number of positive emotional expressions were not significantly correlated with the changes in well-being, rather it was the number of words expressing negative emotions, whereas positive emotional expressions were directly related to improvements in depression.

EWT shows positive effects both in terms of improvement in well-being and of reduction of depressive mood even in normal subjects, while expressing positive emotions does not. The verbal expression of emotions alone is likely to account for part of the therapeutic effect of EWT; but the rest of unexplained variance calls for other mechanisms, still to be studied.

When describing negative experiences, the written expression of negative emotions can enhance well-being in normal subjects, while the expression of positive emotions can reduce depressive mood.

Core beliefs as starting points across different diagnoses in cognitive behavior therapy
Wolfgang Strauss, University Duesseldorf, Germany; Johanna Strauss, University of Applied Science Muenster, Germany

Core beliefs are part of the cognitive model of cognitive behavior therapy. Little is known about how many patients with different diagnoses report such core beliefs at the begin of psychotherapy spontaneously.

124 consecutive reports of 24 different therapists, which has to be written in Germany after two or three anamnestic sessions and which are then sent to an expert of the health insurance-company as request for therapy, were looked through whether in these first reports core beliefs were reported spontaneously by the patients.

In 88% of these reports core beliefs were directly reported. No specific patterns of core beliefs were found for the different diagnoses (anxiety disorders, OCD, depression, schizophrenia, personality disorders, eating disorders).

The role of core beliefs as starting point across different diagnoses in CBT is discussed.

Role of core beliefs, Core beliefs as target of therapy, core beliefs as universal therapy starting point

Hypnosis: There’s an App for that. A systematic review of hypnosis apps
Madalina Sucala, Babes-Bolyai University, Romania; Julie Schnur, Icahn School of Medicine at Mount Sinai, USA; Kimberly Glazier, Icahn School of Medicine at Mount Sinai, USA; Sarah Miller, Icahn School of Medicine at Mount Sinai, USA; Joseph Green, Ohio State University at Lima, USA; Guy Montgomery, Icahn School of Medicine at Mount Sinai, USA

Mobile phone and tablet apps are increasingly used to deliver psychosocial interventions. In particular, there has been a recent proliferation of hypnosis apps. However, there has been no review of the quality or content of these hypnosis apps. The study systematically reviews the hypnosis apps available via iTunes that were compatible with IPhone or iPad.

A list of apps was collected in June, 2012, using the Power Search function of iTunes version 10.6. Each app description was reviewed by two independent raters to determine whether the app met inclusion criteria: 1) the app description
mentioned the use of hypnosis, hypnotherapy or the user being hypnotized; 2) hypnosis targeted a symptom/problem/quality of life and was not solely for entertainment; 3) the app description was in English; and, 4) hypnosis had a written or oral verbal component(i.e., rather than just images or sounds).

Of 1455 identified apps, 575 were duplicates, and 407 met inclusion criteria. Most common hypnosis app targets were: weight loss (23%), boosting self-esteem (20%), and relaxation/stress reduction (19%). 83% of apps delivered hypnosis via audio track, and 37% allowed tailoring. Less than 14% of apps reported disclaimers. None of the apps reported having been tested for efficacy, and none reported being evidence-based.

Although apps have the potential to enhance hypnosis delivery, it seems as though technology has raced ahead of the supporting science. Recommendations from clinical researchers and policy makers are needed to inform responsible hypnosis app development and use.

Hypnosis apps can be used as an adjuvant in the clinical practice of CBT; however, recommendations from clinical researchers and policy makers are needed to inform hypnosis apps development and use as an evidence-based tool.

The Multilevel Motivational System – Questionnaire
Stella Tamburello, Università Europea di Roma, Italy; Stella Tamburello, Università Europea di Roma, Italy; Mariantonietta Fabbricatore, Università Europea di Roma, Italy; Marilena D’Annuntiis, Italy; Antonino Tamburello, Università Europea di Roma, Italy
The Cognitive–Causal Method (Tamburello A., 2002) focuses on the role of motivation in determining and influencing each element of an individual’s psychic reality. In particular, it is believed that, at the origin of cognitive processes and behaviors, there is the pursuit of interests and specific purposes according to a feedforward system. Clinical assessment involves the identification of an individual’s values and priority interests, which are systematized and organized within the 5 levels of the Multilevel Motivational System - MMS (Tamburello A., 2007). The basic strength of the method is the application of a logical and rational methodology to investigate the hierarchy of priority interests characterizing an individual, in relation to a systematic monitoring of cognitive processes and behaviors by means of special assessment tools, such as the 7 Columns Functional Analysis (horizontal investigation) and the Causal Analysis (vertical investigation).

The trend of our research group in this direction has allowed the creation of a 220 item questionnaire, currently being validated, in order to investigate individuals’ motivations and values. The methodology adopted for the construction of the questionnaire utilized a study carried out on 80 clinical cases, treated with the Cognitive-Causal Method, from which we extracted the items relating to the interests identified. The aim of the study was to create a new specific tool to identify the MMS and to compare it with the different clinical frameworks and personality disorders.

Guidelines for Training in Intercultural Psychotherapy
Kirsten Baschin, Humboldt University of Berlin, Germany; Imke Wormeck, University Medicine Hamburg Eppendorf, Germany; Mike Möske, University Medicine Hamburg Eppendorf, Germany
Globalization has led to the fact that intercultural aspects in psychotherapy have gained increasing attention over the past years. However, to date, there have been no guidelines for the integration of intercultural aspects in the education and training of psychotherapists in the German speaking community. In the present study we aimed to develop systematic training guidelines for intercultural therapy in order to increase the quality of trainings and therapy outcome for clients. In an extensive 3-stage consensus process we included data from a systematic literature review, existing training programs, eight focus groups with clients and therapists from different cultural backgrounds, round tables with clinical practitioners and expert interviews.

Guidelines for training in intercultural psychotherapy were developed by a committee of experts in the field of intercultural psychotherapy by extracting the different sources of the study. The guidelines differentiate between learning objectives, essential skills and central contents/ knowledge which should be imparted in trainings. In times of globalization cultural psychology and psychotherapy are central elements of clinical training. The guidelines presented here offer an empirically verified tool for educational institutions, clinicians and training providers to improve the quality of intercultural trainings.

CBT as an approach which puts a lot of effort into empirically proven procedures and approaches will benefit from guideline which allow the evaluation of intercultural clinical interventions and hereby improve treatment.

A systematic training enhances self compassion in college students: A randomized controlled trial
Jeanine Schwarz, Judith Kowalsky, Matthias Berking, Philipps-Universität Marburg, Germany
The period of transition from school to higher education can be considered as a major life changing event and is associated with an increase in the incidence of mental health problems. Deficits in affect regulation play a central role in the development and maintenance of psychological disorders. The efficacy of self compassion as an emotion regulation strategy has been experimentally validated with regard to adaptively coping with depressed mood. However, at this point it is unclear to what extent self compassion can be enhanced through systematic training in college students.

We evaluated the efficacy of an intense emotion regulation training in a prospective, randomized controlled trial in a sample of N=102 college students. Primary outcome was the ability to downregulate undesired emotions. This ability was assessed through the Emotion Regulation Skills Questionnaire (ERSQ) as well as through an experimental paradigm. In this
paradigm we induced depressed mood four times and, after each mood induction, instructed participants to apply one of 4 affect regulation strategies (spontaneous regulation, cognitive reappraisal, acceptance and self-compassion). Self-ratings of depressed mood were assessed prior to and after each mood induction and regulation phase to measure the effectiveness of each strategy. Changes in this effectivity during training were compared with those of a wait-list control condition. In both questionnaire and experimental paradigm, preliminary results show that self compassion increased to a significantly greater extent in the training condition as compared to the wait-list control condition. Moreover, secondary analyses indicated that participating in the training was also associated with greater reduction of rumination, dysfunctional perfectionism, suppression and self-criticism. Consistently across self-report based and experimental assessment of emotion regulation findings suggest that self compassion of college students can be significantly enhanced through a systematic emotion regulation training. Moreover, enhancing self compassion positively affects important aspects of mental health. Thus, findings encourage the use of self compassion in prevention programs.

Friday 27th September – Morning session

Keynote Addresses

Cognitive Therapy of Personality Disorders
Judith Beck, University of Pennsylvania, USA
Why do Axis II patients sometimes pose such a challenge in treatment? Why do they miss sessions, criticize the therapist, blame others, display hopelessness about change, fail to do homework, engage in self-harm, use substances, and engage in other kinds of dysfunctional behavior? Part of the answer lies in their negative, rigid, overgeneralized ideas (core beliefs) about themselves, their worlds, and other people, which they developed as a result of the meaning they ascribed to early adverse experiences. Once these beliefs become entrenched, patients begin to view their subsequent experience through the lens of these powerfully negative ideas and they develop certain behavioral tendencies, or coping strategies, to get along in life.
When Axis II patients enter treatment, they often view their therapy experiences through the lens of their core beliefs and employ their usual coping strategies, which can interfere with “standard” treatment. It is useful for clinicians to understand the particular set of beliefs and coping strategies that characterize the various personality disorders in order to conceptualize the individual patient. The therapist then uses this conceptualization to plan treatment and solve therapeutic problems. Therapists often must use specialized strategies to develop and maintain a strong therapeutic alliance, set goals, structure the session, and help patients to focus on solving problems, learning skills and completing homework. It is essential to educate patients about their core beliefs, help them cope with schema activation, modify their core beliefs at both an intellectual and emotional level, and develop alternate beliefs, often using experiential techniques

The Phenomenology and Persistence of Compulsions
Christine Purdon, Department of Psychology, University of Waterloo
In the past two decades a substantial amount of research has been devoted to understanding why obsessions evoke the aversive emotional response that yields compulsive behaviour, with the assumption that the compulsion will simply become obsolete if the obsession is de-toxified. Surprisingly scant attention has actually been paid to the phenomenology of compulsions, nor why they persist, other than to neutralize the aversive state the obsession evokes. This presentation will review recent developments in our understanding of the phenomenology and persistence of compulsions and the implications for case formulation and treatment

Depression, self-criticism and the many waves of CBT
Eduardo Keegan, University of Buenos Aires, Argentina
The scientific nature of CBT is evident in the field of depression: many, if not most, of the theoretical and clinical pillars of the early models and treatments have been subject to criticism and revision. There has been considerable debate about the mechanism of change in standard cognitive therapy. A number of studies have shown behavioral activation –but also other psychotherapies- to be equal to standard cognitive therapy both in results and in relapse prevention. Evolutionary and metacognitive approaches have not only influenced cognitive-behavioral models, but also generated new, intriguing strategies for dealing with depression. Different varieties of meditation have been useful both for acute treatment and for relapse prevention. Some of these new approaches have proven to be more efficient –or more appealing to certain clients-than traditional strategies. All these innovations, however, do not seem to translate clearly into significant improvements in results. One of the goals in this conference will be to reflect on the reasons for this state of things.
The advancement and refinement of psychopathological models is a key way to improve treatment outcome. And despite all the heated debates and the many waves in the ocean of modern CBT, there is growing consensus in the field on the importance of identifying common mechanisms in emotional disorders. Transdiagnostic approaches to psychopathology and treatment are increasingly popular among cognitive-behavioral theoreticians and psychotherapists. So, our second goal in this conference will be to review the transdiagnostic constructs of perfectionism, discrepancy and self-criticism and their role in current cognitive-behavioral models and treatments of depression and other emotional disorders.

**TCC et Cultures**

Jamal Chiboub, President of MABCT

Quelque soit le symptôme physique ou psychologique il requiert une signification pour le sujet et pour son environnement, lesquelles significations dictent des stratégies d’adaptation au symptôme. Le sujet attribue une signification à son symptôme à partir de postulats qui tiennent à son histoire biologique, psychologique et culturelle. Les postulats culturels permettent de donner un sens au symptôme qui a l’avantage d’être accessible et familier au sujet et à son entourage. Ils peuvent permettre une gestion adaptée du symptôme et entrer en résonnance harmonieuse avec les postulats personnels du sujet ou au contraire être dysfonctionnels ou rentrer en dissonance avec les postulats du sujet souffrant et aggraver ainsi le problème. Les postulats culturels fonctionnent par des heuristiques qui sont des jugements automatiques sur la réalité et qui font appel à la pensée intuitive plutôt qu’à la pensée rationnelle.

La TCC fait appel à la méthode scientifique empirique basée sur la preuve. L’empirisme a été conceptualisé comme mode de pensée par l’épiéthéologie mais il a toujours été pratiqué par tous les peuples et a permis la survie et le développement de l’espèce humaine. Si l’homme de la forêt, du Sahara ou de la neige a pu donner un sens à sa vie, l’organiser et la rendre moins pénible grâce aux modes de pensées magiques et religieux, il a survécu et vécu grâce à la pensée empirique. Les fondamentaux de la TCC sont de ce fait accessibles à toutes les cultures.

Bien connaître la culture du patient facilite la thérapie mais tout thérapeute cognitiviste-comportementaliste doit pouvoir traiter un patient quelque soit sa culture moyennant un minimum de savoir sur la culture celui-ci. La TCC étant une méthode collaborative, le thérapeute peut apprendre du patient le savoir culturel nécessaire à sa thérapie ; cela suppose respect et humilité mais n’exclut ni l’esprit critique et ni la démarche scientifique.

Néanmoins, plusieurs défis sont à relever. Comment amener le patient à adopter la pensée scientifique rationnelle basée sur la preuve dans un langage culturellement accessible ? Comment intégrer le modèle magique ou religieux du patient dans le modèle TCC? Comment remettre en question les postulats personnels du patient sans entrer en opposition avec ses postulats sacrés religieux? A-t-on besoin de se référer à des représentants religieux pour discuter ces postulats ? Est-ce que le thérapeute peut parler en tant que croyant sans susciter une confusion des genres dans la relation thérapeutique ? Doit-on remettre en question des postulats culturels inadaptés incompatibles avec des valeurs universelles ?

Autant de question qui relèvent d’échanges à partir des expériences cliniques de thérapeutes de cultures différentes

**In Congress Workshops**

**Positive CBT - From Reducing Distress to Building Success**

Fredrike Bannink, Private Practice, Amsterdam

Recent decades have witnessed a surge in the development of competency-based, collaborative approaches to working with clients. This workshop reveals how traditional CBT can become Positive CBT, with a shift in the focus of therapy from what is wrong with clients to what is right with them, and from what is not working to what is. Drawing on insights and techniques from both Positive Psychology and Solution-Focused Brief Therapy, Positive CBT combines the best elements of change-based and meaning-based psychotherapeutic approaches to offer a new perspective on traditional CBT.

This represents an important shift from problem analysis to goal analysis, from a focus on deficits and the learning of new behaviors to one that builds on resources and competences the client already possesses, and from reducing distress to building success.


Kuyken: "What Bannink is doing is radical, synthesizing CBT with the psychology of resilience in a grounded and pragmatic way."

Padesky: "Positive CBT offers the best constructive vision to date of what CBT can look like when joined with positive psychology and solution-focused brief therapy approaches."

Gilbert: "This is a book to change what we focus on and how we work in helping people change. A book to read many times."

Key Learning Objectives

At the end of the workshop participants will have:

- Knowledge about Positive CBT;
- Knowledge how Positive CBT is different from traditional CBT and can also be combined with it;
- Some practical applications of Positive CBT (e.g. Assessment tools, positive FBA’s, positive self-monitoring, etc) which can be applied immediately;
- More lighthearted conversations with their clients, which may result in less burn-out.
Training Modalities

Short keynote presentation, many exercises for experience-based learning

Workshop Leaders

Fredrike Bannink is a clinical psychologist and Master of Dispute Resolution based in Amsterdam, the Netherlands. She is an internationally recognized cognitive behavioral therapist and trainer and co-founder and Chair of the Solution Focused CBT section of the Dutch Association for Behavioural and Cognitive Therapy (VGCT). She is an international presenter/trainer and author in the fields of Solution Focused Interviewing, SF Coaching, SF Conflict Management, SF Leadership, Positive Psychology and Positive Supervision. www.fredrikebannink.com

Key references


Implications for everyday clinical practice are:
- Improvement in longer-term therapy outcomes
- More clients may benefit more substantively from therapy
- Therapists may become more effective and successful, enjoying their work along the way.

Culturally Adapting Cognitive Behaviour Therapy for Mental Disorders

Shanaya Rathod, Southern Health NHS Foundation Trust and Nusrat Hussain, University of Manchester, UK

Cognitive Behaviour Therapy (CBT) is the most widely recommended psychological therapy for most mental health problems including depression, anxiety, obsessive compulsive disorder and psychosis in the United Kingdom (e.g. NICE 2002) and many other countries. However, explanations used in CBT are based on Western concepts and illness models. There has been little attention given to modifying the therapeutic framework and practice of therapy (Williams et al, 2006) to incorporate an understanding of diverse ethnic, cultural and religious contexts (Rathod et al, 2008). Theory, interpretation and practice of CBT in multiethnic client groups needs to be adapted to the growing literature on cross-cultural counseling and the ethical and practical concerns surrounding competency and training of psychotherapists working with these clients (Pedersen, 2003). Dissemination of cognitive therapy across widely diverse cultures is increasingly occurring. The evidence to support this is explored as are problems associated with using therapy that is not culturally adapted.

Educational Objectives:
At the conclusion of this session participants will be able to
1. Understand the need to culturally adapt Cognitive Behaviour Therapy to facilitate engagement and improve outcomes in patients from ethnic minority communities
2. Recognise themes and adaptations of therapy that are specific to certain cultures and which impact on treatment when interacting with patients from these communities

Workshop Leaders:

Dr Shanaya Rathod, is a Consultant Psychiatrist, Clinical Service Director and Director of Research, Southern Health NHS Foundation Trust. She is involved in a range of activities in the NHS including research, audits, teaching, service and strategy development.

Dr. Rathod’s focus has been on improving patients’ lives with mental illness using a holistic approach of treatment including pharmacotherapy and cognitive behavior therapy. She has published books, chapters, articles in peer-reviewed journals and has been an invited speaker in many national and international conferences. Along with colleagues she has adapted a framework for delivering culturally sensitive Cognitive behaviour therapy for mental illness which is being published.

Facilitating the Competence of Others: Improving your Effectiveness as a CBT Supervisor

Sarah Corrie and Michael Worrell, Central and North West London NHS Foundation Trust, UK

The increasing demand on practitioners to provide effective CBT in a range of settings requires that practice is supported by effective supervision. Supervision is widely regarded as playing a vital role in the quality control of psychotherapies and within CBT is deemed to be an essential component of therapist development. Despite this, there is currently little substantive guidance on how best to deliver CBT supervision and a paucity of information on how supervisors should go about developing the prerequisite knowledge and skills. Nonetheless, the advent of the UK Government’s initiative Improving Access to Psychological Therapies, as well as the increasingly wide ranging clinical populations for whom CBT is recommended, has resulted in a demand for high quality CBT-focused supervision that can support therapist development, ensure adherence to procedure and method and enhance treatment effectiveness. In consequence, the competences and skills required to deliver CBT supervision have become a focus for both clinical services and training providers.

Key Learning Objectives

This workshop is designed to enhance participants’ skills as CBT supervisors through:
(1) increasing familiarity with relevant theories and models and considering their relevance to supervision practice; (2) offering specific guidelines and recommendations on how to assess supervisees’ needs for training and development;
(3) self-assessing competence as a CBT Supervisor and
(4) providing methods that can assist in the delivery of effective CBT supervision which can also be tailored to the needs of individual supervisees.
Training Modalities

Through use of lecture material, instructional videos, case examples and small group exercises, the presenters will offer workshop participants an opportunity to review their current supervisory practice, identify areas of development, and learn methods that can assist in the delivery of effective CBT supervision which can also be tailored to the needs of individual supervisees working with a wide range of clinical presentations. Workshop participants are encouraged to bring their own case material.

Workshop Leaders

Sarah Corrie, DClin Psychol, CPsychol, AFBPsS, is a Consultant Clinical Psychologist and Visiting Professor at Middlesex University. She is Programme Director of the Postgraduate Diploma & MSc in Cognitive Behavioural Psychotherapy offered by Central and North West London Foundation Trust in collaboration with Royal Holloway University of London. Along with Michael Worrell, she is Co-Director of post-graduate Programmes in both CBT Supervision and Behavioural Couples Therapy. Sarah is the author of several books and numerous articles focusing on the development of the professional and is a member of the International Editorial Board for the International Coaching Psychology Review. In addition to her other roles, Sarah is currently Chair of the Special Group in Coaching Psychology of the British Psychological Society.

Michael Worrell, PhD, CPsychol, AFBPsS, is a Consultant Clinical Psychologist and Director of Post Graduate Training Programmes in CBT for Central and North West London NHS Foundation Trust in collaboration with Royal Holloway University of London. Michael has over 20 years of clinical experience in the NHS as well as other settings in Australia and the UK. He has acted as an External Examiner and External Consultant for a number of UK Higher Education Institutions in regards to the development of CBT training as well as training programmes in psychotherapy more broadly. In addition to his background in CBT, Michael has trained as an Existential Psychotherapist and has recently presented a paper to the World Conference of ACT in Parma, Italy on ‘Existential Aspects of ACT’.

Sarah Corrie and Michael Worrell have worked together in planning, organising and delivering CBT training for nine years. Their joint work includes providing many lectures and workshops, including training courses on CBT-focused supervision and they have been invited to speak both nationally and internationally on this subject.

Key references


Implications for everyday clinical practice

CBT focused supervision has a critical role to play in supporting the development of cognitive behavioural therapists who themselves, are expected to deliver effective services to an increasingly diverse clinical population. This workshop aims to provide substantive guidance on how to optimally deliver CBT supervision. Attending this workshop will enable participants to reflect on their current practice, identify areas for development and acquire methods for improving the supervision they provide.

Cognitive-Behavioral Therapy for the Unemployed

Robert L. Leahy, Ph.D. American Institute for Cognitive Therapy, NYC

The unemployed face increased risk for binge drinking, depression, anxiety, and suicide, with rates of mortality 2.5 times never unemployed over a 23 year period. Many of the unemployed carry the “scar” throughout their lives, with significantly higher rates of future unemployment, and increased risk of cardiovascular disease and suicide. Unemployment is one of the leading “life crises” and is often accompanied by shame, isolation, passivity, self-criticism, rumination, worry, and family conflict.

We will consider how the cognitive behavioral therapist can assist the unemployed in validating emotions without getting stuck in being a victim, learn to accept what is “given”—but commit to change and action, decrease rumination, use behavioral activation to accomplish valued goals , modify destructive self-talk, reduce shame, overcome passivity and isolation, and develop a more balanced approach to this time “in between”. The unemployed in the USA spend 31 minutes per day looking for a job, with this time ranked the most depressing time of the day by respondents

The CBT approach to unemployment is based on three key assumptions: 1) your job is to find a job; 2) your second job is to take care of yourself; and 3) you need to focus on what you can control. For some, the period of in-between is a time for re-examining the values of materialism, relationships, and social support. Format includes lecture and role-play.

You Will Learn:

1. How to evaluate the major risk areas for patients (e.g., rumination, passivity, stuck as a victim, shame, hopelessness, etc.).
2. Develop a strategic self-help plan customized to patients.
3. Implement in-session and between-session interventions.

Recommended Reading:

CBT and Pain – Treating Chronic Pain: A Modern Behavioral Approach to Pain and Emotional Distress
Steve Linton, Orebro University, Sweden
This workshop will provide information and skill-building for treating patients who suffer from chronic pain. The number of people who suffer chronic pain or a combination of pain and other psychological problems e.g. depression or anxiety is frequent and on the rise. Thus, there is a dire need for psychologists with appropriate skills to treat such patients. In this workshop you will learn the particular skills to communication, assess, develop pertinent treatment goals, and deliver the most optimal treatment for patients suffering pain. A particular focus will be on providing an emotion-focused exposure treatment aimed at improving physical function and reducing distress.

Treatment of OCD: New Approaches to Old Challenges
Christine Purdon, University of Waterloo, USA
Obsessive-compulsive disorder (OCD) can be vexingly difficult to treat. Although standard exposure-based interventions can be highly effective treatment drop out and refusal rates are high. This workshop will identify key treatment challenges, including treatment readiness and engagement, ego-syntonicity of symptoms and consistency of symptoms with important and valued aspects of the self, role of the symptoms within the family system, fear of long term consequences, and reasons why compulsions are so, well, compelling Strategies for managing common treatment challenges will be discussed. This workshop is intended for mental health care professionals who have a fundamental understanding of CBT and who have had experience treating OCD.

Buried in Treasures: Cognitive-Behavioural Therapy for Hoarding Disorder
David Tolin, The Institute of Living, Connecticut, USA
The aim of this workshop is to familiarize you with hoarding disorder, a common and potentially severe mental health problem characterized by acquisition of, and failure to discard, a large number of possessions to the extent that living spaces become uninhabitable. We will review emerging data investigating the nature of hoarding, associated mental health features, and new research findings regarding brain function in people who hoard. To date, compulsive hoarding has frustrated mental health and social service workers due to its apparently chronic and treatment-resistant nature. Many hoarders are reluctant to seek help, and even those who do seek help frequently resist efforts to intervene. Clinical studies, therefore, have consistently shown a poor response to psychological and pharmacologic treatments. Recently, however, a new model of cognitive-behavioral therapy (CBT) has emerged based on our increasing understanding of hoarding. In this workshop, you will learn specific skills to increase clients' motivation and compliance, challenge maladaptive ways of thinking, and learn new behavior patterns. We will use lecture, video clips, and case discussion to illustrate how CBT strategies are implemented with this challenging population.

Key Learning Objectives
Following this workshop, participants will be able to:
1. Discuss the epidemiology and features of compulsive hoarding.
2. Outline a cognitive-behavioral model of compulsive hoarding.
3. Implement motivational interviewing and cognitive-behavioral strategies for patients who hoard.

Training Modalities
We will use lecture, video clips, and case discussion to illustrate how CBT strategies are implemented with this challenging population.

Workshop Leaders
David F. Tolin, Ph.D., ABPP is the founder and Director of the Anxiety Disorders Center at The Institute of Living and Adjunct Associate Professor at Yale University School of Medicine. He is President-Elect of the Clinical Psychology Division of the American Psychological Association, and recipient of the awards for Distinguished Contribution to the Science of Psychology and to the Practice of Psychology from the Connecticut Psychological Association. Dr. Tolin is the author of the book Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding. He was featured on the A&E series Hoarders, and the VH1 series The OCD Project.

Key references

Implications for everyday clinical practice
Hoarding disorder is a common but poorly understood phenomenon that will be a unique diagnosis in DSM-5. This workshop will help participants assess, conceptualize, and treat patients who hoard.
Les Phobies Sociales
Serge Gozlan, CHU Brugman, Bruxelles, Belgique

Longtemps ignorées malgré une large répartition dans la population et de lourdes conséquences, les phobies sociales restent encore sous-diagnostiquées, et parmi celles-ci, bien peu reçoivent le traitement adapté. En effet de très nombreux travaux et recherches ont fait découvrir parfois avec surprise, que l’anxiété sociale était un trouble beaucoup plus invalidant qu’une simple timidité, avec une comorbidité majeure (en particulier, anxiété, dépression et addiction) et un handicap social, familial et professionnel pouvant gravement altérer la qualité de vie de l’individu dans les formes les plus sévères.

Pourtant la pertinence et l’efficacité à long terme de la thérapie cognitive et comportementale est largement documentée. Se sentir simplement observé dans son quotidien, s’exprimer et prendre sa place, parler de soi ou encore devoir réaliser une performance quelconque peut devenir un cauchemar que le sujet affrontera avec une anxiété intense ou préférera éviter. Une sensation d’appréhension, de conscience aiguë de soi, et de détresse émotionnelle, ressenties dans les situations sociales actuelles ou anticipées.

Par ailleurs, le sujet effacé, discret, voire docile, ne dérange personne, ni sa famille ni sa classe lorsqu’il est enfant, ni son entourage professionnel, social ou familial, une fois devenu adulte. C’est donc un comportement qui alertera rarement l’entourage.

Enfin, l’individu lui-même, de par la nature même de son trouble n’osera pas prendre le risque de s’exposer à ce qu’il conçoit comme une évaluation, un jugement plutôt qu’une aide auprès d’un psychothérapeute. Le sociophobe se juge déjà lui-même de façon très critique. Alors, il préfère généralement se résigner, baisser la tête et les yeux, développer des stratégies d’évitement des sources d’anxiété sociale, renoncer dans le silence et la souffrance, avec un sentiment de solitude, d’humiliation et de honte.

Si la phobie sociale a toujours existé dans toutes les cultures et à toutes les époques, il est à craindre que notre civilisation actuelle, par sa pression et son exigence, son régime de l’apparence, son individualisme et son contact social plus superficiel et virtuel que réel, n’amplifie le problème.

Le diagnostic (en particulier chez l’enfant), la prévention et le traitement de ce trouble invalidant sont donc nécessaires et réalisables. La thérapie cognitive et comportementale, en individuel ou en groupe, par ses différentes méthodes peut permettre à l’individu de faire face à ses peurs et gagner une meilleure qualité de vie et estime de soi.

Objectives:
Poser un diagnostic, identifier l’anxiété sociale parmi les troubles co-morbides
Prévention, sensibilisation de l’entourage
Savoir créer une alliance thérapeutique
Utiliser la théorie holistique et l’analyse fonctionnelle
Apprendre au patient à utiliser lui-même les méthodes cognitives et comportementales
Thérapie individuelle et en groupe

Training Modalities:
Présentation powerpoint de la théorie, illustrations vidéo, interaction avec les participants sous forme de questions-réponses, exercices, jeux de rôle à partir de situations cliniques.

Références:
- C. André, P. Légeron : La peur des autres. Odile Jacob, 2000 (3ème éd)
- Cungi C : Surmonter sa timidité. Retz, Paris, 2005
- Heimberg RG & Becker RE (eds) : Cognitive-beha

Workshop Leader:
Le Dr Serge Gozlan, psychiatre et psychothérapeute TCC, exerce essentiellement une pratique clinique, au CHU Brugmann et au sein de deux équipes TCC, aussi bien en thérapie individuelle qu’en groupe. Membre du CA de l’AEMTC, superviseur agréé, il enseigne les TCC en France et essentiellement en Belgique à l’Université Libre de Bruxelles pour le certificat universitaire en psychothérapie. Directeur médical d’un centre de jour pour patients alcool-dépendants durant dix ans, il garde un intérêt particulier pour les addictions mais également pour les troubles anxieux, l’affirmation et l’estime de soi, le développement de la motivation et l’observance thérapeutique.

Les addiction avec Internet
Charly Cungi, Clinique Belmont, Genève & Director of education - ifforthecc

Pertinence du thème: Les addictions se développent depuis toujours avec les produits disponibles immédiatement, légalement ou illégalement c’est le cas pour le tabac, l’alcool, le cannabis.

La croissance tous les jours plus importante de l’internet, son utilisation de plus en plus régulière et incontournable dans la vie quotidienne a mis à la disposition de chacun d’entre nous un grand nombre de nouveaux produits, avec lesquels se sont développés des comportements répondant aux critères diagnostiques de la dépendance comme les jeux en ligne, les achats, les dépendances à la pornographie, le réseautage social, les courriels, et cela de plus en plus tôt dès l’enfance et l’adolescence.

Faire les diagnostics et adapter les méthodes comportementales et cognitives aux dépendances avec Internet est dans ce contexte très utile.
Objectifs clefs de l'apprentissage:
- Savoir établir un diagnostic positif et différentiel
- Savoir faire une analyse fonctionnelle
- Les différents cadres de soin : les entretiens avec les patients, avec les parents, avec la famille.
- La prévention avec les parents, avec l'école.

Modalités de la formation: Présentation powerpoint, films, jeux de rôle, interactions avec les participants, à partir des questions et des cas.

Brève Description de l'atelier: L'atelier présente une revue brève de la littérature, les diagnostics de dépendance avec internet, les spécificités des addictions avec internet, (Site d'achat, réseautage, jeux en ligne, pornography, courriels) les méthodes de prévention et de traitement.

Les techniques d'entretien (individuelle, familiale) et l'analyse fonctionnelle sont détaillées ainsi que les principales méthodes de thérapies comportementales et cognitives utiles. La méthode pédagogique comprend outre l'information directe, des exemples cliniques, des jeux de rôles, la présentation de films.

Références Clefs:
Kimberly S Young, Caught in the Net: How to recognize the signs of Internet addiction, and a winning strategy for recovery, éd. John Wiley, 1998
Charly Cungi. Faire face aux dépendances, éd Retz 2006
Jean Charles Nayebi, Enfants et adolescents face au numérique, Paris, éd O. Jacob, 2010

Symposia

Predictors of outcome and treatment selection in cognitive therapy and other treatments for depression
Marcus Huibers, VU University Amsterdam, The Netherlands

Predicting response to cognitive therapy, interpersonal therapy, and antidepressant medication for major depression: A pragmatic trial in routine practice
Identifying patient characteristics that predict response within treatments (prognostic) or between treatments (prescriptive) can inform clinical decision-making. In this study, we sought to identify predictors of response to evidence-based treatments in a sample of depressed patients seeking help in routine practice.

Data come from a pragmatic trial of 174 patients with major depression who received an evidence-based treatment of their own choice: cognitive therapy (CT), interpersonal therapy (IPT), antidepressant medication (ADM) alone or in combination with either of the two psychotherapies. Patient characteristics measured at baseline were examined to see if they predicted subsequent response as measured with the Beck Depression Inventory (BDI) over the course of 26 weeks of treatment, using mixed regression modelling.

Higher agoraphobia scores at baseline predicted more change in depression scores across treatments, irrespective of the treatment received. Physical functioning moderated the response to treatment: patients with high physical functioning fared better in combined treatment than patients with low physical functioning, whereas physical functioning did not predict a differential response in the psychotherapy group. Moreover, the lowest levels of physical functioning predicted an increase of depressive symptoms in combined treatment.

If replicated, the prognostic and prescriptive indices identified in this study could guide decision-making in routine practice. Development of more uniform requirements for the analysis and reporting of prediction studies is recommended.

Differential predictors of outcome to cognitive therapy in depression
Claudi Bockting, University of Groningen, The Netherlands
Will my patient profit from this treatment? Many studies have tried to identify specific characteristics of a patient that predicts who will respond to CBT and who not. However, a lot of studies did not differentiate between general predictors of poor prognosis versus specific predictors for poor response to CBT.

In this presentation several general predictors of course in depression will be differentiated from specific predictors of response to cognitive therapy. An overview will be given of predictors of response to a specific type of cognitive therapy that is developed to prevent relapse and recurrence in depression (Bockting et al., 2009, Beshai et al., 2011). Apart from cognitive predictors of response (such as dysfunctional attitudes and cognitive reactivity), biological predictors (stress hormones, SHTTLP; Bockting et al., in press) and the role of stress will be discussed. Implications for clinical decision making and CBT interventions will be discussed.

Body Dysmorphic Disorder in Children With and Without Comorbid Psychiatric Disorders in Argentina
Tania Borda, Argentinian National Research Council (CONICET), Argentina

Body dysorphic disorder (BDD) typically begins in adolescence, but most research has been conducted with adults. The literature in children and adolescents is limited to case reports and two small studies focused on individuals with BDD without comparison groups (n = 31-36 adolescents and 2 pre-adolescents). Notably, the literature in childhood is virtually non-existent, which is concerning as body image dissatisfaction can be observed in children as young as 5. Despite limitations, existing research suggests that BDD symptoms cause severe distress and impairment prior to adulthood. The goals of the current study were to assess the prevalence of BDD and its correlates in two groups of children (age range = 5-12, mean = 8.87; 46% female) in Argentina – those without co-morbid psychiatric disorders (n = 60) and those with co-morbid psychiatric disorders (n = 34). All children were administered interviews and questionnaires to assess psychiatric disorders and potential correlates (fear of negative evaluation and self-esteem). Results indicated that 14% of the total sample met criteria for BDD. Notably, 27% of children with co-morbidities met criteria compared to 7% of children without co-morbidities; this difference was significant. Regardless of co-morbidities, children who met criteria for BDD reported significantly higher fear of negative evaluation and lower self-esteem than those who did not meet criteria. Of note, children who met criteria for BDD did not differ in age or gender from those who did not meet criteria, suggesting that males and females across the 5-12 age range can be affected by BDD. These findings provide the first empirical support to suggest that there are children who do not meet criteria for any psychiatric disorders who do meet criteria for BDD. This underscores the importance of screening for BDD in children – even those who may seem to be functioning well – to reach those who are struggling without treatment. Given that the rate of BDD was higher in children with co-morbidities, it is likely that children with BDD are struggling with more than one disorder, which is consistent with the adult literature. This suggests that it is particularly important to screen for this disorder in those who have already been identified as having a psychiatric disorder. Finally, findings suggest that BDD is associated with some of the same negative outcomes in children as adults. Research should continue to examine BDD in children, given the limited data, to aid in the development of age-appropriate prevention and intervention efforts.

Social Cognition Among Individuals With Body Dysmorphic Disorder, Social Anxiety Disorder, and Obsessive-Compulsive Disorder
Ulrike Buhlmann and Isabel Dziobek, Humboldt-Universität zu Berlin; Freie Universität Berlin

Both body dysmorphic disorder (BDD) and social anxiety disorder (SAD) are characterized by strong fears of negative evaluation by others (related to one’s own perceived ugliness or incompetence, respectively), associated with significant distress and impairment in social situations. Previous research has shown that individuals with BDD as well as those with SAD have difficulties identifying facial emotional expressions and exhibit an interpretive bias for threat in social situations. The current study aimed at further investigating social cognition (emotions, thoughts, and intentions) among individuals with BDD, individuals with SAD, individuals with obsessive-compulsive disorder (OCD), and mentally healthy controls. We applied the Movie for the Assessment of Social Cognition (MASC), which consists of 45 short video sequences depicting social interactions among four people at a dinner party. Participants are instructed to evaluate each scenario with respect to the characters’ emotions, thoughts, and intentions. So far, 100 participants have been tested (25 per group), and we expect to finish data collection by August 2013 (36 per group). Preliminary results indicate that, overall, only the socially anxious groups are less accurate than the other groups in correctly interpreting the social situations, whereas the OCD and control groups do not differ from each other. Further analyses indicate that the socially anxious groups, relative to the other groups, are less accurate in identifying other people’s emotions as well as thoughts and intentions, whereas, again, no difference is observed between the OCD and control groups. Findings are discussed in light of cognitive-behavioral models of BDD and social anxiety disorder.

Self-Consciousness, Emotions & Disgust in BDD, OCD, and Non-Clinical Controls
Fugen Neziroglu, Bio Behavioral Institute, USA

The last twenty years of research in BDD has led us to conclude that overvalued ideation, disgust, shame, self-consciousness, are just as important emotions as anxiety and depression. Overvalued ideation, disgust, shame, and self-consciousness contributes to poor quality of life and even treatment prognosis. Although there is support that individuals with BDD experience these emotions, research remains scarce and few studies have compared these emotions in BDD to other anxiety based disorders, such as obsessive-compulsive disorder (OCD). Data thus far show higher levels of overvalued ideation, core disgust, self-disgust, and shame in individuals with BDD as compared to those with OCD and healthy controls. The purpose of this presentation will be to explore the role of these emotions in individuals with BDD, OCD, and
healthy controls. Understanding the role of these emotions will aid in our ability to target our treatment to specific cognitions and emotions. Treatment implications will be discussed.

**Cut the Crap: What Are the Effects of Cosmetic Surgery on Body Image Distortion?**
Sandra Mulken, Maastricht University, The Netherlands

Objective: During the past decades, cosmetic surgery has become increasingly popular. People with certain psychopathology disorders, for example Body Dysmorphic Disorder (BDD), are dissatisfied with their physical appearance and a significant number try to receive cosmetic medical treatment for their complaints. It seems relatively easy for them to receive this type of surgery, despite the fact that it has no or even adverse effects on the symptoms. The present study aimed to investigate the psychological condition and especially the presence of psychopathological symptoms like BDD in cosmetic surgery patients.

Method: Questionnaires about body image dissatisfaction, symptoms of BDD and psychopathology in general, and satisfaction about surgery were sent to patients who had been treated in a large cosmetic surgery clinic.

Results: Of the patients who replied, 86% were pleased with the outcome of the cosmetic procedure. Further, 21% to 59% of these former patients scored higher on questionnaires of body image dissatisfaction and psychopathological symptoms than a norm group from the general population. When differentiating the group on the basis of BDD symptomatology, it appeared that the high BDD symptomatic group displayed significantly worse outcome on all measurements. That is, high BDD symptomatic patients were more dissatisfied about the result of surgery, exhibited higher levels of psychopathology, and had lower self-esteem than the low symptomatic BDD patients.

Conclusion: These findings clearly suggest that evaluation of the psychological condition and motivation of the candidate patient might.

At present, we are conducting a larger – prospective- study in which we measure psychopathology and personality characteristics in all eligible (aesthetic) cosmetic surgery patients in two clinics, before and 6 weeks after the surgery. The aim of this study is to detect predictors of positive and negative outcome of aesthetic surgery, especially with respect to body image satisfaction. In case sufficient data are available by the time of the conference, we will conclude the results in the presentation.

**Efficacy of CBT – Anxiety Management for Body Dysmorphic Disorder: a randomised controlled trial**
Martin Anson, King’s College London, UK; Sarah Miles, King’s College London, UK; Maria Pieta, King’s College London, UK; Ana Costa, King’s College London, UK; Nell Ellison, King’s College London, UK

Background: The evidence base for the effectiveness of cognitive behaviour therapy (CBT) for treating body dysmorphic disorder (BDD) is weak. Aims: To determine if CBT is more effective than anxiety management (AM) weekly in an outpatient setting. Method: A single blind, stratified parallel group randomized controlled trial. The primary endpoint was at 12 weeks, and the Yale Brown Obsessive Compulsive Scale for BDD was the primary outcome measure. Secondary measures for BDD included the Brown Assessment of Beliefs, the Appearance Anxiety Inventory and the Body Image Quality of Life. There were additional measures for depression and anxiety. The outcome measures were collected at baseline and week 12. The CBT group had 4 further weekly sessions than AM that were analysed for their added value within the CBT group. Both groups also completed measures at 1 month follow up. Forty-six participants, with DSMIV diagnosis of BDD including those with a delusional disorder were randomly allocated to either CBT or AM. Results: At 12 weeks, CBT was found to be significantly superior to AM on the specific measures of BDD. Further benefits occurred by Week 16. There were no differences in outcome for those with delusional disorder or depression. CBT is an effective intervention for people with BDD even with delusional disorder or depression and is more effective than anxiety management.

**Autobiographical memory processes as a target for therapeutic change in PTSD and depression**
Aliza Werner-Seidler, MRC Cognition and Brain Sciences Unit, UK

**The Method-of-Loci technique enhances recollection of positive and self-affirming memories in depression**
Tim Dalglish, Medical Research Council, Cognition & Brain Sciences Unit, UK; Lauren Navrady, Medical Research Council, Cognition & Brain Sciences Unit, UK; Elinor Bird, Medical Research Council, Cognition & Brain Sciences Unit, UK; Emma Hill, Medical Research Council, Cognition & Brain Sciences Unit, UK; Barnaby D. Dunn, Mood Disorder Center, University of Exeter, UK

Individuals with depression have difficulty accessing positive self-affirming autobiographical memories. This is likely to have adverse consequences given that positive material from memory can be used to regulate mood and promote recovery from experiences of negative emotion.

In this research, we investigated the effectiveness of an ancient mnemonic technique - the Method-of-Loci – to facilitate memory recollection. In Study 1, depressed and formerly depressed individuals practised remembering a set of pre-defined positive self-affirming memories using either the Method-of-Loci or a standard Rehearsal approach. Following the initial training session, participants were asked to practice recalling these memories at home and were given a surprise recall test one-week later.
We extended this line of enquiry in Study 2 by examining memory retention over a longer, four week follow-up period, and compared the Method-of-Loci to a clinically-relevant psychoeducation comparison condition. We were also interested in whether the Method-of-Loci might be useful in the service of protecting against mood deterioration, which we tested using a mood-challenge. Finally, we examined whether memory practice over this longer retention interval would facilitate the transfer of the memory material into day-to-day cognition. Results from these studies will be presented and possible applications of the Method-of-Loci technique will be discussed.

A novel decentering and perspective broadening training intervention for recurrent depression
Tim Dalgleish, MRC Cognition and Brain Sciences Unit, UK; Susanne Schweizer, MRC Cognition and Brain Sciences Unit, UK; Barnaby Dunn, University of Exeter, UK; Laura Hoppitt, University of East Anglia, UK

Individuals with Major Depressive Disorder often have difficulties creating mental distance from, and gaining an adaptive perspective on, emotional events and thoughts. Our research is looking at ways of challenging these two aspects of depressive thinking. Firstly, by helping people to step back from situations – decentering through mental imagery. Secondly, by helping people to use this ‘self-distanced’ stance to reframe situations in terms of shades of grey rather than simply in black and white terms – what we call perspective broadening through reappraising.

We refer to this two-stage new way of thinking technique as Self Distancing and Perspective Broadening (SD-PB).

We will report results from two randomised controlled clinical trials of a 2-week SD-PB programme aimed at training the new ways of thinking on memories and every day upsetting events. SD-PB was administered to individuals suffering from Major Depressive Disorder, in remission (Study 1) and in episode (Study 2), relative to an active overcoming avoidance control condition (Study 1) and to treatment as usual (Study 2).

The trial results will be supplemented by data from subsequent dismantling studies investigating the underlying mechanisms responsible for positive change.

Memory Specificity Training: An intervention translated from basic science and its preliminary outcome data in depression and PTSD
Jobson Laura, University of East Anglia, UK; Neshat-Doost Hamid, University of Isfahan, Iran

A widely replicated basic research finding in the literatures on depression and posttraumatic-stress disorder (PTSD) is that sufferers from these conditions find it relatively difficult, in response to cues or reminders, to recall specific autobiographical memories from their emotional past. Instead, they have a greater tendency to record ‘over-general’ categorical aspects of their past lives. So, to a word cue such as ‘argument’, they may respond with ‘I always argued with my parents when I was young’ instead of recollecting a specific argument that they had. The magnitude of reduced autobiographical memory specificity (AMS) in these disorders is predictive of a poorer prognosis across time and is associated with other markers of maladaptive cognitive functioning, thus identifying it as an important maintenance factor in depression and PTSD. This suggests an elegantly simple clinical intervention - systematically training individuals with PTSD or depression to generate specific personal memories when cued in order to improve AMS This paper describes the results of 2 exploratory randomised clinical trials looking at the efficacy of Memory Specificity Training (Raes et al., 2007) in adolescents with PTSD and depression in terms of changes in AMS and in symptoms. Data examining mechanisms of change will also be presented.

The nature of trauma memory processing in children with PTSD
Anna McKinnon, MRC Cognition & Brain Sciences, UK

Marked emotional reactivity to reminders of the trauma and/or associated cues is a core symptom of Post-traumatic Stress Disorder (PTSD) (Brewin, Dalgleish & Joseph, 1996; Dalgleish, 2004; Ehlers & Clarke, 2000). This reactivity is thought to reflect underlying dys-regularity within the neurobiological systems associated with stress (Meewisse, Reitsma, de Vries, Gersons, & Off, 2007). To date, there has been almost no examination of the emotional reactivity experienced by children and young people suffering PTSD. The majority of studies in adults have investigated the involuntary (i.e., cue driven) responses of PTSD sufferers to trauma reminders; only a handful of studies have examined emotional reactivity within the context of intentional trauma memory recall (i.e., effortful, self-generated recall). Exploring children’s emotional responses during intentional recall has significant implications for our understanding of the core processes necessary to bring about the successful processing of trauma memories using imaginal exposure. Accordingly, this presentation discusses the results of a study investigating whether children aged 8-17 years with PTSD can be characterised in terms of their (a) physiological responses and/or (b) self-reported distress using a narrative paradigm. Within 5-months of one-off traumatic events (i.e., either Road Traffic Collisions, accidental injuries, or assaults) children answered a structured clinical interview of PTSD symptoms and were assigned to groups (PTSD, trauma-exposed). A matched sample of healthy children in the community that had never been exposed to a trauma also took part. Physiological recordings and self-report measures ratings of emotional processes were taken throughout the experiment. After a baseline recording, trauma exposed children told narratives of their recent frightening event and a negative life experience their choice (e.g., fight at school), with the order of narrative presentation counterbalanced across participants. Healthy children completed the baseline recording phase and then told a narrative of a negative life experience only. The results of this study will be discussed with reference to cognitive developmental models for the treatment of PTSD in children.
References

Rumination, safety behaviours and paranoia
Jennifer Simpson, Newcastle University, UK; Bryony McGregor, Newcastle University, UK; Joanne Dixon, Newcastle University, UK
Cognitive behavioural models of persecutory delusions hypothesise that paranoid threat beliefs are maintained by cognitive and behavioural processes which promote confirmatory information and reduce disconfirmatory information. Such mechanisms include engagement with safety behaviours and negative, unhelpful, self-focused cognitive processes such as worry and rumination. This presentation report on three studies investigating the relationship between safety behaviours, rumination and paranoia in a non-clinical sample (study one N = 133) and replicated and extended in a subsequent sample (study two n=190). In both these studies a single group cross-sectional design was utilised. Hierarchical multiple regression revealed that engagement in safety behaviours and rumination explained 40+% of the variance of paranoia when combined with age, gender and negative affect. A subsequent experimental study (study three, n=39) experimentally manipulated rumination and distraction and assessed the impact on levels of paranoia, negative affect and desire to use safety behaviours, once again in a non clinical sample. Rumination maintained high levels of affect, paranoia and safety behaviours whereas distraction reducing them significantly. This paper provides some evidence for the role of safety behaviours and rumination in the presence of paranoid threat beliefs.

The paradox of avoidance in worry: Those who worry more, avoid more (in various different ways) and report that it works better.
Sara Heary, Newcastle University, UK; Amanda Wild, Newcastle University, UK; Jacqui Rodgers, Newcastle University, UK; Grace Rogers, Newcastle University, UK; Kirsty Smith, Newcastle University, UK
Several current models of worry and GAD ascribe a role to avoidance. One model, known as the Laval or Intolerance of Uncertainty model of worry and GAD proposes in its current version that cognitive avoidance in various forms mediates the relationship between intolerance of uncertainty and worry. This presentation first considers the evidence to date for the relationship between avoidance and worry in a meta-analytic and synthetic review. On the basis of this review we developed a new measure of cognitive avoidance for use with adolescents and adults. We identified seven constructs and refined the measure to capture them. Each represents different degrees of avoidance/engagement with the thought from avoidance of triggers, through distraction and suppression to stop engagement, then terminating contact or engagement with an active thought using thought stopping or replacement, and then on to partial engagement with some but not all of the thought content, and finally "engaging" with the thought, but changing important details. We investigated worry and cognitive avoidance among 212 typically developing adolescents (aged 12-14 years). We also asked them how effective these seven different strategies were. We discovered a paradox. First, those who worry more, report using more of these strategies. Second, they also use each of the different strategies more if they perceive them to be more successful. And third, those who worry more have stronger links between reported use of strategies and the efficacy of the strategies! While at one level these findings are counter-intuitive, at another level they make sense. On the one hand we have evidence that suggests that people who avoid more also worry more (or vice versa), so avoidance is apparently not working. On the other hand, people believe they work and so continue to use them. If these findings are not merely an artefact of measurement, and if they generalize to older age-groups, then there are clear implications. First, in terms of theory we now have a reason why people continue to avoid, despite what we would expect to be counter-productive strategies from generic CBT theories of avoidance/safety behaviours/thought suppression. Second, in terms of clinical application, some combination of sensitively delivered corrective information and behavioural experiments may be needed to help people understand why these strategies may not be helping in the way they believe they are. Limitations of the study and directions for future research are also discussed

Epidemiological, experimental, and treatment studies of worry in paranoia
Daniel Freeman, Newcastle University, UK
Worry is conventionally studied within the anxiety disorders, but it has recently been given prominence in the presenter's theoretical account of persecutory delusions. Worry brings more implausible paranoid ideas to mind, keeps them there, and escalates the distress. In recent years the presenter and colleagues have carried out ten studies detailing the links
between worry and paranoia. These have included: epidemiological studies showing a strong association of paranoia and worry; clinical studies indicating high levels of worry as a factor in delusional distress and paranoia persistence; experimental studies, for instance testing the effects of a bout of worry in patients with persecutory delusions; and treatment studies that show that reducing worry in patients reduces persecutory delusions. The talk will provide an overview of this work.

What is the problem with worry? Worry promotes attention to threat
Marc Williams, Institute of Psychiatry, King’s College London, UK
Worry is predominantly a verbal-linguistic process with relatively little imagery. This study investigated whether the verbal nature of worry contributes to the maintenance of worry by enhancing attention to threat. It was hypothesised that verbal worry would lead to greater attentional bias to threat than imagery-based worry. Methods Fifty high-worriers were randomly assigned to one of two groups, one in which they were instructed to worry in a verbal way and one in which they worried in an imagery-based way, before completing a dot probe task to measure attention to threat. Results Those who worried in verbal form demonstrated greater attentional bias to threat than did those who worried in imagery-based form. These findings could not be accounted for by group differences in personal relevance of or distress associated with worry topics, state mood following worry, levels of the relatedness of participants' worries to stimuli on the dot probe task, trait anxiety, general propensity to worry, nor adherence to the worry training. Conclusions It is neither the worry topic nor negative content per se that promotes attention to threat, but rather the verbal nature of negative streams of thinking.

CBT for chronic fatigue syndrome: new treatment options and mechanisms of change
Hans Knoop, Radboud University Nijmegen Medical Centre, The Netherlands
Is cognitive behaviour therapy for patients with chronic fatigue syndrome also effective as group therapy?
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Chronic fatigue syndrome (CFS) is characterised by severe and disabling fatigue which persists at least six months and which is not the result of a medical condition or ongoing exertion. Individual cognitive behaviour therapy leads to a significant reduction in fatigue severity and impairments in patients with chronic fatigue syndrome (CFS). Aim of the present study was to investigate the efficacy of cognitive behaviour group therapy (CBGT) for CFS in a randomised controlled trial. CBGT was delivered in a small (4 patients, 1 therapist) and large (8 patients, 2 therapists) group format. All patients met U.S. centre for diseases criteria for CFS and indicated that they were willing to participate in group therapy and that they functioned well in groups. Patients were assessed prior and subsequent to the intervention or control condition. Primary outcome measures were fatigue severity (Checklist Individual Strength) and the level of disabilities (Sickness Impact Profile and SF-36 physical functioning). Intention-to-treat analysis was based on 200 patients of which 133 received treatment in either the small (n=69) or the large group format (n=64) and 67 patients were allocated to the waiting list condition. Preliminary analysis showed that the intervention lead to a significant reduction in fatigue and disabilities compared to the waiting list condition. No significant differences in efficacy were found between the small and the large group format on the primary outcome measures. Conclusions CBGT delivered in groups is effective in reducing fatigue severity and disabilities in patients with CFS.

The role of the therapeutic relationship in cognitive behaviour therapy for chronic fatigue syndrome
Marianne Heins, Radboud University Nijmegen Medical Centre, the Netherlands; Gijs Bleijenberg, Expert centre for chronic fatigue, Radboud University Nijmegen Medical Centre, the Netherlands
Cognitive behaviour therapy (CBT) for chronic fatigue syndrome (CFS) can reduce fatigue and impairment. Recently, it was found that changes in fatigue-perpetuating factors, i.e. focusing on symptoms, control over fatigue, perceived activity and physical functioning, are associated with and explain half of the change in fatigue during CBT for CFS. The therapy relationship, more specifically outcome expectations and working alliance, may also contribute to treatment outcome. Objective: In this study we examined the role of the therapy relationship in CBT and determined whether it exerts its effect on outcome independently of changes in fatigue-perpetuating factors. Method: We used a cohort of 217 CFS patients in which the pattern of change in fatigue-perpetuating factors was examined previously. Fatigue, therapy relationship and fatigue-perpetuating factors were measured at the start of therapy, three times during CBT and at the end of therapy. Results: Baseline outcome expectations and agreement about the content of therapy predicted post therapy fatigue. A large part of the variance in post-treatment fatigue was jointly explained by outcome expectations, working alliance and changes in fatigue-perpetuating factors. This interaction suggest that the therapeutic relationship can facilitate the change in fatigue-perpetuating factors. Conclusion: positive outcome expectations and task agreement seem to facilitate changes in fatigue-perpetuating factors during CBT for CFS. It is therefore important to establish a positive therapy relationship early in therapy.
Mediators of change in fatigue and physical functioning in the PACE trial of rehabilitative therapies for chronic fatigue syndrome
Lotte Bloot, Radboud University Nijmegen Medical Centre, The Netherlands

Background: Several randomised controlled trials have shown that cognitive behaviour therapy (CBT) is an efficacious treatment for chronic fatigue syndrome (CFS). However little is known about the mechanisms by which the treatment has its effect. The aim of this study was to investigate potential mechanisms of change underlying the efficacy of CBT for CFS. We applied path analysis to assess a theoretical model which suggests that fearful cognitions will mediate the relationship between avoidance behaviour and illness outcomes (fatigue and physical functioning).

Method: Data from 389 patients with CFS who received CBT in a specialist service in the UK were collected at baseline, discharge from treatment and 3, 6 and 12 months follow up. Path analyses were used to assess for possibly mediating effects. Model selection using information criteria were used to compare support for competing mediational models.

Results: Path analyses were consistent with the hypothesised model in which fear avoidance beliefs at 3 months follow up partially mediated the relationship between avoidance behaviour at discharge and fatigue and physical functioning respectively at 6 months.

Conclusion: The results strengthen the validity of a theoretical model of CBT by confirming the role of cognitive and behavioural factors in CFS.

Are the mediators of the effect of cognitive behaviour therapy for chronic fatigue syndrome the same for fatigue and pain?
Marianne Heins, Radboud University Nijmegen Medical Centre, The Netherlands; Rogier Donders, Radboud University Nijmegen Medical Centre, The Netherlands; Gijs Bleijenberg, Radboud University Nijmegen Medical Centre, The Netherlands; Hans Knoop, Radboud University Nijmegen Medical Centre, The Netherlands

Objective: Cognitive behavioural therapy (CBT) is an evidence-based intervention for chronic fatigue syndrome (CFS) and leads not only to a reduction fatigue but also of accompanying pain symptoms. The processes underlying the reduction in pain have not been investigated. Recently, it was shown that an increased self-efficacy, less focusing on symptoms, increased physical functioning and a change in beliefs about activity contribute to the decrease in fatigue. The present study has two objectives: 1) to determine the relationship between the reduction of fatigue and pain during CBT; 2) test to what extent the model for change in fatigue is applicable to the reduction in pain.

Methods: 142 patients meeting US center for disease criteria for CFS, currently reporting pain, and starting CBT were included. A cross-lag analysis was performed to study the direction of change between pain and fatigue. Pain and process variables previously found to be related to the reduction of fatigue were assessed before therapy, after 6, 12, and 18 weeks, and after therapy. Actual physical activity was added as a process variable. The model was tested with multiple regression analyses.

Results: The direction of change between pain and fatigue could not be determined. An increase in physical functioning and decrease in focusing on symptoms is related to a decrease in pain. These process variables explained 4-13% of the change in pain.

Conclusions: Pain and fatigue most probably decrease simultaneously during CBT for CFS. The reduction in pain can be partly explained by a reduction of symptom focusing and increased physical functioning. The same factors play a role in the reduction of fatigue, but it is likely that additional yet unknown cognitive-behavioural factors also play a role in the reduction of pain.

Guided self instructions for ideopathic chronic fatigue
Jan Wilborg, Expert Centre for Chronic Fatigue, The Netherlands; Gijs Bleijenberg, Expert Centre for Chronic Fatigue, The Netherlands; Hans Knoop, Expert Centre for Chronic Fatigue, The Netherlands

Background and objective: CBT for chronic fatigue syndrome (CFS) leads to a significant reduction of fatigue and physical functioning. It leads not only to a reduction fatigue but also of accompanying pain symptoms. The processes underlying the reduction in pain can be partly explained by a reduction of symptom focusing and increased physical functioning. The same factors play a role in the reduction of fatigue, but it is likely that additional yet unknown cognitive-behavioural factors also play a role in the reduction of pain.
Preliminary results show a significant larger decrease in fatigue severity in the intervention condition. A substantial proportion of the ICF patients reported a clinical significant improvement in fatigue following guided self instruction. At second assessment the level of disabilities and psychological distress were also significantly lower in the treatment condition when compared with the waiting list.

Conclusions:
Patients with ICF can profit from a minimal intervention aimed at the reduction of fatigue and disabilities. Patients do not have to meet all CFS criteria [3] in order to benefit from a CBT intervention for fatigue. Possibly chronic fatigue can be seen as a continuum, and more patients on this continuum can profit from CBT. Our findings suggest that CBT for fatigue should be offered to more patients suffering from medically unexplained chronic fatigue.


Mechanisms of Adaptation to Mass Violence and Conflict: Implications for CBT
Richard Bryant, University of New South Wales, Australia

Quality of Life of children and adolescents ten years after the Kosovo war
Naser Morina, University Hospital Zurich, Switzerland

Survivors directly or indirectly exposed to war conflict experience a variety of stressors. Literature show that most children and adolescent not only develop mental disorders, but that these experiences have an effect on school performance, aggression and finally to the quality of life.

The aim of this study was to examine the trauma experience and quality of life of children and adolescents in a post-war region. The sample consisted of 114 children and adolescents (mean 14.1 years), which all have experienced the Kosovar war 1998/1999. Children’s parents were as well interviewed and their impact on children’s quality of life was investigated. Preliminary results show that children and adolescents are highly traumatized even more than ten years after the war.

Participants with a higher number of experienced traumatic experiences show a decrease in health-related quality of life. Furthermore familial financial situation and parent’s traumatic experience impact children’s quality of life. This makes a specific support to children and adolescents very important in order to avoid developmental problems.

Migration and aggressive behavior in children of traumatized parents
Matthias Schick, University Hospital Zurich, Switzerland; Richard Klaghofer, University Hospital Zurich, Switzerland; Ulrich Schnyder, University Hospital Zurich, Switzerland; Naser Morina, University Hospital Zurich, Switzerland

Research shows correlations between posttraumatic stress disorder (PTSD) and aggressive behavior. It is unclear, however, if forced migration into exile adds on these problems. Aim of our study was to compare aggressive behavior of children of parents traumatized by the Kosovo war who live in exile (Switzerland) with the same behavior of children still living in their home country. We assessed N = 150 pairs of children and at least one of their parents, N = 114 of those were still living in Kosovo. Trained interviewers conducted the assessment that included traumatic event types, posttraumatic stress disorder (UCLA PTSD INDEX for DSM-IV and Posttraumatic Diagnostic Scale), aggression (The Aggression Questionnaire) and the children’s social behavior (Strengths and Difficulties Questionnaire children version). Children of the Swiss sample indicated significantly more traumatic event types as those of the Kosovar sample. However, children of the Kosovar sample showed higher PTSD symptom severity as well as higher aggression than the Swiss sample. Children of both samples did not differ regarding their social behavior. Generally, PTSD symptom severity was correlated with aggression and social behavior respectively. The rates of posttraumatic stress disorder in Kosovar adults and their children are still high 11 years after the Kosovo war. According to previous studies, aggression was correlated with PTSD symptom severity. Possibly, the fact of living in a post-conflict country is more stressful than having to adapt to a new culture of a safe exile, leading to a higher vulnerability of individuals living under the first condition.

Processes relating to psychological distress following the Balkans War:
Angela Nickerson, University of New South Wales; Nexhmedin Morina, University of Amsterdam, the Netherlands, Stefan Priebe, University of London, UK

In recent decades, there has been much research documenting elevated rates of posttraumatic stress disorder and depression amongst survivors of mass conflict. Relatively less attention has been paid to mechanisms by which psychopathology develops following exposure to mass trauma, despite the consistent identification of large numbers of resilient individuals in studies conducted with post-conflict populations. The current study implemented path analysis to investigate interpersonal sensitivity and hostility as potential mechanisms underpinning psychological distress following
exposure to mass conflict. Participants were a random sample of 3313 war-affected adults living in 5 countries in the Balkans. The final model evidenced good fit ($\chi^2(4) = 8.79, p=0.07, CFI = 0.99, TLI = 0.98, RMSEA = 0.058, SRMR = 0.02$). Results revealed that interpersonal sensitivity and hostility partly mediated the association between traumatic experiences and psychological distress (namely PTSD and depression). These findings highlight the ongoing impact of interpersonal trauma on subsequent social expectations, behaviors, and psychological outcomes. Further, these results underscore the importance of considering processes underlying the development of psychopathology following trauma in order to better understand the psychological effect of mass violence and develop psychological interventions to reduce distress in these populations.

Understand and Treating Posttraumatic Stress in Islam Contexts
Richard Bryant, University of New South Wales, Australia
Although there is considerable understanding of the mechanisms and treatment methods for people suffering from PTSD in western settings, there is little known about the extent to which this knowledge is applicable to people living in Islamic communities. Islam is characterized by distinct worldviews in which can often be experienced by people as an obligation to accept their fate, which can include traumatic events. This overview provides the findings of a research program in Aceh, Indonesia, where studies mapped the distinctive appraisals that survivors of the 2004 tsunami and decades of civil conflict have about their experience. Findings point to the tendency to attribute trauma to the will of Allah, and the perception, especially among women, that it is their duty to adapt to trauma quickly as a sign of their acceptance. These studies were follow up with a controlled treatment trial of children with PTSD who were randomized to either a variant of cognitive behavior therapy, skills training, or wait-list. CBT and skills training were comparably superior to wait-list in terms of reducing posttraumatic stress. These findings are discussed in terms of understanding CBT in cultural frameworks.

Anxiety disorders in children: a second generation of basic research
Silvia Schneider, Ruhr-Universität Bochum, Germany

Gene-Environment Interactions in CBT with Children: An Experimental Approach to Therapygenetics
Silvia Schneider, Ruhr-Universität Bochum, Germany
A pioneering study suggests that CBT in children with anxiety disorders might be moderated by a polymorphism in the serotonin transporter gene (5HTTLPR) (Eley, Hudson, Creswell, et al., 2011). Homozygous carriers of the short 5HTTLPR allele (SS) were found to be 20% more likely to be disorder-free after CBT than children with at least 1 long allele (SL/LL). Notably, this differential treatment effect was only evident at 6-month follow-up; while the SS genotype continued to profit from CBT, no further improvement was found for the SL/LL group. These findings have important implications for relapse prevention in children. Specifically, the 5HTTLPR might influence the capacity for long-term benefit from CBT, with the SS genotype being a marker of high treatment responsiveness. However, while treatment studies can establish associations between genetic variants and response to psychotherapy, the mechanisms through which candidate genes might interact with the (therapeutic) environment, can only be explored by adopting an experimental approach. With extinction being a key mechanism in exposure-based therapies, in the present study a differential, partially reinforced fear conditioning and extinction paradigm (fear-potentiated startle) was used to test the hypothesis that genetically coded differences in children’s response to cognitive behavior therapy (CBT) are mediated by differences in fear extinction learning. N = 40 children, aged 7 – 14 years, were genotyped for the 5HTTLPR and tested for cued and context conditioning, extinction learning, and consolidation of the extinguished response. Relapse was tested by returning participants to the experimental setting after 24 hours and exposing them again to the conditioned stimuli (re-extinction). In the experiment, extinction acts as a model for exposure and re-extinction as a model for relapse. Results will be presented in the symposium and discussed with regard to gene-environment interactions in CBT with children and the potential of “therapygenetics” (Eley et al., 2011) to help optimize treatment responsiveness.

Predicting Response To Cognitive Behavior Therapy For Childhood Anxiety: Genetic Demographic and Clinical Factors
Jennifer Hudson, Macquarie University, Australia; Cathryn Lewis, King’s College London, UK; Maria Torpeano, King’s College London, UK; Cathy Creswell, University of Reading, UK; Collier David, King’s College London, UK
Background: Anxiety disorders are highly prevalent and debilitating conditions that frequently emerge during childhood. CBT is the treatment of choice for child anxiety disorders, and is effective in around 60% of cases. This means a significant minority of anxious children do not get better after CBT. However, very few studies have investigated this source of individual variation in response to CBT despite the potential for stratified medicine and improved outcomes. Clinical and demographic factors have proven to be modest and somewhat inconsistent predictors while genetic factors have received almost no attention to date. In this presentation, we introduce the new field of “therapygenetics”, which investigates the relationship between genetic markers and individual differences in response to psychological therapy.

Method: We describe a ‘risk index’ approach combining genetic, demographic and clinical data and test its ability to predict diagnostic outcome following CBT in anxious children. 384 children (6-13 years) receiving manualised CBT or guided self-help were recruited. DNA was extracted from buccal cells. CBT response was measured using structured diagnostic interview and
emotional schemas as a possible mediator in the relation between the recall of family psychopathology and parental psychopathology as predictors of response. Results: For SHTTLP R, short-short genotype carriers were significantly more likely to respond favourably to CBT than those carrying a long allele (78% vs. 58% remitted). For NGF rs6330, children with one or more copies of the T allele responded more favorably (TT: 77%; TC: 64%; CC: 53% remitted). A risk index (range 0-8) combining genetic, demographic and clinical variables had moderate predictive ability (AUC = .66). High scorers (5-8) were approximately three times as likely to retain their primary disorder compared to low scorers (≤2). Conclusion: Combining significant genetic, demographic and clinical predictors within a risk-index could be used to identify which children are less likely to be diagnosis free following CBT. This approach could be valuable in helping to decide whether a child is likely to benefit from CBT alone or whether a longer or enhanced treatment may be required to maximise the chance of improvement.

Differential Effects of Paternal and Maternal Behavior on Infant Anxiety on the Visual Cliff: A Social Referencing Study
Mirjana Majdandžić, University of Amsterdam, the Netherlands; Susan Bögels, University of Amsterdam, the Netherlands
Infants use signals from others to guide their behavior when confronted with novel situations, so called social referencing. In this way, signs of parental anxiety can lead to anxious infant behavior. Social referencing can be studied by exposing infants to novel situations, such as the ‘visual cliff’. Fathers have long been neglected in research on the intergenerational transmission of anxiety disorders. However, there is evidence that fathers’ role is important (Bögels & Phares, 2008), and that fathers and mothers may even play a different role in the development or overcoming of child anxiety (Bögels & Perotti, 2011; Möller, Majdandžić, de Vente & Bögels, 2013). Consequently, children may be differentially affected by paternal and maternal signals in novel situations. The goal of this study was to compare fathers’ and mothers’ influence in stimulating their babies to cross the visual cliff. Eighty-one infants aged 10-15 months who crawled, but not yet walked, participated. Infants were randomly assigned to conduct the task with their father (n=41) or mother (n=40). The infant was placed on the shallow side of the cliff and the parent, standing at the deep side, encouraged the infant to cross. Results showed that mothers were more encouraging than fathers. Moreover, a positive correlation emerged between paternal (but not maternal) expression of anxiety and infant fear, suggesting that fathers may even play a more important role than mothers in the intergenerational transmission of anxiety. More results on the differential effects of paternal and maternal behavior on infant anxiety will be presented.

Infants’ Processing of Emotion as a function of parents’ emotional expressions of emotion in daily life
Dorothy Mandell, University of Amsterdam, the Netherlands; Mirjana Majdandžić, University of Amsterdam, the Netherlands; Wieke de Vente, University of Amsterdam, the Netherlands; Maartje Rajmakers, University of Amsterdam, the Netherlands; Susan Bögels, University of Amsterdam, the Netherlands
Infants’ learning and processing of emotions is largely dependent on what is present in the immediate socio-emotional environment surrounding them (Lepannen & Nelson, 2009). Given the pronounced role that parents play in the construction of socio-emotional environment in infancy, it was suggested that overexposure to certain expressions of parental emotions in daily life affects infants’ processing of these emotions. Previous evidence supports this suggestion (among infants of depressed mothers, Field et al., 2009; and among infants of highly positive mothers, de Haan et al., 2004). Furthermore, evidence suggests that infants’ processing of emotional input acquires adult-like qualities towards the end of the first year: Infants start to pay more attention and to devote more processing to the negative (vs. positive) emotions, referred to as negativity bias. In the present project, we aimed to investigate 14-month infants’ processing of facial expressions of emotions as a function of parental expressions of emotions in daily life, as well as parents’ depression and anxiety. Infants’ looking times and pupil dilation during the processing of happy, sad, angry and fearful and neutral faces (of a female stranger) were recorded with an eye-tracker. Both parents’ expressions of emotions in daily life, as well as depression and anxiety were measured via questionnaires. The predictive value of parents’ emotional expressions on infants’ processing of emotions will be tested. Furthermore, the negativity bias will be explored in the processing of emotions at 14 months. Results will be presented and discussed in the symposium.

Social ranking, emotion regulation processes and psychopathology in childhood and adolescence
Paula Castilho, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal

The transgenerational effect in emotion socialisation practices: How does it relate to children’s shame, guilt and psychopathology?
José Pinto-Gouveia, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal; Lara Palmeira, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal, Alexandra Dinis, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal
This study explores the existence of a transgenerational effect of parental socialisation practices. The role of mothers’ emotional schemas as a possible mediator in the relation between the recall of family-of-origin emotional expressiveness
and parents’ perceived emotional-related practices was investigated. Additionally, the impact of these parental negative reactions in children’s outcomes (shame, guilt-proneness and psychopathological symptoms) was explored. Shame but not guilt-proneness is thought to function as a mediator in the relation between parental emotion socialisation practices and children’s depressive and anxiety symptoms. This study was conducted in a Portuguese sample comprised by 188 mothers and their 8–12 years old children. Results show that mothers who recall their family-of-origin environment as negative present more negative emotional schemas and these seem to contribute to their perceived emotion socialisation practices. Furthermore, the relation between these mothers’ reports of their own emotional socialisation practices and children’s anxious and depressive symptoms is mediated by shame-proneness, whereas guilt-proneness seems to have as a protective role against the development of depressive symptoms. The results from this research support Gilbert’s theory concerning the distinct roles played by shame and guilt on the development of psychopathology and highlight the pervasive role of shame even at early ages.

Risk-taking and Self-harm behaviours in Adolescence: The impact of childhood experiences, negative affect and fears of compassion.
Marina Cunha, Instituto Superior Miguel Torga, Coimbra, Portugal and Cognitive Behavioural Research Centre, University of Coimbra, Portugal; José Pinto-Gouveia, Cognitive Behavioural Research Centre, University of Coimbra, Portugal

Risk-taking (RT) and self-harm (SH) behaviours are prominent concerns that make adolescence a particularly vulnerable period. Nevertheless, the factors that may have an impact on the adolescents’ engagement in RT and SH behaviours remain less investigated. This paper aims to analyse the associations between early experiences of threat and submissiveness in childhood, positive and negative affect, fear of compassion, RT and SH behaviours. Furthermore, it aims to explore the relative contribution of the early experiences of threat and submissiveness in childhood, negative affect and fear of compassion for self to the prediction of SH in adolescents. This cross-sectional study was conducted in a sample of adolescents, aged between 13 and 18 years old, in the 7th to 12th grade, from schools in Portugal. The self-report questionnaires administered were: Early Life Experiences Scale (ELES), Positive and Negative Affect Schedule for Children and Adolescents (PANAS-N), Fears of Compassion Scales (FCS), Risk-Taking and Self-Harm Inventory for Adolescents (RTSHIA). Results show positive correlations between early threat experiences, negative affect and RT behaviours. There are positive correlations between early experiences of threat and submissiveness in childhood, negative affect, fears of compassion (for others, from others, for self) and SH behaviours. Additionally, SH behaviour has a negative association with positive affect. Regression analyses show that negative affect and fear of compassion for self significantly predicts SH behaviours. These results suggest that adolescents with deliberate SH have not only difficulties in dealing with negative emotions, but also fear of compassion towards the self. These findings emphasize the potential value of incorporating self-compassion approaches and addressing the fears of compassion in the treatment of SH behaviours in adolescents.

Uncovering the processes involved in self-harm use among Azorean adolescents
Paula Castilho, CINEICC - Cognitive-Behavioural Research Centre, Faculty of Psychology and Educational Sciences of University of Coimbra, Portugal; Célia Barreto, University of Azores, Portugal, José Pinto-Gouveia, CINEICC - Cognitive-Behavioural Research Centre, Faculty of Psychology and Educational Sciences of University of Coimbra, Portugal

The growing interest on self-harm use among adolescents, in part, is due to their greatly increased risk of suicide and psychopathology. Although, the mechanisms through which self-harm operates need to be clarified, it seems that self-harm remains a highly maladaptive regulation strategy. There is a lack of empirical studies on the role of dispositional factors (shame, self-criticism), and certain emotional states (e.g. anger) especially in non-clinical samples. Despite the recent and growing interest, there is a lack of empirical data on self-harming behaviors among community samples of Portuguese adolescents. The present study seeks to help address this gap.

The current study set out to test a mediation model of deliberate self-harm, in a large sample of Azorean adolescents (ages 14–19; N=1776). Therefore, this study encompasses two main objectives: 1) analyse the relation between school satisfaction and emotional memories; 2) explore the impact of anger, impulsivity and self-criticism on the emergency of self-harm behaviours among adolescents. Correlation analyses were conducted to assess the associations between all study’s variables. Additionally, a path analysis was perform to explore the mediational effects. Results show significant correlations between the variables in the expected directions. Moreover, mediation analyses revealed that self-criticism and trait-anger emerge as significant mediators on the relationship between emotional memories in childhood and self-harm behaviours.

This findings start to disclosure the processes involved in the development and maintenance of self-harm behaviours in adolescents.

Can shame and self-criticism mediate the relationship between early memories of warmth and safeness and adolescents’ paranoid beliefs?
Célia Barreto, University of Azores, Portugal; Paula Castilho, CINEICC - Cognitive-Behavioural Research Centre, Faculty of Psychology and Educational Sciences of University of Coimbra, Portugal, José Pinto-Gouveia, CINEICC
- Cognitive-Behavioural Research Centre, Faculty of Psychology and Educational Sciences of University of Coimbra, Portugal

Several researches have been consistently demonstrating that, in adults, shame is a nuclear process to the development of paranoid beliefs. Nevertheless, studies with adolescents are still scant. The present study aims to fill this gap and explore the role of shame and self-criticism on the emergence of persecution, suspicion and hostility beliefs in adolescents.

This research was conducted in a sample of 1776 Azorean adolescents, aged between 14 and 19 years-old, who completed several self-report questionnaires. Correlation and mediation analyses were conducted to explore the relationship between all study’s variables.

Results show that adolescents’ paranoid beliefs are positively and significantly associated with external shame and self-criticism focused on inadequacy and inferiority cognitions and emotions. Moreover, the lack of early warmth and safe memories is also related, as expected, to the adolescents’ external shame, self-criticism and paranoid beliefs. Furthermore, the results point out the significant role of external shame and inadequate self on the development of paranoid beliefs.

Taken together these findings seem to suggest the importance of targeting shame and self-criticism so that adolescents with negative early memories (e.g. lack of affection, parental criticism) do not develop paranoid beliefs.

**The contribution of Cognitive Emotion Regulation Strategies in the relationship between prior trauma experiences and depressive symptoms in adolescence**

Ana Matos, Cognitive-Behavioural Research Centre (CINEICC), University of Coimbra, Portugal; Catarina Costa, Cognitive-Behavioural Research Centre (CINEICC), University of Coimbra, Portugal

**Introduction:**
Empirical evidence has shown an increasingly earlier onset of depression. Depressive episodes occurring initially during adolescence follow a relatively stable course typically becoming more severe and more frequent over time. Previous models of depression have identified several risk factors which are associated with depressive symptoms such as negative life events. A specific negative life events type are the traumatic life events. Research has found support to the relationship between previous trauma exposition and depressive symptoms.

Although, less is known about the potential mechanisms underlying this relationship. There is sufficient evidence that point out the importance of emotion regulation processes as an important risk factor for depression. Therefore the current study examines the role that cognitive emotion regulation strategies plays in mediating the relationship between prior trauma experiences and current depressive symptoms.

**Method:** A school based sample of 691adolescents (ages ranging from 12-16) completed the Childhood Trauma Questionnaire, the Cognitive Emotion Regulation Questionnaire and the Children’s Depression Inventory. Data were analysed by means of path analysis.

**Results:** Results indicated that the initial effect of trauma experiences increased when taking into account the cognitive emotion strategies as mediators of the relationship with depressive symptoms. In the final model, the only trauma experiences that had a significant relationship with depressive symptoms were emotional abuse and emotional neglect.

Emotional neglect had only a direct effect on depressive symptoms (β = .26). Emotional abuse had a direct effect (β = .23) and an indirect effect , β = .08 (β = .25 X .32),mediated by Self-Blame, in depressive symptoms. The final model explained 34% of depressive symptoms variance.

**Conclusions:** The findings are limited due to the cross-sectional design, but this suggests a pathway through a cognitive emotion regulation strategy, self-blame, that sheds light on the understanding of the association between trauma experiences and depressive symptoms. that might influence. The present study can add important information that sheds light to the role of mechanisms underlying the vulnerability to depressive symptoms and that might have impact in the existing therapeutic interventions.

**Having it all? Balancing transdiagnostic and specific interventions and processes in Cognitive Behaviour Therapy**

Brynjar Halldorsson, University of Bath, UK

**Thinking about the importance of diagnosis: Transdiagnostic, pan-diagnostic or diagnosis specific?**
Paul Salkovskis, University of Bath, UK

Psychotherapy as practised today has its roots in psychoanalysis and its variants; these approaches are typically “non-diagnostic” based on a general conception of human psychopathology linked to developmental factors. Despite its “medical” underpinnings, therapy itself was conceptualised in terms of general processes such as transference, again without regard to specific diagnoses.

The development of behaviour therapy by Wolpe similarly focussed on what he regarded as fundamental physiological and conditioning processes resulted in the development and validation of Systematic Desensitisation, which although broadly transdiagnostic also pays more attention to diagnosis specific issues and implicitly differentiated anxiety and depression. Beck’s development of cognitive therapy initially focussed on depression, but then expanded into anxiety and spawned a range of increasingly diagnosis specific approaches. The later amalgamation of CT and BT into CBT was marked by a major emphasis on highly specific treatments and the development of a “family” of CBT.
We argue that there are in fact four approaches to the issue of diagnosis in the understanding and treatment of mental health problems: these are Pan-diagnostic – non-diagnostic – transdiagnostic and diagnosis specific. The merits of these are considered in terms of historical and more recent efforts to incorporate diagnosis into therapy (or not). We propose that the solution to this problem lies in improving our understanding of the mechanisms of etiology and maintenance of psychological problems, and the means by which these can be modified. We conclude that the answers lie somewhere between these different conceptualisations, requiring a flexible hybrid approach in which formulation is prominent, and may or may not map onto diagnosis.

Distinctive reactions or final common pathway? Are we being fooled by reassurance?

Paul Salkovskis, Department of Psychology, University of Bath, Bath, UK

The link between anxiety and Excessive Reassurance Seeking (ERS) in emotional disorders is poorly understood. Historically, ERS has received little research attention; although it has been examined theoretically (e.g., Salkovskis, 1985; Salkovskis, 1999) there is little in the way of descriptive studies and even less experimental work. An investigation into ERS has so far been hampered by a lack of adequate definitions of key concepts such as “reassurance” and “support” and by having only a limited understanding of the difference between support; appropriate reassurance; and pathological reassurance seeking and giving of the type hypothesised to be crucial to the maintenance of emotional disorders. Reassurance seeking, both direct and indirect, has been reported in the full range of common mental health disorders, such as anxiety and depression but it is most prominent and obviously persistent in OCD and health anxiety (Salkovskis, 1996). What is particularly important about this behaviour in comparison to other behaviours hypothesised to maintain emotional problems is the fact that it has a strong interpersonal component. However, the literature on the phenomenology of ERS has generally failed to analyse the multiple components that are involved in persistent reassurance seeking. Typically its analysis is focused entirely on the seeking of reassurance while other (interpersonal) components involved such as giving reassurance (and its effect) and the possible impact of ERS on the person providing the reassurance may be left out or receive less attention.

Currently we do not understand how these different components (e.g. seeking versus getting reassurance) work and whether they are all equally important in maintaining and/or worsening the problem. The repeated failure to address this issue and not looking more broadly at ERS is unfortunate and unlikely to provide the increased understanding needed of this debilitating and complex behaviour. Furthermore, research is greatly lacking in evaluating the extent to which the same phenomena are occurring across different disorders and where these differences might lie. Such similarities could potentially lead to options for “transdiagnostic” approaches to helping people manage their problem, whereas differences might indicate specific interventions.

This presentation will begin to address the above mentioned gaps by firstly offering definitions of key concepts; secondly, discuss the phenomenology of ERS; thirdly, explore whether reassurance seeking is best conceptualized as a pan-diagnostic, transdiagnostic or a specific process; and finally discuss the research and clinical implications of this.

Mechanisms and their results: Transdiagnostic processes and products

Petur Tyrfingsson, Landspitali - The National University Hospital of Iceland, Iceland

Transdiagnostic maintenance processes in mental disorders treated by cognitive behavior therapy (CBT) came to prominence as a research topic following the landmark publication of Cognitive behavioral processes across psychological disorders: A transdiagnostic approach to research and treatment (Harvey, et al., 2004). Numerous research and theoretical articles have been published, studying a diverse range of processes from a transdiagnostic perspective, examples including: selective attention (Bar-Haim, et al., 2007), anxiety sensitivity (Boswell, et al., 2013); perfectionism (Egan, et al., 2011); repetitive negative thinking (Ehring and Watkins, 2008) and even personality traits like neuroticism/negative affectivity (Brown, 2007) to name a few. Yet another object of study has been the development of transdiagnostic treatment protocols and their evaluation (for example Farchione et al. 2012 showing positive results). The purpose of this presentation is to point out and discuss some important issues that need to be clarified for future research. Mainly the following: Firstly, can a transdiagnostic research project have a meaning apart from a general theory? To put the same question differently: Does a „transtheoretical” or an „a-theoretical” transdiagnostic research agenda really make sense? We will strongly argue for a negative answer. Secondly, given that a „cognitive theory” (or a „cognitive model”) is the theoretical groundwork we will raise for discussion (a) what kind of theory the cognitive theory is (or what kind of explanations we are dealing with) and (b) following that try to explain that not all questions in this theoretical context are empirical, rather they are conceptual. Finally, in relation to „transdiagnostic maintenance processes” it will be argued – to illustrate the importance of these aforementioned questions – that it is necessary to clarify the difference between a maintaining process and the end-product. To illustrate this complicated matter, processes in two domains will be discussed as an example, i.e. processes related to memory and problem solving.

Behaviour, cognition and the theoretical problems of safety-seeking behaviours

Magnus Blondahl Sighvatsson, Landspitali University Hospital; Paul Salkovskis, University of Bath, UK

Safety-seeking behaviours (SSBs) are a normal response to potential threat, but in the context of anxiety disorders are believed to cause the maintenance and perhaps even the development of severe and persistent anxiety. SSB has been defined as overt or covert reactions intended to avert or minimize the impact of feared outcomes (perceived threat), usually carried out in a specific threat-related situation (Salkovskis, 1991). SSBs fall into three main categories: 1) avoidance
of exposure to the feared situation 2) escape from such situations and 3) SSB carried out in the situation when escape is not possible with the intention of preventing the feared catastrophe. It is hypothesized that SSB maintains anxiety by preventing the disconfirmation of faulty threat appraisals and in some instances by increasing other aspects of perceived threat. Cognitive theory suggests that SSBs are logically linked to threat cognitions (Salkovskis, 1996). That means that for the observer the SSBs might seem illogical but for the anxious person the SSBs make sense in regards to the assumptions he has. Recently the concept of safety-seeking behaviours has come under question. Thwaites and Freeston (2005) have pointed out that although theoretically it is relatively easy to make a distinction between SSBs and adaptive coping strategies it can be quite difficult to make this distinction in clinical practice. Furthermore Rachman, Radomsky & Shafran (2008) have gone as far as saying that what they call ‘Safety Behaviours’ are not always anti-therapeutic and recommend their ‘judicious’ use. They even suggest ‘…there is no evidence that safety behaviour necessarily prevents disconfirmatory experiences’ (p. 169). Furthermore Rachman states: ‘Just as there is bad cholesterol and good cholesterol, there is bad safety behaviour and good safety behaviour’ (2012, p. 507). There have now been a few studies that seemingly support this hypothesis (e.g. Milosevic & Radomsky, 2008). I propose that this paradox arises from the failure to differentiate between safety-seeking behaviours and other anxiety related behaviours. The ‘safety behaviours’ that have been shown to not interfere with exposure therapy are not safety-seeking behaviours but on the contrary approach-supporting behaviours (ASBs). Approach supporting behaviour is a new concept and it’s definition will be discussed. ASBs are antithetical to SSBs and therefore crucial to effective treatment. ASBs have the intention of facilitating approach to the feared situation even if escape is possible. These behaviours can be utilized during therapy to help patients do effective behavioural experiments. In the clinical context it is vital that these behaviours allow for the gathering of disconfirmatory information. These concepts, their definitions, their clinical implications and future research on them will be discussed.

Non-diagnosis specific, but probably treatment relevant: Cognitive flexibility in common mental health problems

Paul Salkovskis, Department of Psychology, University of Bath, UK

Cognitive-behavioural therapy (CBT) across all disorders involves helping the patient to recognize and change long standing and firmly held dysfunctional beliefs and then supporting the patient in changing persistent and well established maintaining factors (e.g., safety seeking behaviour) (Salkovskis 1991). To achieve this requires that the patient be able to think about what is happening to them in different ways to those they have previously used, and adopt new ways of reacting in terms of both understanding and behaving. We believe that to do so require significant levels of (cognitive) flexibility.

Concepts of cognitive or psychological flexibility do consistently appear within the literature of clinical psychology, anticipated to play a significant role in the maintenance or even the development of different emotional problems (e.g. Hayes et al. 2006, Johnco et al. 2012; Tchanturia et al. 2011). Historically, the concept of cognitive flexibility has received most research attention within the neuropsychological literature, in which it has been viewed and studied as an attentional set shifting ability as a part of a broader term of executive functions (e.g. Kuelz et al. 2004). As such most definitions of cognitive flexibility include the notion of shifting cognitive set as a basic premise, but the nature of the shifting is not always explicitly stated or defined. Thus, no detailed theory of the role of cognitive flexibility as a maintaining (or aetiological) factor of emotional problems has been developed.

With outset in cognitive behavioural theory and therapy processes, we propose a theory for the role of cognitive flexibility within emotional problems. We believe that cognitive flexibility of the type required to make sense of situations previously regarded as dangerous in a less threatening way needs to be considered as a multilevel process. These components range from neuropsychological to cognitive and behavioural features, in which each component can be more (or less) important to the development and/or maintenance of emotional problems.

The proposed components of cognitive flexibility and their role in maintenance and development of emotional problems will be presented at the symposium. An overview of empirical findings from different fields within psychology that can be linked to each of the theoretically proposed components of cognitive flexibility will be provided and implications for research, theoretical development and treatment will be discussed.

How far can we stretch it? Transdiagnostic issues in Psychosis

Brynjar Halldorsson, University of Bath, UK

Cognitive theory of psychotic experiences holds that the emotional difficulties seen in people diagnosed with schizophrenia and other psychotic disorders are similar to what is seen in other emotional disorders and it has been proposed that the same or similar underlying maintenance mechanisms may be involved. The bio-medical model of severe mental illness (SMI) has been challenged and the validity of diagnostic labels such as schizophrenia has been called into question. Bentall (2003; 2005) even proposed that psychiatric diagnosis (the Kraepelinian paradigm) be abandoned altogether and a complaint oriented approach adopted. This is a non-diagnostic approach to SMI where diagnosis becomes irrelevant and the specific complaints of each patient becomes the focus of treatment.

In this presentation it will be argued that transdiagnostic similarities and differences of the underlying psychological processes in psychotic experiences on the one hand, and depression and anxiety disorders on the other hand may be helpful in understanding the symptoms of severe mental illness in terms of the same triggers, risk factors and maintenance factors as in mood and anxiety disorders. The focus will be on auditory hallucinations and how they can be understood as a result of traumatic experiences and factors involved in PTSD. It will further be argued that a
transdiagnostic approach such as this is important to understanding of how people with SMI devide into subgroups defined functionally and causally rather than operationally as in the DSM.

The Icelandic transdiagnostic CBT group therapy for mood and anxiety disorders, its development and treatment outcome.
Baldur Sigurðsson, Landspitali- University Hospital, Reykjavik University, Iceland; Enggilbert Sigurðsson, Landspitali - University Hospital, University of Iceland, Iceland; Magnús Sighvatsson, Landspitali - University Hospital, Reykjavik University, University of Iceland; Jón Friðrik Sigurðsson, Landspitali - University Hospital, Reykjavik University, University of Iceland;
Transdiagnostic cognitive behavioral group therapy (TCBGT) has been in development at Landspitali- The National University Hospital of Iceland since 2000. At the beginning, the treatment involved only two two hour sessions, but soon three further sessions were added. Between 2005 and 2007 a large outcome study of the treatment efficacy was conducted. Participants were 441 patients from Primary Care in of Iceland, both from the Capital and rural areas. The results showed that: 1) Depression and anxiety symptoms decreased following treatment, 2) different diagnostic groups were similarly responsive to treatment, 3) participants responded similarly on both depression (BDI-II) and anxiety (BAI) symptoms, and 4) participants with three or more disorders were similarly responsive to treatment as participants with one to two disorders. Effect sizes were moderate to large according to Cohen’s criteria, but higher for depression than anxiety symptoms. In light of these results the treatment was modified. Treatment sessions were increased from five to six and more emphasis was put on the anxiety module. Studies on the improved version where conducted on 233 Primary Care patients. The main findings revealed higher effect sizes for the improved manual than in the previous study. More interestingly, the recovery rate was similar to the recovery rate in the British IAPT study (Clark et al., 2009) and specific symptoms of mental disorders (e.g., social anxiety symptoms in patients with social anxiety) reduced similarly as general mental health symptoms. Therefore, one can conclude that this Icelandic TCBGT is efficient for patients with mood and/or anxiety disorders. The next step conducted by this research group will be to examine why this TCBGT is so effective by studying the possible mechanisms of change. That work has already been initiated.

Recent Developments in Cognitive-Behavior Therapy for Pediatric Obsessive-Compulsive Disorder
Per Hove Thomsen, Aarhus University Hospital, Centre for Child & Adolescent Psychiatry, Risskov, Denmark

The Nordic long-term OCD treatment study (Nord LOTS) design and methods
Per Hove Thomsen, Aarhus University Hospital, Centre for Child and Adolescent Psychiatry, Risskov, Denmark

NordLOTS is a Nordic collaboration between Norway, Sweden and Denmark intending to evaluate and strengthen the treatment of children and adolescents suffering from OCD. The aim was to establish a Nordic network in order to study the effectiveness of a similar approach to the treatment of children and adolescents with obsessive-compulsive disorder (OCD) in local clinics. The ideal initial treatment for OCD in children and adolescents is CBT alone or CBT and SSRI. We still do not know to which extent CBT manuals are transferable to ordinary clinical settings. The specific aims with the Nord LOTS study were: to identify a large group of patients with OCD in the Scandinavian countries; to treat patients with CBT with a commonly use number of CBT sessions with exposure response preventions and study treatment outcome; to identify non or partial responders and to investigate whether an increased number of CBT sessions or Sertralin treatments gives the best outcome. Step1 is an open and uncontrolled clinical trial of CBT. Step2 is controlled, randomized, non-blinded study of CBT non-responders, who are randomized to receive either Sertralin + CBT support or continued and modified CBT. Concomitant studies to the Nord LOTS are studies on genetics, new psychological aspects and brain imagine. The rationale of the study will be presented.

Exposure and Response Prevention Therapy as the First Choice of Treatment for Children and Adolescent in Nord LOTS
Kitty Dahl, Centre for Child and Adolescent Mental Health, Eastern and Southern, Oslo, Norway

Cognitive therapy in form of exposure and response prevention therapy (ER/P) has been recommended as the first treatment approach for children and adolescents for more than a decade. In spite of these recommendations many children with OCD are not offered ER/P, mainly due to the fact that few therapists are experienced with this treatment approach. NordLOTS were designed as a multicenter a step-wised treatment approach were all children with OCD should received ER/P in Step 1 in accordance with the latest international treatment guidelines. This presentation will describe the 14 weeks manual based treatment approach provided to all patients in NordLOTS as the first treatment of choice.

The effectiveness of CBT for pediatric OCD
Nor Christian Torp, Aarhus University Hospital, Centre for Child and Adolescent Psychiatry, Risskov, Denmark

The purpose of the present study was to examine the effectiveness of manual guided Cognitive-Behavioral Therapy (CBT) in form of exposure- and response prevention (E/RP) as initial treatment for children and adolescent with obsessive-compulsive disorder (OCD). To hundred and sixty-nine children and adolescent, age 7 – 17, with OCD as the primary disorder were recruited between September 2008 and May 2012. None of the participants received any kind of medication
for their OCD, during or six month prior entering the study. All patients received E/RP combined with CBT-based family approach for 14 treatment sessions. Primary outcome was measured by change in Children’s Yale Brown Obsessive Compulsive Scale (CY-BOCS). Clinical treatment response was defined as CY-BOCS score 15 or below at week 13. The intent-to-treat sample was 269, 241 out of 269 (89.6%) completed the full 14 weeks of treatment. The rate of clinical responder for the treatment was 72.6% (95% CI 66.7-77.9). Mixed effect model revealed a statistical significant of time, overall reduction of CY-BOCS total score in week 13 was 56.9%, and the estimated effect size between baseline and week 13 was 2.08 (95% CI 1.87-2.29). Site and the interaction of site x time was not significant.

Neuro- and metacognitive markers and predictors of treatment response in childhood OCD
Mikael Thastum, Aarhus University, Department of Psychology and Behavioral Sciences, Denmark; Per Hove Thomsen, Aarhus University Hospital, Regional Centre for Child and Adolescent Psychiatry, Denmark

OCD is a heterogeneous and highly debilitating disorder with frequent onset in childhood. Cognitive deficits have been suggested as core markers of the disorder and might also differentiate subgroups and treatment response patterns. Little research on children has been exclusively focused on executive functions and studies on children which track development across treatment are scarce.

The study sample comprises three groups: 1) Fifty children from the NordLOTS Danish sample; 2) fifty typically developing children matched for sex, age and length of parental education and 3) fifty children with other anxiety disorders. Participants are assessed with a neuropsychological battery and self-report measures of executive functioning and metacognition/obsessive beliefs at an interval of 14-16 weeks corresponding to CBT-treatment length. The primary aim of the study is to answer questions regarding the specificity of OCD and associated executive difficulties and metacognition/obsessive beliefs and their interaction. A secondary aim is to analyze executive functions and cognitive factors as potential predictors of treatment response. Data collection is on-going. The study design and preliminary results on baseline executive functioning will be discussed.

CBT for pediatric patients with Autism Spectrum Disorder and OCD
Bernhard Weidle, St. Olav’s University Hospital and University of Science and Technology (NTNU), Trondheim, Norway

Between 8 % and 37 % of individuals with autism spectrum disorders (ASD) fulfill diagnostic criteria for comorbid OCD. Compulsions and obsessions add significantly to the burden of impairment in ASD. There is growing evidence that CBT, modified and adjusted to the needs of individuals with ASD might be an effective treatment option.

In a pilot study a subgroup of pediatric patients with high functioning ASD and comorbid OCD were offered CBT using the research structure of NordLOTS (Nordic Longterm OCD treatment study).

The presentation will focus on the following three aspects:
1. Diagnostic differentiation between autistic repetitive behavior and OCD symptoms
2. Adjustment of CBT to the needs of young people with ASD and comorbid OCD
3. Preliminary outcome results of 9 pilot cases will be presented.

Moderators of D-cycloserine enhancement of exposure therapy in anxiety disorders
Rianne de Kleine, Overwaal, Centre for Anxiety Disorders / Radboud University Nijmegen, the Netherlands

D-cycloserine enhancement of fear extinction is specific to successful exposure sessions: Evidence from the treatment of height phobia
Mark Powers, Southern Methodist University, New Mexico; Stefan Hofmann, Boston University, USA; Michael Telch, University of Texas at Austin, Texas; Mark Pollack, Rush University Medical Center, USA; Candyce Tart, Raymond G. Murphy VA Medical Center, USA

Background: Whereas some studies have shown clear evidence for an augmentation effect of D-cycloserine (DCS) on exposure therapy for anxiety disorders, other studies have shown weak effects or no effect at all. Some preclinical data suggest that the DCS augmentation effect is moderated by the success of the extinction trials. Therefore, we conducted a re-analysis of existing data to examine whether the effects of DCS on clinical outcome would vary as a function of response to the exposure session [i.e. exposure success]. Methods: In a clinical trial, patients with height phobia received two sessions involving 30 minutes of virtual reality exposure therapy and were randomly assigned to a pill placebo (N=14) or 50 mg of DCS (N=15) immediately after each session. Results: Mixed-effects regression analysis showed that the effects of DCS administration on clinical improvement was moderated by the level of fear experienced just prior to concluding exposure sessions. Patients receiving DCS exhibited significantly greater improvement in symptoms relative to patients who received placebo when subjective fear was low at the end of the exposure. In contrast, when end fear was still elevated, patients receiving DCS improved less compared to those receiving placebo. Conclusions: DCS appears to enhance the benefits of exposure treatment when applied after a successful session, but it seems to have detrimental effects when administered after inadequate/unsuccesful exposures.
D-cycloserine augmentation of cognitive behavioral group therapy of social anxiety disorder: prognostic and prescriptive variables.

Lindsey DeBoer, Southern Methodist University, USA; Naomi Simon, Massachusetts General Hospital, USA; Alicia Meuret, Southern Methodist University, USA; Michael Otto, Boston University, USA; Mark Pollack, Rush University Medical Center, USA

Objective: The aim of the current study was to identify individual characteristics that (1) predict symptom improvement with group cognitive behavioral therapy (CBT) for social anxiety disorder (SAD); i.e., prognostic variables) or (2) moderate the effects of d-cycloserine vs. placebo augmentation of CBT for SAD (i.e., prescriptive variables).

Method: Adults with SAD (N=169) provided Liebowitz Social Anxiety Scale (LSAS) scores in a trial evaluating DCS augmentation of group CBT. Rate of symptom improvement during therapy and posttreatment symptom severity were evaluated using multilevel modeling. As predictors of these two parameters, we selected the range of variables assessed at baseline (demographic characteristics, clinical characteristics, personality traits). Using step-wise analyses, we first identified prognostic and prescriptive variables within each of these domains and then entered these significant predictors simultaneously in one final model.

Results:

African American ethnicity and cohabitation status were associated with greater overall rates of improvement during therapy and lower posttreatment severity. Higher initial severity was associated with a greater improvement during therapy, but also higher posttreatment severity (the greater improvement was not enough to overcome the initial higher severity). D-cycloserine augmentation was evident only among individuals low in conscientiousness and high in agreeableness. Conclusions: African American ethnicity, cohabitation status, and initial severity are prognostic of favorable CBT outcomes in SAD. D-cycloserine augmentation appears particularly useful for patients low in conscientiousness and high in agreeableness. These findings can guide clinicians in making decisions about treatment strategies and can help direct research on the mechanisms of these treatments.

Prognostic and prescriptive variables of D-cycloserine enhancement of exposure therapy in Posttraumatic Stress Disorder

Jasper Smits, Southern Methodist University, USA; Gert-Jan Hendriks, Overwaal, Centre for Anxiety Disorders / Radboud University Nijmegen, the Netherlands; Theo Broekman, Bureau Beta; Agnes Van Minnen, Overwaal, Centre for Anxiety Disorders / Radboud University Nijmegen, the Netherlands

Exposure therapy, a form of cognitive behavioral therapy (CBT), is an effective treatment for PTSD (for overview, see: Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010). The proposed working mechanism of exposure therapy is fear extinction by effective emotional processing of the traumatic memory (Foa & Kozak, 1986). Even though the efficacy and effectiveness of exposure therapy for PTSD are widely established, there is room for improvement, since many patients remain symptomatic after treatment (Bradley, Greene, Russ, Dutra, & Westen, 2005). Attempting to improve treatment efficacy of exposure therapy for anxiety disorders, researchers have focused, among other strategies, on pharmacological enhancement of fear extinction. Augmentation of exposure therapy with the cognitive enhancer D-cycloserine (DCS), a partial agonist of the N-methyl-D-Aspartate (NMDA) glutamate receptor, has shown efficacy in the treatment of several anxiety disorder. Our group (de Kleine, Hendriks, Kusters, Broekman, & van Minnen, 2012) observed an effect of DCS on treatment response in a mixed-trauma PTSD population. And, more importantly, we found DCS to be beneficial in a subgroup of patients, namely those who needed all treatment sessions and had higher pretreatment PTSD symptoms. To gain more insight into variables that influence outcome of DCS enhanced exposure therapy for PTSD, we examined prognostic variables of treatment outcome in our randomized clinical trial (de Kleine et al., 2012). Specifically, we aimed to identify prescriptive variables, i.e. variables that predict a differential effect for those who received placebo versus those who received DCS. Based on findings in both PTSD and DCS literature, in addition to demographic variables, we were particularly interested in the effects of clinical characteristics, specifically initial PTSD symptom severity and comorbidity, and personality characteristics. Results of these analyses will be presented and implications for exposure therapy enhancement will be discussed. Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. American Journal of Psychiatry, 162(2), 214-227. de Kleine, R. A., Hendriks, G. J., Kusters, W. J. C., Broekman, T. G., & van Minnen, A. (2012). A Randomized Placebo-Controlled Trial of d-Cycloserine to Enhance Exposure Therapy for Posttraumatic Stress Disorder. Biological Psychiatry, 71(11), 962-968. Foa, E. B., & Kozak, M. J. (1986). Emotional Processing of Fear: Exposure to Corrective Information. Psychological Bulletin, 99(1), 20-35. Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. Clinical Psychology Review, 30(6), 635-641.

Clinical perspective of DCS enhancement

As an introduction of the research papers that will be presented in this symposium about the effects of DCS enhancement of anxiety disorder treatments, I will shortly address some important related clinical issues. First, its ease to use it in clinical practice, secondly about its safety. Most importantly, I will address the issue that - in order to enhance our treatments - we must make sure that what we enhance -in this case exposure therapy- is properly and optimal delivered. A related issue of great importance is that we have to be able to objectively define a successful exposure treatment session. In conclusion, some suggestions will be done about future research from a clinical perspective.

D-cycloserine addition to exposure sessions in the treatment of patients with obsessive-compulsive disorder
Aart de Leeuw, GGZ Centraal, the Netherlands
Exposure and response prevention is an effective method in the treatment of patients with obsessive-compulsive disorder. However, improvement is often limited. Preliminary studies in anxiety disorders have shown that the addition of the partial NMDA-agonist D-cycloserine (DCS) is promising in enhancing the results of exposure therapy.

Method.
A randomized, double-blind, placebo controlled trial was conducted in 37 patients with OCD. Patients received 6 guided exposure sessions, once a week. One hour before each session 125 mg DCS or placebo was administered. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) was used as primary outcome measure. At baseline several indicators of severity and therapy resistance (e.g. schizotypal features) were used and subgroups were established according to symptom dimensions. All these measures were used to identify possible predictive factors.

Results.
The Y-BOCS score decreased more in the DCS group than in the placebo group, but the difference did not reach statistical significance (p = 0.068). The response percentage at posttreatment (defined as a reduction of at least 25% on the Y-BOCS) was significantly larger in the DCS group. Severity or therapy resistance did not predict therapy response. An interesting finding was that in the ‘cleaning/contamination’ subgroup DCS had a significant enhancing effect, in contrast with the ‘checking’ group. No adverse effects were reported.

Conclusions.
The results of this study did not confirm an augmenting effect of DCS to exposure therapy in OCD. However, some secondary outcome data (significant effects in ‘contamination’ subgroup, response percentages) suggested that DCS does have a potential to enhance exposure therapy and this study might has been underpowered. Future studies with larger (sub-)groups are needed.

CBT for distressing voices: The state of the art
Mark Hayward, University of Sussex, UK

Competitive memory training in treating depression in schizophrenia spectrum patients with persistent auditory hallucinations.
Kees Korrelboom, PsyQ mental Health Center, The Netherlands
Objectives: This study investigates whether depression can be ameliorated by weakening the associations between auditory verbal hallucinations and easily activated networks with negative self-evaluations, by strengthening the access to competing memories of positive self-esteem. Methods. A randomized controlled clinical trial comparing competitive memory training (COMET) with treatment as usual (TAU) in schizophrenia patients with persistent auditory hallucinations. Patients with schizophrenia-spectrum disorders were randomized into COMET (n = 39) versus TAU (n = 38). COMET consisted of seven sessions with four stages: (1) identification of aspects of negative self-esteem reinforced by the voice; (2) retrieval and re-living of memories associated with positive self-esteem; (3) positive self-esteem is brought in to compete with the content of the voices to weaken the association between voice content and negative self-evaluation; and (4) learning to disengage from the voices and to accept the voices as psychic phenomena. Results. Compared to TAU the COMET group improved on depression but there were no significant effects on auditory hallucinations. The effect of COMET on depression was fully mediated by self-esteem and acceptance of voices, and partially mediated by social rank and attributed power to the voices.Conclusions. COMET can be helpful in reappraising the meaning and changing the emotional impact of auditory hallucinations. These findings are consistent with the results of comparable COMET protocols applied in other psychiatric diagnoses. The technique can be used within regular cognitive behavioural therapy.

Group person based cognitive therapy for distressing voices: effectiveness and participant experiences
Clara Strauss, Sussex Partnership NHS Foundation Trust, UK

There is emerging evidence supporting mindfulness-based group approaches for psychosis. Two small studies of mindfulness groups for people with treatment-resistant positive symptoms of psychosis both found significant pre-post group improvement in general wellbeing (Chadwick et al., 2005; 2009). However, neither of these studies focused on the potential benefits of a mindfulness-based approach specifically for distressing voices. In addition, a purely mindfulness-based approach may not help to facilitate change to self-schema, which is potentially problematic given the strength of negative self-schema for people experiencing psychosis (Close & Garety, 1998).

Person-Based Cognitive Therapy (PBCT: Chadwick, 2006) integrates a mindfulness-based approach with a schema-focused CBT for psychosis approach. The present study examines the outcomes of group PBCT for people experiencing distressing voices within an uncontrolled evaluation and through interviews with participants.

Method
Sixty-two participants entered one of nine PBCT groups conducted over 8-12 sessions. Fifty participants completed therapy (81%). Measures of well-being, distress, control and relating characteristics were completed pre- and post-therapy and at brief follow-up. Data were subjected to an intention-to-treat analysis. Also, 10 participants were interviewed about their experience of the therapy and data were analysed using thematic analysis.

Results
There were significant pre- to post-therapy improvements in well-being, voice-related distress and beliefs about voice control that were maintained at a one-month follow-up. Three therapy-specific themes emerged from the thematic analysis: (1) relating differently to voices, (2) relating differently to self, and (3) relating differently to others. All four domains of the PBCT model were seen as important in facilitating change.

Discussion

The present study is the first to report significant improvements following a mindfulness-based intervention for distressing voices. Moreover, 81% of participants completed therapy which suggests that the therapy is acceptable to participants. However, this was an uncontrolled study and so we do not know for certain if improvements are attributable to the therapy. A fully powered RCT is now underway to provide a more robust evaluation of the therapy.

Conclusion

Group PBCT for distressing voices may be of benefit for people experiencing distressing voices and this suggestion is currently being tested in a fully powered RCT.

Acceptance and commitment therapy for medication-resistant psychosis: Effects on voices in the Lifengage randomised controlled trial

John Farhall, La Trobe University, Australia; Frances Shawyer, La Trobe University, Australia; Tory Bacon, La Trobe University, Australia; Steven Hayes, University of Nevada

Acceptance and commitment therapy (ACT) has shown promise as a therapeutic approach in psychosis with positive impacts on rehospitalisation rates in previous randomised controlled trials, and on emotional adaptation in people who have recovered from psychosis. There is also evidence that greater acceptance of voices is associated with indices of better adaptation. However the effects of ACT on persisting voices have yet to be determined. We recruited 96 participants with a diagnosis of a schizophrenia-related disorder and medication resistant positive symptoms to a randomised controlled trial comparing 8 sessions of ACT with 8 sessions of a positive social interaction control condition (befriending). The Psychotic Symptom Rating Scales for AuditoryHallucinations (PSYRATS) were completed at baseline, following intervention and 6 months later. A subgroup of ACT participants also completed a qualitative interview on experiences of therapy. Participants who experienced voices at baseline in the ACT condition showed improvements on both the distress and interference scales of the PSYRATS post-treatment which continued at follow-up. Participants in the befriending condition showed similar improvements post-treatment which reduced and were no longer significant at the follow-up time-point. However differences on the PSYRATS between the groups were small. Post-therapy ACT participants rated their intervention as more helpful than befriending participants, and in qualitative interviews most participants identified specific ACT methods as helpful in relation to the intensity and impact of symptoms and their impact upon behaviour, although some appeared to have difficulties understanding or connecting with therapy. Implications of the results for the application of acceptance and mindfulness based methods to psychosis and future research on cognitive and behavioural therapies will be discussed.

Cognitive therapy for command hallucinations

Sandra Bucci, University of Manchester, UK

Auditory hallucinations rank among the most treatment resistant symptoms of schizophrenia, with command hallucinations being the most distressing, high risk and treatment resistant of all. Command hallucinations are experienced by 33-74% of people who experience voices, with varying levels of compliance reported. Compliance with command hallucinations can result in acts of aggression, violence, suicide and self harm; the typical response however is non-compliance or appeasement. Command hallucinations are an important target for treatment, particularly given their link to harmful behaviours. Cognitive Therapy for Command Hallucinations (CTCH) draws on rational emotive behaviour therapy (REBT) and cognitive behavioural therapy for psychosis (CBTp), in particular, the mediating effects of beliefs and the important role of perceived social rank, which are central to understanding the role of power beliefs in harmful acts of compliance. Rather than focusing on reducing symptoms per se, the focus of CTCH is to reduce voice-related distress and harmful behaviours, and to empower service users by promoting control, reframing power, omniscience and compliance beliefs and re-dressing the power imbalance commonly experienced by the voice hearer with distressing voices. CTCH proposes that voice activity is appraised within an existing belief system comprising dominate-subordinate schema, person evaluations, unhelpful assumptions and interpersonal rules. Beliefs about voices in CTCH are conceptualised as arising from attempts to defend against negative person evaluations or underlying rules and assumptions regarding, for example, the mistrust of others, rather than being purely a misrepresentation of anomalous experiences. This gives rise to beliefs about the power of the voice, which in turn elicit emotional distress and safety behaviours; the latter serving to maintain the beliefs by preventing their disconfirmation. CTCH is delivered in a clear formulation driven eight-stage process and has been evaluated in a recent multi-centre, randomised controlled trial (RCT) led by Max Birchwood at the University of Birmingham. This presentation will describe CTCH in the context of the recent RCT evaluating this model of therapy.

References:

Cognitive Behavioural Model of DPD was developed (Hun)

Elaine Hunter, South London & Maudsley NHS Trust/Institute of Psychiatry, UK; Anthony David, Institute of Psychiatry, London, UK; Paul Salkovskis, University of Bath, UK

Depersonalisation Disorder (DPD) is a chronic and distressing condition characterized by a sense of unreality about the self (depersonalisation) and/or the external world (derealisation). A common misperception is that depersonalisation is rare but a review of the epidemiology of DPD found symptoms of DP/DR are very common in non-clinical and psychiatric populations (Hunter, Sierra & David, 2004) and prevalence rates of clinically significant levels of DPD range from 1-2.4% in randomised community samples. A study of the phenomenology of DPD in 204 referrals to the Depersonalisation Research Unit at the Institute of Psychiatry in London highlighted the close association between anxiety and DPD. From this work a cognitive behavioural model of DPD was developed (Hunter et al., 2003) which suggests that catastrophic attributions and
appraisals, and increased attention to symptoms play important roles in the development and maintenance of the disorder. Empirical testing of this model was investigated in three groups: 25 patients with DPD, 21 patients with anxiety (obsessive-compulsive or panic disorder), and 22 psychiatrically healthy participants. Task 1 examined attributions for ambiguous symptoms. Task 2 used a questionnaire to compare the groups on the content, frequency, and conviction in appraisals when participants worried about their health. Task 3 employed four experimental manipulations designed to either increase, or decrease, attention to catastrophic appraisals and/or symptoms of DPD. Results indicate that the DPD group make less normalising attributions for symptoms (Task 1) and have more catastrophic appraisals (Task 2) than those in the Healthy Control group. The DPD and Anxiety groups were similar in their patterns of appraisals and attributions. In Task 3, the DPD group showed a perceived reduction in DPD severity when their attention was focussed on cognitively demanding tasks, whereas the other two groups showed an increase.

The findings are consistent with the hypothesis that these cognitive processes play an important role in the development and maintenance of DPD. The clinical implications of these results will be discussed.

Attentional networks efficiency as related to anxiety, attentional control, vagal tone and emotion regulation strategies

Miquel Tortella-Feliu, University of the Balearic Islands, Spain; Alfonso Morillas-Romero, University of the Balearic Islands, Spain; Xavier Bornas, University of the Balearic Islands, Spain; Jordi Labrés, University of the Balearic Islands, Spain; Blanca Aguayo-Siquier, University of the Balearic Islands, Spain; Maria Balle, University of the Balearic Islands, Spain

Several studies using non-emotionally laden tasks with low perceptual load have shown that high trait-anxiety individuals exhibit a reduced efficiency of the executive function and the orienting attentional networks, suggesting a broader dysregulation of attentional control beyond the detrimental effects of anxiety on attention. These attentional difficulties could also be related to an increased engagement in desadaptive emotion regulation strategies but, to our knowledge, no previous works have addressed this question. The aim of the current study was to analyze the efficiency of three attentional networks (alerting, orienting, and executive control) during non-emotional processing and how it relates to anxiety, self-reported attentional control, and two forms of negative emotion regulation (rumination and suppression). Resting EKG activity were also explored as related to attentional functioning.

The Attentional Network Test – Interaction was individually administered to 142 healthy participants after resting EKG recording. Self-reports on trait-anxiety, attentional control and emotion regulation were also collected. A reduced efficiency of the orienting network (empowered ability to disengage from invalid cues) was associated with higher scores in rumination, suppression, lower self-reported attentional control and reduced vagal tone, while low executive control (inefficient inhibition of distracting information) was associated with increased trait-anxiety, negative affect and anxiety and depressive symptoms and also with reduced vagal tone.

Results provide partial support to the disengagement hypothesis and will be discussed as related to the components of attentional biases in anxiety and emotion regulation styles.

Videoconferencing treatment of obsessive-compulsive disorder: Preliminary findings from a controlled trial.

Patrick A. Vogel, Norwegian University of Science and Technology, Norway; Stian Solem, Norwegian University of Science and Technology, Norway; Erna M. Moen, University of Oslo Hospital, Norway; Bjarne Hansen, University of Bergen; Kristen Hagen, Norwegian University of Science and Technology, Norway; Joseph Himle, University of Michigan

Access to evidence based treatment for obsessive-compulsive disorder (OCD) is often limited. Delivering therapy through videoconferencing might make effective treatment more accessible.

Adult outpatients with a primary diagnosis of OCD from three outpatient clinics in Norway were offered participation in the study. Ten patients each were randomized to receive one of three treatment conditions: 1. Exposure and response prevention (ERP) treatment, delivered through videoconferencing (VCT) at hospital studios or at home on tablets/PCs, or 2. A self-help condition where patients were given a book on ERP for OCD (SH), or 3. A waiting list condition (WL). After 12 weeks, patients were reevaluated by an independent rater that was blind as to treatment condition. All patients were returned to their regular clinic for treatment if needed.

Thus far 23 patients of 30 in total have been included in the study. Two patients each dropped out of SH and WL conditions, but none from VCT. At post-treatment, one-way ANOVA show significant differences among the three treatment conditions on measures of OCD symptoms (p<.01). Post hoc comparisons show that VCT patients were significantly improved while SH and WL were nearly unchanged at post-treatment. Patients rate VCT positively on measures of the treatment alliance.

ERP can be delivered effectively and without serious threats to patient confidentiality thru videoconferencing technology. The advantages and disadvantages of home treatment through tablet/PC methodology were discussed. The use of home-based treatments for many disorders of anxiety and depression may be greatly facilitated if they can be delivered by tablet/PC. Treatment will be more accessible. Home exposures and contact with family members can be made much easier.
RCT of Combined CBT for Alcohol Use and Social Anxiety Disorders
Andrew Baillie, Macquarie University; Australia Lexine Stapinski, Macquarie University, Austraia; Claudia Sannibale, Royal Prince Alfred Hospital, Australia; Maree Teesson, National Drug and Alcohol Research Centre, University of New South Wales, Australia; Ron Rapee, Macquarie University, Australia; Paul Haber, Royal Prince Alfred Hospital, Sydney, Australia
Social Anxiety and Alcohol Use disorders are commonly comorbid and appear to interact to produce greater severity, disability and difficulties in treatment. Previous clinical trials showed no clear superiority for treatment focused on the comorbidity over treatment for alcohol alone. This study aimed to determine the relative efficacy of an integrated CBT for alcohol use problems and social phobia compared with CBT targeting alcohol use problems alone for people with comorbid social phobia and alcohol problems.
120 participants with comorbid social phobia and alcohol use disorders were randomly allocated to integrated (60) or alcohol targeted (60) CBT based on existing best practices. Exclusion criteria were presence of active psychosis or current acute suicide risk, and dependence on other substances other than tobacco. Those at risk for severe withdrawal reactions were referred for detox and offered treatment after completion. Initial diagnoses were confirmed after four weeks of abstinence or a significant reduction in consumption. Follow up assessors were blind to treatment allocation. Primary outcomes were social anxiety symptoms assessed by the Social Phobia Scale and Social Interaction Anxiety scale, drinks consumed and number of drinking days from the timeline follow back, and quality of life assessed by the SF-12 at 3 and 6 months post treatment.
Preliminary results indicate superior effects for integrated treatment. The particular integrated treatment tested in this study appears to be effective. It seems clear that people with comorbid disorders are best provided with integrated services – the costs and benefits of integrating the content of intervention need further research.

Post traumatic stress disorder, substance use and aggression: A longitudinal investigation and implications for clinical practice
Emma Barrett, National Drug and Alcohol Research Centre; Katherine Mills, National Drug and Alcohol Research Centre; Maree Teesson, National Drug and Alcohol Research Centre
Post traumatic stress disorder (PTSD) and substance use disorder (SUD) have been shown to be independent risk factors for violence perpetration. Recent research has indicated the combination of PTSD and SUD symptoms and can increase the risk of violence among individuals with this comorbidity. This is of significant concern given that PTSD is highly prevalent among individuals with SUD and both conditions serve to maintain and exacerbate the other. Research to date has been limited to cross-sectional studies of specific traumas or substances of abuse. This study aims to address these limitations in a longitudinal examination of the relationship between PTSD, SUD and violence.
A total of 102 participants were recruited into a randomised controlled trial of a CBT-based integrated treatment for comorbid SUD and PTSD. Participants were interviewed at baseline, 6-weeks, 3- and 9-months and information pertaining to PTSD symptomatology, substance use, and violence perpetration was collected. Almost half of the sample had committed violence in their lifetime and one-in-six participants committed violence during the month preceding baseline. Longitudinal analyses revealed that those who reported more severe PTSD symptomatology, specifically hyperarousal symptoms, and more severe substance dependence were consistently more likely to perpetrate violence over time.
These findings serve to inform clinicians of the dynamic risk factors for violence among individuals presenting with comorbid SUD and PTSD. Interventions that are effective in reducing the severity of substance dependence and the severity of PTSD symptoms have the potential to bring about subsequent reductions in violent behaviour. This longitudinal investigation identifies specific risk factors for aggression among individuals with PTSD and SUD, a common comorbidity. As such, it serves to inform the management and treatment of individuals with comorbid SUD and PTSD in clinical settings. The findings suggest that CBT interventions targeted at substance dependence and PTSD symptom severity, hyperarousal symptoms in particular, have the potential to bring about subsequent reductions in violent behaviour. This would not only enhance treatment outcome, but also provide a safer environment for clinicians and society as a whole.

Rumination, Depression and Substance Use: Findings From an Australian Longitudinal Study of Heroin Users
Sonja Memedovic, National Drug and Alcohol Research Centre; Tim Slade, National Drug and Alcohol Research Centre; Joanne Ross, National Drug and Alcohol Research Centre, Maree Teesson, National Drug and Alcohol Research Centre; Shane Darke, National Drug and Alcohol Research Centre; Katherine Mills, National Drug and Alcohol Research Centre; Lucy Burns, National Drug and Alcohol Research Centre
The high prevalence of depression among opioid users is a cause for concern as opioid users who experience depression have poorer psychosocial and substance use outcomes. An understanding of the mechanisms underlying the relationship between depression and substance use is important for prevention and intervention purposes. One factor that may play a part in this relationship is rumination - the tendency to repetitively focus on the causes, consequences and symptoms of
La psychoéducation fait partie de l’ensemble des recommandations internationales : WFSBD, NHMRC, CanMAT, NICE des patients. Cet effet est durable dans le temps à distance de la psychoéducation. La psychoéducation a montré son efficacité sur l’évolution du trouble : diminution du nombre de rechutes thymiques, du nombre et de la durée des hospitalisations, du nombre de tentatives de suicide et amélioration du fonctionnement global des patients. Cet effet est durable dans le temps à distance de la psychoéducation. La psychoéducation, combinée au traitement thymorégulateur, est aujourd’hui devenue incontournable dans la prise en charge des patients bipolaires (HAS, 2007,2010). Depuis 2000, la recherche montre leur efficacité en termes d’observance médicamenteuse et de taux de rechutes. Cependant, les études publiées à ce jour sur les effets de la psychoéducation auprès de patients bipolaires sont exclusivement monocentriques et les échantillons souvent d’une très grande hétérogénéité clinique (patients bipolaires de type I ou II, en rémission ou symptomatiques, avec ou sans traitement thymorégulateur, etc...). Cette communication a pour objectif de présenter un réseau francophone multicentrique de TCC psychoéducative pour troubles bipolaires. Ce réseau, constitué en 2010, réuni aujourd’hui 8 centres de soins répartis entre la France, le Maroc et la Tunisie. Il vise à répondre à une nécessité de partage de pratiques et d’échanges autour de questions thérapeutiques. Il vise également à se réunir autour d’un modèle thérapeutique commun (modèle TCC de Lam, spécifique aux troubles bipolaires, en 20 séances de groupe) et de protocoles d’évaluation de l’efficacité de la psychoéducation. Les critères de participation et les modalités d’exploitation du réseau seront abordés. Les modalités thérapeutiques et d’évaluation seront également évoquées.

Interet de la thérapie cognitive et comportementale dans la prise en charge du trouble bipolaire : revue de la littérature

Fanny Moliere, Centre Hospitalier Universitaire de Lapeyronie, France; Christelle Kindelberger, Centre Hospitalo Universitaire de Lapeyronie, France, Le trouble bipolaire est une pathologie d’évolution chronique et au pronostic sévère qui affecte 1% à 4% de la population. Le contrôle de l’évolution de la maladie par les traitements pharmacologiques échoue dans 50% des cas, des psychothérapies ont été développées pour les troubles bipolaires réfractaires. Le traitement médicamenteux est nécessaire mais non suffisant à l’obtention d’une rémission durable. La psychoéducation a montré son efficacité sur l’évolution du trouble : diminution du nombre de rechutes thymiques, du nombre et de la durée des hospitalisations, du nombre de tentatives de suicide et amélioration du fonctionnement global des patients. Cet effet est durable dans le temps à distance de la psychoéducation. La psychoéducation fait partie de l’ensemble des recommandations internationales : WFSBD, NHMRC, CanMAT, NICE.
Le manuel de TCC pour les troubles bipolaires publié par Lam and co en 1999 est une référence internationale. Il propose un programme structuré basé sur l'identification des pensées automatiques dysfonctionnelles, la remise en cause des schémas et des techniques comportementales de gestion de l'humeur.

Des essais randomisés contrôlés ont prouvé l'efficacité de la TCC dans l'amélioration de l'évolution du trouble bipolaire comparé au traitement médicamenteux seul ou association à la psychoéducation en diminuant le nombre de jours symptomatiques et en améliorant le fonctionnement global des patients.

Selon A. Docteur et al, la TCC améliore les performances cognitives des patients bipolaires euthymiques redant la psychoéducation plus efficace.

Les données de certaines études suggèrent que même après optimisation du traitement médicamenteux, une TCC adjointe montre des avantages additionnels comparé à la psychoéducation seule dans le traitement d'entretien du trouble bipolaire. Cependant des études complémentaires, avec prise en charge psychothérapeutique d'égale durée, semblent nécessaires pour renforcer ces résultats.

**Thérapie cognitive du trouble bipolaire: expérience du CPU Ibn Rochd**

Nadia Kadri, Centre Psychiatrique Universitaire Ibn Rochd, Marroco; Laila Hasmi, Centre psychiatrique Universitaire Ibn Rochd, Marroco

La Thérapie cognitive (TC) et la psychoéducation de groupe sont recommandées dans les guidelines actuels comme compléments aux traitements pharmacoLogiques de maintenance. Un essai thérapeutique contrôlé récent, comparant la TC au traitement habituel pour patients bipolaires en inter-crise, a montré une baisse importante des taux de rechute, une réduction des symptômes de dépression, moins de fluctuation des symptômes de manie et un meilleur fonctionnement social. D'autres études ont montré des résultats contradictoires alors que de nombreuses autres questions subsistent concernant les facteurs prédictifs cliniques et cognitifs de réponse au traitement. Typiquement, la TC consiste en 20 séances de thérapie qui se déroulent en 3 étapes. Une phase éducative, une phase de techniques comportementales et cognitives et une phase de consolidation.

Au cours de cette présentation, nous exposerons, l'expérience de TC de cinq groupes animés au Centre Psychiatrique Universitaire sur une durée de cinq ans. Cinquante patients avec trouble bipolaire, stabilisé à l'inclusion, ont participé et ont suivi le protocole de Lam. La moyenne d'âge est de 35 ans avec une nette prédominance féminine (70%). Quatre vingt pour cent des patients continuent à être vus après la fin de la thérapie, avec un suivi allant de 1 an à 4 ans. Une discussion des résultats sera présentée concernant la compliance, l'efficacité au long cours ainsi que les adaptations proposées du fait des différences interculturelles.

**Mise en place d’un groupe intégré d’éducation thérapeutique du patient et de thérapie cognitivo-comportementale pour le trouble bipolaire**

Marie Tournier, Centre Hospitalier, France; Loïc Vergnolle, Centre Hospitalier, France

Sous l’impulsion du réseau national de thérapie cognitivo-comportementale (TCC) de groupe dans le trouble bipolaire, l’équipe du Pôle Universitaire de Psychiatrie d’Adultes a décidé d’intégrer les principes et outils de la TCC à un programme pré-existant d’éducation thérapeutique du patient (ETP). L’objectif est de fournir aux patients, à chaque étape, non seulement des outils issus de programmes d’ETP publiés mais également des techniques cognitives et comportementales qui leur permettent d’acquérir davantage de compétences d’autosoin et d’adaptation. Les deux techniques partagent comme objectifs la compréhension de la maladie et du traitement dans le but d’améliorer l’observance, l’identification et la gestion des facteurs de stress, la régularité des rythmes de vie et l’identification des prodromes. Cependant, la TCC permet d’utiliser des outils beaucoup plus structurés, favorisant une plus grande implication du patient dans sa prise en charge : agenda de l’humeur, life-chart, agenda d’activités, ainsi que des techniques très complémentaires de l’ETP :

- l’explication du modèle biopsychosocial qui permet au patient de prendre conscience qu’il n’est pas impuissant face à sa maladie,
- l’apprentissage de l’auto-observation pour mieux détecter les phases prodromiques dépressives et maniaques ainsi que les facteurs de stress pouvant les déclencher,
- l’apprentissage de techniques cognitives visant à repérer puis à réguler ses pensées automatiques dépressives ou maniaques
- les techniques de gestion du stress et de résolution de problèmes.

Nous avons évalué ce programme au cours d’une étude préliminaire de faisabilité, non comparative, portant sur 18 des 19 patients qui ont pu en bénéficier. Les patients montraient une amélioration du score de dépression à l’autoévaluation, avec la normalisation d’un score moyen initial de dépression légère, une amélioration de l’anxiété, avec un score moyen initial correspondant à une anxiété majeure et final à une anxiété mineure et une amélioration globale significative du fonctionnement social. Les autres scores n’étaient pas significativement modifiés, sauf qu’ils n’étaient pas altérés au départ, soit que la puissance statistique de l’étude soit insuffisante. Cette étude préliminaire apporte des résultats prometteurs : le programme a été très bien accepté et jugé très satisfaisant et utile par les patients, ce qui répond à notre premier objectif de faisabilité. Cependant, compte-tenu de la faible taille de notre échantillon et du design de l’étude, les
résultats sont à interpréter avec précaution en termes d’efficacité et doivent être confirmés par une étude randomisée, comparative, à plus grande échelle et à plus long terme.

**Tous à Bord du Trans-Canada Express**

Martin D. Provencher, Université Laval, Canada

**Comment mieux tirer profit de la réalité virtuelle en TCC? Études cliniques, processus et opportunités à venir pour les troubles d’anxiété**

Stéphane Bouchard, Ph.D., Université du Québec en Outaouais, Canada

La réalité virtuelle est utilisée depuis plusieurs années pour effectuer des exercices d’exposition (qualifiée d’exposition *in virtuo*) avec les patients souffrant de phobie spécifique. La majorité des essais cliniques montrent que l’exposition est aussi efficace *in virtuo* qu’in *vivo*. Pourtant cette technique tarde à être utilisée par les thérapeutes TCC. Pourquoi cette technique gagnerait-elle en popularité si elle n’apporte rien de plus ? Des résultats récents seront décrits afin de montrer que l’exposition *in virtuo* permet de simplifier le travail des thérapeutes et réduire les coûts, dans le dans de l’anxiété sociale, d’exposer les patients à des situations difficiles à reproduire in *vivo*, notamment dans le cas du trouble obsessionnel-compulsif, et permet même d’effectuer l’exposition de façon subliminale. La présentation fera état des résultats d’essais cliniques, d’études expérimentales et de nouvelles applications en cours d’évaluation.

**Nouveau regard sur le raisonnement et les troubles obsessionnels compulsifs**

Kieron P. O’Connor, Université de Montréal, Canada

Plusieurs études ont examiné le raisonnement chez les personnes atteintes de psychopathologies, du trouble délirant, de stress post-traumatique, d’hypocondrie et d’obsessions. Il a été démontré que les gens avec un trouble obsessif-compulsif (TOC) ne manquent pas d’habileté logico-déductive, mais présentent un raisonnement inductif caractéristique. Ce raisonnement est cliniquement pertinent puisqu’il mène souvent les personnes atteintes d’un TOC à accorder de l’importance aux possibilités lorsqu’ils déduisent la réalité et posent des actions. Dans une série d’expériences utilisant des tâches avec raisonnement par induction, Péllissier et al. (2008) ont conclu que les personnes avec un TOC se basent davantage sur les possibilités hypothétiques lorsqu’il est temps de prendre des décisions. Un doute excessif à propos d’une conclusion logique était perçu comme plus probable lorsque les contre-arguments étaient donnés au participant que quand celui-ci les trouvait par lui-même, et ce peu importe la teneur de la conclusion et la confiance en soi du participant. La présente étude avait pour but de reproduire l’étude de Péllissier et al. (2008). Néanmoins, de nouvelles tâches avec raisonnement par induction ont donné des possibilités visant l’augmentation de la certitude quant à la conclusion, à la place de faire douter le participant. Un groupe de 22 patients avec un TOC et 16 participants contrôles non cliniques (CNN) volontaires ont participé à l’expérience réalisée au Centre de recherche de l’Institut universitaire en santé mentale de Montréal. Les résultats concernant les différences entre les groupes pour la durée sur la conclusion initiale lorsque des possibilités visant à créer un doute étaient propostées ont été reproduits. Le groupe TOC doutait davantage de la conclusion que le groupe de CNN. Toutefois, alors que le groupe de CNN était davantage confiant quant à la conclusion à la suite des possibilités visant une augmentation de la confiance, le groupe TOC n’a pas montré une hausse de confiance systématique. Donc, quand les CNN doutent, les TOC doutent plus, et quand les CNN sont plus sûrs, les TOC sont moins certains. Des conclusions impliquant que les personnes avec TOC ont tendance à infirmer l’information suggérant un résultat positif et soulignent le rôle de la possibilité dans l’émergence du doute obsessionnel.

**Approches thérapeutiques combinées de l’insomnie chronique: Valeur ajoutée de la médication?**

Charles M. Morin, Université Laval, Canada

L’insomnie est une plainte très fréquente parmi les patients qui consultent en psychothérapie. Qu’il s’agisse du principal motif de consultation ou d’une plainte associée à un autre trouble psychologique, l’insomnie est souvent une source de préoccupation importante pour le patient et un défi pour le clinicien. Malgré l’efficacité de la thérapie cognitive-comportementale (TCC), la médication représente la modalité thérapeutique la plus utilisée pour traiter l’insomnie. Cette présentation fait le point sur l’efficacité et l’utilité de la TCC de l’insomnie lorsqu’utilisée seule ou en combinaison avec la pharmacothérapie. Après un survol des données probantes sur les effets à court- et à long-terms de ces deux modalités thérapeutiques, nous discutons des indications, avantages et limites de chaque approche séparée et de l’approche combinée. Est-ce que la médication offre une valeur ajoutée ou compromet le processus thérapeutique ? Quels sont les moments opportuns pour introduire et discontinuer la médication dans le contexte de la TCC de l’insomnie ? En guise de conclusion, nous discutons de quelques aspects pratiques reliés à l’implantation de la TCC lorsque le patient utilise une médication en même temps.

**Les troubles anxieux comorbidies aux troubles bipolaires dans une population canadienne : Prévalence, impact et traitement**
Posters session 3 – Adult Mental Health (Part 1) and Psychosis

Group Cognitive Behavioural Treatment for Interpersonal Effectiveness: A Study of Women in a Secure Psychiatric Setting
Clive Long, St Andrew's Healthcare, UK; Barbara Fulton, St Andrew's Healthcare, UK; Olga Dolley, St Andrew's Healthcare, UK

Interpersonal effectiveness and social competence are central issues in treatment engagement and recovery for Women with a primary diagnosis of personality disorder or schizophrenia. Failure to interact with others in a competent and successful way has far reaching consequences and is predictive of poorer post hospital adjustment. This study reports the results of a manualized cognitive behavioural group treatment for interpersonal effectiveness developed to meet the needs of female inpatients, with dual diagnosis in a secure setting.

Thirty four patients were divided into treatment completors and non-completers on the basis of rates of attendance. Pre-post group treatment measures covered interpersonal problems, self efficacy, company, relationships and risk behaviours. Completers showed significant pre-post changes on all measures in contrast to non-completers. Completers were younger and more likely to have experienced psychotherapy in the past.

Post group improvements provide some confirmatory evidence for the value of social skills and communication skills training for women with a primary diagnosis of personality disorder and schizophrenia. The failure of one third of patients to complete treatment raises issues about the timing and applicability of treatment for some patients.

Findings highlight the importance of appropriate training in CBT Group therapy skills to maximise the effectiveness of engagement and integrity.

An analysis of the structure, psychometric properties and gender differences of the Looming Cognitive Style Questionnaire in Spanish Young Adults
Izaskun Orue, University of Deusto, Spain; Esther Calvete, University of Deusto, Spain; John H. Riskind, George Mason University, USA

The Looming Cognitive Maladaptive Style (LCS) has been proposed as a cognitive vulnerability that increases the likelihood of experiencing anxiety. It refers to a tendency to generate, maintain, and attend to internally generated scenarios of threats as rapidly increasing and headed in one’s direction. In this study, the structure, consistency, stability, and concurrent validity of the Looming Maladaptive Style Questionnaire (LMSQ) was examined in a sample of Spanish students (N = 1128, 56% females, aged 16 to 25). The participants completed the LMSQ along with measures of social anxiety, generalized anxiety, and depression. A subsample of 675 was followed up six months later.

Exploratory factor analyses suggested a six factor solution corresponding to the six scenarios included in the LMSQ. In addition, confirmatory factor analyses supported the existence of two second-order factors (social looming and physical looming) in accordance with the model proposed by Riskind. A multiple-group analysis indicated that overall this model was equivalent for men and women and for groups that displayed clinically significant generalized social anxiety and those that did not. These findings provide strong support to the invariance of the looming measurement.

Finally, partial correlations showed that looming was associated with symptoms of generalized anxiety and social anxiety but not with depression. Women scored higher in all looming subscales. That may help to shed light on the greater liability of females to anxiety disorders.
Acquired brain injury (ABI) is a serious, worldwide public health problem. The data indicate that 83% of those person affected after hospital discharge return home and are cared by their families. Having a family member with ABI is a severe stressor. The effects are particularly negative among primary caregivers, who often display symptoms of distress, such as depression and grief. In fact, those affected by a brain injury and their families may need professional help to maintain a reasonable quality of life, often more than a decade after the injury and the stress levels may even increase over time. Psychosocial factors, such as social support and coping with the difficulties of ABI, play a crucial role in the complex process of adapting to living with someone with ABI. The present study focused on the conjoint role of several types of social support and coping strategies in the development of depression and grief in caregivers of individuals with ABI in Spain. This objective involved assessing the relationships between several dimensions of social support (e.g. emotional, professional, informative and instrumental) and caregiver distress (depressive and grief symptoms) and examining whether these associations were mediated by the implementation of adaptive coping. The study included 223 primary caregivers and the results shows that emotional and instrumental supports were negatively associated with depression and grief and that secondary control coping ameliorates depression and feelings of grief. This category of coping includes responses such as acceptance, cognitive restructuring and distraction. Disengagement (e.g. avoidance and denial) was the most dysfunctional type of coping. Primary control coping was associated with depression. Primary control coping includes problem-focused coping, which involves the assumption that a person has some control over his or her situation and, as a consequence, over the associated outcomes. Finally, the perception of professional support was associated with less use of primary control coping strategies and emotional support was beneficial because it was directly associated with fewer symptoms of depression and indirectly with fewer symptoms of depression and grief via the reduced use of disengagement. Acquired brain injury (ABI) is a serious, worldwide public health problem. The data indicate that 83% of those person affected after hospital discharge return home and are cared by their families. Having a family member with ABI is a severe stressor. The effects are particularly negative among primary caregivers, who often display symptoms of distress, such as depression and grief. In fact, those affected by a brain injury and their families may need professional help to maintain a reasonable quality of life, often more than a decade after the injury and the stress levels may even increase over time. 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Finally, the perception of professional support was associated with less use of primary control coping strategies and emotional support was beneficial because it was directly associated with fewer symptoms of depression and indirectly with fewer symptoms of depression and grief via the reduced use of disengagement. Acquired brain injury (ABI) is a serious, worldwide public health problem. The data indicate that 83% of those person affected after hospital discharge return home and are cared by their families. Having a family member with ABI is a severe stressor. The effects are particularly negative among primary caregivers, who often display symptoms of distress, such as depression and grief. In fact, those affected by a brain injury and their families may need professional help to maintain a reasonable quality of life, often more than a decade after the injury and the stress levels may even increase over time. Psychosocial factors, such as social support and coping with the difficulties of ABI, play a crucial role in the complex process of adapting to living with someone with ABI. The present study focused on the conjoint role of several types of social support and coping strategies in the development of depression and grief in caregivers of individuals with ABI in Spain. This objective involved assessing the relationships between several dimensions of social support (e.g. emotional, professional, informative and instrumental) and caregiver distress (depressive and grief symptoms) and examining whether these associations were mediated by the implementation of adaptive coping. The study included 223 primary caregivers and the results shows that emotional and instrumental supports were negatively associated with depression and grief and that secondary control coping ameliorates depression and feelings of grief. This category of coping includes responses such as acceptance, cognitive restructuring and distraction. Disengagement (e.g. avoidance and denial) was the most dysfunctional type of coping. Primary control coping was associated with depression. Primary control coping includes problem-focused coping, which involves the assumption that a person has some control over his or her situation and, as a consequence, over the associated outcomes. Finally, the perception of professional support was associated with less use of primary control coping strategies and emotional support was beneficial because it was directly associated with fewer symptoms of depression and indirectly with fewer symptoms of depression and grief via the reduced use of disengagement.
and depression. But relatively few studies have investigated what constitutes effective coping among caregivers of people with ABI. The present study focused on the conjoint role of several types of social support and coping strategies in the development of depression and grief in caregivers of individuals with ABI in Spain. This objective involved assessing the relationships between several dimensions of social support (e.g., emotional, professional, informative and instrumental) and caregiver distress (depressive and grief symptoms) and examining whether these associations were mediated by the implementation of adaptive coping. The study included 223 primary caregivers and the results show that emotional and instrumental supports were negatively associated with depression and grief and that secondary control coping ameliorates depression and feelings of grief. This category of coping includes responses such as acceptance, cognitive restructuring and distraction. Disengagement (e.g. avoidance and denial) was the most dysfunctional type of coping. Primary control coping was associated with depression. Primary control coping includes problem-focused coping, which involves the assumption that a person has some control over his or her situation and, as a consequence, over the associated outcomes. Finally, the perception of professional support was associated with less use of primary control coping strategies and emotional support was beneficial because it was directly associated with fewer symptoms of depression and indirectly with fewer symptoms of depression and grief via the reduced use of disengagement.

A cross-sectional study of Spanish primary caregivers of individuals with ABI. The study included 223 caregivers (72.2% female and 26.9% male). Measures administered included the Family Needs Questionnaire (Kreutzer, J. 1998), the Texas Revised Inventory of Grief (Faschingbauer, T., DeVaul, R. & Zisook, S. 1981), the Centre for Epidemiological Studies Depression Scale (Radloff, L. S. 1977) and the Responses to Stress Questionnaire (Connor-Smith, J., Compas, B., Wadsworth, M., Thomsen, A., Saltzman, H. 2000).

A structural equation model indicated that secondary control coping (e.g. acceptance and positive thinking) was associated with less grief and depressive symptoms, whereas primary control coping (e.g. problem-solving and emotional expression) and disengagement were associated with more symptoms. Emotional and instrumental supports were directly associated with less depressive symptoms. In addition, emotional and professional supports were associated with symptoms through the use of primary control and disengagement coping.

These results indicate that future interventions with families should improve social networks of emotional, instrumental and professional support, as well as help caregivers to develop adaptive coping strategies, such as acceptance and positive thinking.

The findings have implications both for the involvement of families in the rehabilitation process and for future interventions with caregivers. Including the family in the rehabilitation process and in its planning is important because it increases the likelihood that the person with ABI will participate in the treatment and it predicts better outcomes.

According to the results of the present study, clinical interventions should promote the use of secondary control coping strategies, such as acceptance and positive interpretations of the situation. Traditional cognitive restructuring techniques may provide a useful tool for this purpose. Interventions should also discourage the use of dysfunctional coping responses, such as denial and avoidance.

**Burnout and aggression: a study in residential aged care facilities**

Paola Dadà, Istituto Miller, Italy; Susanna Pizzo, Istituto Miller, Italy; Luca Filipponi, Università degli studi di Padova, Italy; Aldo Galeazzi, Istituto Miller, Italy

The professions of helping relationships and social and health care are high-touch, imply, that is, numerous direct contacts with people in difficulty (Maslach and Leiter, 1997), which can be a source of frustration. This research aims to test the hypothesis that working in such contexts this kind of frustration and stress is related to the implementation of aggressive behavior.

The research participants were 105 care workers who work in residential health facilities assisted by older users. The research aims to analyze the variables that can increase the risk of burnout and aggression (both to elderly users both to colleagues). Through the administration of an anonymous questionnaire are analyzed: optimism (ELOT), the predisposition to feel anger (Novaco), the risk of burnout (MBI), the locus of control (IE SCALE), was also a questionnaire for the detection of aggressive behavior.

From the first analysis, the relationship between colleagues, difficulties arise insertion within the working group (novitiate), the predominant role of those who are hired for the longest time, and type of psychological aggression against some colleagues. As for the aggressive behaviors put in place against older users there was an excessive and inappropriate use of the methods of restraint and failure to meet the needs of the user in relation to the time marked by the work plan.

**Conclusions**

The professions socio-sanitarie are at greater risk frustration and stress, this leads to an increased susceptibility to the risk of burnout and implement aggressive behavior.

The future goal is the standardization of the administered questionnaire to detect the risk of burnout and aggressiveness in order to build an intervention for the management of the aggressive behavior of the operators.

**Resilience: What strategies do people use?**

Philipp Victor, Ruhr University Bochum, Germany; Ulrike Willutzki, Ruhr University Bochum, Germany
The personal model of resilience (Padesky & Mooney, 2012) is a CBT-based intervention module designed to enhance resilience. In a randomized controlled trial working with the Padesky/Mooney model healthy students and clients waiting for psychotherapy described the resilience strategies they use. Resilience strategies were analyzed via content analysis. Based on the resilience literature categories were deduced; for strategies not covered by the categories from the literature additional categories were induced. Reliably coded categories are described.

Resilience strategies could be coded reliably (Kappa=.96). The coding system consisted of 35 literature-based resilience strategies and 20 strategies induced empirically. Students named a mean of 10.55 strategies. The 10 most common resilience strategies were social support (named by 89.74% of the students), planning/structure/organization (53.85%), self-esteem/confidence-efficacy (48.72%), distraction (46.15%), goal or future orientation (46.15%), persistence/discipline/ambition (43.59%), flexibility (43.59%), hope/optimism (43.59%), positive attitude (43.59%) and preserving perspective/objectivity/change of perspective (41.03%). Resilience strategies from the clients’ sample are currently coded and will be compared to the students’ strategies.

People display a broad range of resilience strategies which can be used in counseling and therapy. While some strategies like social support or action regulation skills are quite common others are quite idiosyncratic. A comparison between students and clients is relevant in order to understand whether patients turn to different strategies in time of need. The overview about relevant resilience strategies may sensitize therapists for their patients potentials and support them to utilize patients’ resources.

This overview provides a broad range of strategies and might support therapists to identify resources and strengths in their clients. These resilience strategies can be helpful to foster positive qualities after ameliorating symptom distress.

**Adverse events and emotion regulation in at-risk population: A cross-sectional study of police applicants**

Carina Soares, University of Geneva, Switzerland; Carina Soares, University of Geneva, Switzerland; Stéphanie Meylan, Lausanne Police Department, Switzerland; Grazia Ceschi, University of Geneva, Switzerland

Police service is widely acknowledged as one of the most stressful occupations and police officers are routinely exposed to numerous potentially traumatic events that could contribute to the onset of several emotional disorders. Despite this repeated exposure to potentially traumatic events, only a minority of police officers suffer from chronic post-traumatic stress disorders (PTSD) and/or noteworthy affective problems. On the one hand, police officers seem to be particularly resilient. On the other, they are widely reported to have difficulties in recognizing negative emotions and to implement emotion regulation strategies highly associated with repressive attitudes.

The main aim of the current study is to assess emotions, cognitive coping strategies and social desirability in a group of police applicants and to compare the obtained results with those of a control group matched by age, gender and education level. In the current study, 106 police applicants and 92 control individuals volunteered to participate. By contrast to the control group, police applicants were found to report more happiness, and less anxiety, anger, and impulsivity. In addition, they showed less sensitivity to punishment and reward. In order to control their automatic thoughts, they reported relying less often on detrimental coping strategies (such as self- and other-blaming or worrying) but more often on adaptive ones (such as distraction or social sharing). As expected, police applicants self-reported more social desirability than their community counterpart.

Taken together, these findings are consistent with previous studies describing an over-positive explicit self-presentation bias in police applicants. They will be discussed in line with a distal etiopathological model of psychopathology, taking into account risk and resilience factors of emotion regulation after trauma.

**The “PsyPills” app: Emerging modalities for applying CBT in real life**

Oana David, Babes-Bolyai University, Romania; Daniel David, Babes-Bolyai University, Romania

In Cognitive Behavioral Therapy (CBT) patients are thought how to identify irrational/dysfunctional thinking patterns and replace them with rational/functional beliefs in order to improve their mood, behaviors, and some psycho-physiological responses to the negative events they face. However, automatic or irrational thoughts do not usually occur in a therapist’s office, or when patients have a form handy to monitor them, but in real life situations. Recently, tele-therapy has started to overcome this problem, by offering a simple and convenient way to help to manage negative dysfunctional mood in real life circumstances.

This paper presents the development of a new app for iPhone – the “PsyPills” app – its theoretical and methodological background, and preliminary data to support its effectiveness.

The concept of “Psychological Pills” has been proposed by David (2006) in the form of rational reappraisal strategies (i.e., functional self-statements based on Albert Ellis’ REBT/CBT), which have been shown to be effective in regulating negative dysfunctional mood (Cramer & Fong, 1991; Szasz, Szentagotai, & Hoffman, 2012), offered to clients as prescriptions. The “PsyPills” provides users with a detailed report on their mood and a tailored prescription for “psychological pills” depending on their mood and thinking processes and contents. The users can activate the “PsyPills” app whenever their mood gets worst, print their “psychological prescription”, set reminders and monitor their mood in real time, or learn about CBT while on the go.
Preliminary results suggest that the "PsyPills" has potential for helping users manage their dysfunctional mood. Applications, advantages, and limits of the "PsyPills" app are discussed in line with empirical research for its effectiveness.

Are there differences in personal and social functioning according to main diagnosis?
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The objectives of this study are to assess personal and social functioning of patients admitted in the partial hospitalization (PH) and identify areas of intervention.

42 patients admitted to the PH. This is an observational prospective study that evaluated at baseline and at discharge, a number of aspects. Socio-demographic, clinical and level of personal and social functioning (Personal and Social Performance Scale, PSP), were collected at the admission (basal level). Datas collected at discharge: PSP. Applied the t of Student, using the SPSS software version 20.0 for Windows.

A 37.5% (n = 15) of the sample has as main diagnosis Axis I and a 64.3 % (n= 27) Axis II. Statistically significant differences were found between the means of Functioning Personal and Social Performance Scale, PSP at admission and at discharge (t = -3.177, p = 0.007) in the Axis I diagnoses, and between the PSP at admission and at discharge(t = - 5.193, p = 0.000) of Axis II diagnosis. But found no statistically significant differences between the PSP scores at admission (t = 0.637, p = 0.528) and at discharge (p = 0.365, p = 0.717) between the diagnoses of Axis I and II.

There is an improvement in self-care, usual social activities including work and study, and personal and social relationships of patients admitted to hospital during the day, with both primary diagnosis Axis I or Axis II.

Domains of disgust and symptoms of eating disorders
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Disgust has been characterized as a basic emotion, with unique physiological, behavioral and cognitive features. Recent research has demonstrated significant associations between disgust and anxiety disorders. However, there is a growing awareness in clinical psychology that most psychological disorders could be related to disgust experiences, including eating disorders, hypocondriasis and health anxiety, sexual dysfunctions, etc. The aim of the present study was to examine relationships between disgust and eating disorder symptoms.

A sample of undergraduates completed the Multidimensional Disgust Scale (Escala Multidimensional de Sensibilidad al Asco; EMA; Sandin et al., 2013; see Sandin et al., this congress), and the Spanish version of the Eating Disorder Inventory—2 (EDI-2; Garner, 1991) and the PANAS scales (Watson et al., 1988). The EMA is a 30-item self-report measure that assesses a total of six different dimensions of disgust, i.e., hygiene (body products), moral, sexual, body transgression, small-animals, and deterioration/disease. The EDI-2 is a 91-item self-report measure that assesses symptom domains associated with eating disorders; the scales of the EDI-2 include drive for thinness, bulimia, body dissatisfaction, ineffectiveness, perfectionism, interpersonal distrust, interoceptive awareness, and maturity fears.

We found significant association between measures of disgust and the eating disorder symptoms after controlling for demographic variables (age and sex) and negative affectivity. Further, a series of multiple regressions revealed that specific disgust domains differentially predicted specific kinds of eating disorder symptoms.

Specific domains of disgust sensitivity could act as potential risk factors to the development and/or maintenance of the eating disorder symptoms and the eating disorders.

Parental sense of competence, parental stress and received social support by mothers of children with special needs
Guna Geikina, University of Latvia, Latvia; Anika Miltuze, University of Latvia, Latvia

Mothers of children with special needs (CSN) play an essential role in the successful rehabilitation of their children by providing the majority of care for their children. The aim of the research was to investigate relationships and to determine differences in the sense of competence, level of stress, and evaluation of social support in mothers.

Study participants included 168 mothers – 56 mothers of CSN, who attend social support groups, 56 mothers of CSN, who do not attend social support groups and 56 mothers without CSN. Mothers completed three questionnaires: the Multidimensional Scales of perceived Social Support (MSPPS, Zimet, Dahlem, Farley, 1988), the Parenting Sense of Competence Scale (PSOC, Johnston & Mash, 1989) and the Parenting Stress Index (PSI, Abidin, 1995).

Analysis of the results shows that mothers with CSN show higher levels of stress. There was also a strong correlation between parenting stress and parenting sense of competence in all groups. It is also shown that social support is of importance in controlling levels of stress and that stress forecasts the competence of parents.

This may mean that stress is a mediator between social support and parental competence. If parents receive social support, they show less stress, and if they have less stress, they are parents who are more satisfied and more effective.
This study proves that it would be worthwhile to develop special psychological programs which help mothers to restore their ability to engage in social functions, to reduce stress, and to facilitate parental competence.

**Relationships at work: an antidote to job stress – Brazilian Perspective**

Ana Maria Rossi, International Stress Management Association, Brazil

The purpose of the study is to compare the perceptions of men and women from the five Brazilian regions regarding communication and relationships at the workplace as a way of reducing the impact of occupational stress based on the anxiety symptoms they experience, where the more efficient the communication and relationships are, less anxiety symptoms are identified.

1,600 professionals from large companies in the five different Brazilian regions (S, SE, MW, NE and N): 57.4% male; 55.6% married; 42 years average age; 21 years average working time. Participants were randomly chosen and participation was voluntary.

**Method**

To identify the dimensions (factors) related to the 36 surveyed variables, a Factor Analysis was performed, considering the main components method, Varimax rotation, explained variance of 60% and factor loadings greater than 0.45. Nine factors were identified: 3 of Experienced somatic anxiety (ESA); 1 of Relationships with others at work (REL); 2 of Experiences with your manager (EXM) and 3 of Thinking about your manager (THM). ANOVA and Multiple Regression Analysis were made considering the mean of the three anxiety factors as dependent variable (a factorial analysis confirmed this grouping) with the remaining studied factors as independent variables.

There are no extreme situations regarding anxiety and relationships with colleagues and managers. However, averages for ESA2, ESA3, EXM2 and REL1 are striking. Women have the highest means for ESA1, ESA2, REL1, EXM1 and THM1 and lower means for ESA3 and THM2. For the different regions, SE (highest mean) and S (lowest mean) for ESA1; N (lowest mean) and the other regions for REL1; N (highest mean) and the NE (lowest mean) for THM3; MW and SE (lowest means) and the S and N (highest means) for THM2. This relationship is the opposite regarding THM1.

The results indicate that relationships and communication at the workplace reduce stress/anxiety levels. Women are better able to cope with it than men do, since they see their relationships more positively which reduce stress levels. Regarding differences among regions, the regional component should be taken into account when assessing stress levels and relationships.

**Early maladaptive schemas and the big five personality domains**

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There are several ways to describe and/or assess the long lasting characteristics of a person. Amongst those, the big five personality domains (BFPD) model describes comparatively stable and rather biologically based characteristics of personality, while a cognitively oriented theory describes comparatively stable constructs that develop through interpersonal experiences encountered early in life. Aim of the present study was to examine the relationship between the big five and the early maladaptive schemas (EMS) personality conceptualizations.

We administered a very brief measure of the BFPD (Gosling SD et al, 2003), and the short form (75 items) of the Young Schema Questionnaire (Young & Brown, 1999) to a sample of 338 university students (83% female) of a mean age of 22.6 years.

BFPD correlated significantly to a variety of EMSs, with BFPD of “extraversion” and “neuroticism” exhibiting the most (negative and positive respectively) correlations, while a lot of statistically significant correlations were also conceptually significant. This was also true with the correlations between BFPD and EMS domains. A series of stepwise regression analyses showed that each BFPD could be predicted by two to four EMSs, while the most powerful predictors were the “emotional inhibition” EMS for the “extraversion” BFPD, and the “insufficient self-control” EMS for the “conscientiousness” BFPD.

Present results partly replicate previous research (e.g. Thimm, 2010) and bring close a phenomenological view of personality to a more cognitive and schematic view of it, and develop a conceptually useful framework that help understand their relationships.


**CBT in Palestine**

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Cognitive Behavioral Therapy is an effective and efficient treatment for a wide variety of disorders across diverse populations. Prior to 2009, CBT had limited reach within Palestine; however in 2009 (S.J.) led a Palestinian steering group to make localised cost effective CBT training available to Palestinian providers. Our first initiative was led by an experienced UK Clinical psychologist and CBT trainer (A.K.) who developed a ten day Introductory Practitioner Course taught in three blocks over a twelve month period from the fall of 2009 to the fall of 2010. This was jointly taught with a Palestinian psychiatrist (S.J.) to ensure maximum utility and cultural appropriateness and to allow the training to be delivered in Arabic. The Introductory Practitioner Course was inclusive of basic CBT theory for Axis 1 disorders, skills development, and monthly group supervision; it also increased familiarity and confidence utilising the revised Cognitive Therapy Scale (CTS-R, James Blackburn & Reichelt, 2001). The training programme was informed by the UK CBT Competency Framework (Roth and Pilling, 2007) and included lectures, role plays, interactive group work, and self directed learning.

The basic training was completed by 13 local mental health professionals and a further 20 people have been trained on a shortened 6 day version of the 10 day training throughout 2010 and 2011. An additional three day module introducing CBT for Axis 2 disorders and Complex Trauma and Psychosis was similarly delivered (by A.K. and S.J.) in the fall of 2012 and completed by 12 people.

In addition to trainings in CBT proper for mental health professionals, CBT-informed training has been provided to numerous institutions and practitioners including: primary care clinicians taking World Health Organization-sponsored courses on mental health in primary care; endocrinologists and primary care doctors focusing on diabetes management; substance abuse counselors; counselors and primary care clinicians in the Ministry of Health, governmental schools, the YMCA, and the UNRWA.

At the Bethlehem-based Guidance and Training Center, where CBT training has been the single most important innovation over the past three years, annual records show: an increase in number of patients, a decrease in the total number of sessions, and improved clinical results.

Certain features of CBT—including the clarity and face-validity of core CBT concepts, the modularity of CBT training, and the cost-effectiveness of CBT—make it useful with Palestinian patients with psychiatric, substance abuse, and chronic medical illnesses. Additionally, the introduction of CBT into non-psychiatric medical care can serve to de-stigmatize psychiatric care. For example, a CBT conceptualization of the cognitions, behaviors, emotions, and physiology associated with diabetes medication non-adherence can elucidate both mechanisms of resistance and a path to medication adherence. Thus, CBT can serve as a common language that unifies the efforts of mental health and medical providers in Palestine, allowing Palestinian clinicians—often in partnership with international partners—to advance healthcare quality in Palestine.

**Intercultural Comparison of the Assessment of Social Support: Application of a Revised Version of the Social Support Questionnaire in Germany, China and Russia**

Julia Velten, Ruhr-Universität Bochum, Germany; Xiao-Chi Zhang, Ruhr-Universität Bochum, Germany;; Silvia Schneider, Ruhr-Universität Bochum, Germany;; Jürgen Margraf, Ruhr-Universität Bochum, Germany

Western scientists frequently tend to neglect cultural differences when constructing questionnaires for the assessment of social support (Heejung et al., 2008). Facing this problem we examined the intercultural applicability of the revised German short version of the “Social Support Questionnaire” (Sarason, 1987) (i.e. Fragebogen Sozialer Unterstützung, F-SozU, Fydrich et al., 2009) in a comparison between German, Chinese and Russian students. We aimed to test the intercultural applicability of the F-SozU in terms of reliability and validity. The F-SozU is a 14-item instrument with statements about different aspects of social contacts. Each statement can be ranked on a five-point Likert-Scale. The scale was validated in German, Chinese and Russian student samples (nG=6464; nCh=7638; Russia approximately nRus=4600-4800). The validity of the scale was determined by correlations of construct-related variables (optimism, satisfaction with life, resilience etc.), outcome-related measures (positive mental health, depression, anxiety, stress) as well as socio-demographic variables.

Preliminary analysis of the German (rG=0.949) and Chinese (rCh=0.958) data show very good reliability and similar unidimensional factor structures of the F-SozU in both samples. Comparable positive correlations were found between social support and sense of coherence, resilience, optimism, subjective happiness and satisfaction with life. Further results will be presented.

We found good psychometric properties for the F-SozU. The psychometric values seem to be comparable across cultures. These findings lead to the conclusion that the F-SozU is a good instrument to assess social support across different cultures. To confirm these results further studies are planned in the United States, Vietnam and Rwanda. Assessing a patient’s perceived social support is an important element in the course of planning therapeutic interventions. Therefore this assessment should be applicable in CBT across cultures. Our find-ings provide evidence for the intercultural applicability of the Social Support Scale.

**Personality traits : association with psychiatric disorders, treatment features and costs**

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Although personality disorders (PDs) have been defined categorically throughout the history of psychiatric nomenclatures, latest scientific findings have provided important support to a dimensional conceptualization and diagnosis of personality pathology.

Recent research has focused on personality traits and their relationship not only to psychiatric disorders as substance abuse and depressive and anxiety disorders but also with medical syndromes as irritable bowel syndrome and fibromyalgia. The aim of the present study is to examine the association between personality dimensions, and other clinical features such as psychiatric diagnostic. We also explore the role of some personality traits in medical costs and treatment specifications.

In a cross-sectional design, 25 subjects were recruited from Mental Health Service using consecutive sampling as they arrive from general practitioners. The sample actually includes both male (n=10) and female (n=15), aged between 18-60 years old at base line. The assessment includes a clinical semi-structured diagnostic interview conducted by trained clinicians. Participants also completed Cloninger Revised Temperament and Character Inventory (TCI-R)(4) in order to described main personality traits as Novelty Seeking (NS), Harm Avoidance (HA), Reward Dependence (RD), Persistence (P), Self-Directedness (SD), Cooperativeness (C), and Self-Transcendence (ST).

Regression models assessed the prediction and association between personality traits, psychiatric disorders and other clinical, sociodemographic and treatment variables.

Preliminary results support associations between some personality traits and specific psychiatric diagnostics. Personality traits such as low SD can be considered as predictors of severity, since it is related with length and treatment frequency. These findings indicate that personality traits are primarily related to different kind of psychiatric symptoms and also related to increases in medical costs.

These results suggest that an assessment of temperament in subjects could be useful to improve technical interventions and settings for both psychiatric and psychotherapy treatments. Longitudinal studies in which these personality variables are measured in general population are needed in order to determine some traits as predictors of medical and psychiatric diseases.

The assessment of personality variables can help us to plan treatments and predicting treatment results. On the other hand the study of predictors can be useful to design preventive treatments and reducing costs in mental health services.

**Combining physical exercise with guided self-help – a feasibility study**

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Physical exercise (PE) can reduce symptoms of anxiety. The clinical efficacy of PE as treatment for anxiety disorders has been most extensively documented in panic disorder (PD), where PE has been shown to yield acute anti-panic effects, and provide large treatment effects and long-term reductions in key panic symptoms. It was recently demonstrated that although PE can provide large reductions in symptoms of anxiety and panic, these changes were not sufficiently large for patients with PD to achieve clinical recovery. PE appears to reduce anxiety and PD by several different mechanisms, some of which have not been related to other interventions, including cognitive behaviour therapy (CBT). However, PE alone appears to be insufficient for clinical recovery to take place in patients with PD, and further knowledge is needed as to how PE can be combined with other treatments to take advantage of the effects of this intervention on PD and anxiety.

Previous preliminary evidence has indicated that such combined interventions are acceptable to patients. The current study is a feasibility study on the combined treatment of PE and guided self-help administered as computerised CBT (CCBT) within a pre-post design. Twelve patients in secondary care will take part in ten weeks of CCBT in combination with PE.

The aim of the study is to investigate whether the beneficial effects of PE on patients with PD can be combined with CCBT within a cost-effective design.

Results will guide further research on how CBT as self-help can augment other treatments, in this case physical exercise as treatment for PD.

**School Absenteeism in Germany: An Online Survey via Social Networks**

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Although the issue of school absenteeism has increasingly become the focus of public attention in recent years, limited data exist on the prevalence and associated factors of school absenteeism in Germany. Negative consequences of school
absenteeism on the further development of children and adolescents are obvious: They often receive no or little formal education and are therefore socially and economically disadvantaged in the long term. In previous studies, the prevalence of school absenteeism was assessed through traditional paper-and-pencil questionnaires at school. This procedure likely resulted in an underestimation of prevalence rates since frequently absent students were not at school to complete the questionnaires. Furthermore, due to inconsistencies in the definition of absenteeism and the lack of representativeness of previous studies, which were partly based only on single cities or regions, currently no reliable data exist at the federal level.

Secondary school students (N=1359) participated in a nationwide online survey about school absenteeism and its causes via the social networks "SchülerVZ" and "Facebook". In addition to individual information (e.g. socio-demographic data) and family characteristics (e.g. the socio-economic status, living situation), emotional and behavioral problems were assessed through the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and some screening questions from The Diagnostic Interview for Children and Youth for DSM-IV-TR (Kinder-DIPS; Schneider, Unnewehr, & Margraf, 2009). The geographical distribution and gender characteristics of the sample can be considered as representative for Germany.

Of the students, 8.6% indicated school absenteeism within the last seven days. Absent students lived less often with both parents, were on average of lower socioeconomic status, and reported more emotional problems, behavioral problems, and less prosocial behavior than attending students.

This is the first study to assess school absenteeism with an online self-report survey. It overcomes several limitations of earlier studies (e.g. including students who were absent on the day of data collection). Most definitions of school absenteeism in German regional studies have yielded an estimated absenteeism rate of 5-10% among children and adolescents (Schreiber-Kittl & Schröper, 2002). Our definition of school absenteeism was more narrow, but we found a high one-week prevalence rate of 8.6%. This result supports our belief that previous estimates of school absenteeism rates are underestimated. Despite inherent limitations, an online survey appears to be an effective method of assessing school absenteeism that can help us understand the functions it serves. This study supports our belief that previous estimates of school absenteeism rates are underestimated. As it can be an indicator of a wide variety of present and future problems in children and adolescents, school absenteeism deserves much more attention. For the everyday clinical practice of CBT it is important to be aware of its’ negative consequences on the development of children and adolescents.

‘I am not a depressed person’ – A qualitative analysis of depressed individuals’ decisions to seek treatment

Caroline Farmer, University of Exeter, UK; Paul Farrand, University of Exeter, UK; Heather O’Mahen, University of Exeter, UK

There is a significant treatment gap for patients with depression. A third of sufferers never seek help with the vast majority of those who seek help only doing so after a 12-month delay. Previous research has largely focussed on the impact of barriers to treatment, with little research exploring the psychological factors that affect help-seeking decisions. The current study used a qualitative methodology to explore the factors that influenced depressed individuals’ decisions to seek treatment.

Semi-structured interviews were conducted with 20 current or previously clinically depressed participants who either had or had not sought professional help. Thematic analysis was used to analyse results. The onset of depressive symptoms threatened participants’ identity and personal goals. Participants described how experiencing symptoms made them feel ‘weak’ and ‘out of control’. Delays in seeking help were primarily attributed to the desire to protect identity from the threat of symptoms. Participants used cognitive and behavioural avoidance strategies to reduce the perceived threat of symptoms on identity. These strategies interfered with help-seeking. Help-seeking was only undertaken once participants reached a point of acceptance about being depressed and began to make concessions in their identity and goals, at which time they reduced their use of avoidance.

Difficulties resolving conflict between identity and depressive symptoms may account for significant delays in seeking help for depression. The results highlight how conflict between depressive symptoms and identity may influence treatment engagement, and increase our understanding of the motivations of individuals who access CBT. The results suggest that patients who experience conflict between depressive symptoms and identity may experience difficulties engaging in treatment. These findings provide an insight into the experiences of patients who access CBT, and may inform the development of interventions to increase help-seeking.

Who seeks treatment for depression? A longitudinal analysis of factors that predict treatment seeking for depression

Caroline Farmer, University of Exeter, UK; Heather O’Mahen, University of Exeter, UK; Paul Farrand, University of Exeter, UK

Efforts to increase access to evidence based treatments for depression are undermined by poor help-seeking rates. A third of sufferers never seek help, and the majority of those who do wait 12-months following symptom onset. Identity plays a key role in the way in which individuals experience and manage illness, and recent findings suggest that the ability of individuals to incorporate depressive symptoms into identity was a key determinant of help-seeking. Decisions to seek help
are also thought to be influenced by attitudes towards symptoms and treatment. However, the majority of research to date has predicted intentions to seek treatment, rather than actual treatment seeking behaviour.

400 participants scoring ≥ 5 on the PHQ9 and not receiving treatment for depression were recruited using online sampling and completed questionnaire measures of identity and the Theory of Planned Behaviour (Ajzen, 1988, 1991) and the Health Belief Model (Janz and Becker, 1984; Rosenstock, 1974). Participants completed measures at three time points over a 12-month period.

Initial data analysis suggests that there is a positive relationship between change in identity and the receipt of treatment after 9-months. Data collection for the 12-month time period has now finished and the full results will be presented. Initial results are consistent with findings that identity is a key predictor of help-seeking behaviour. The final results will increase our understanding of the factors that influence decisions to seek treatment for depression, and can inform the development of interventions to improve access to psychological therapies.

This study will highlight factors that influence individuals’ decisions to seek treatment for depression. These results will increase our understanding of the perspectives of patients who access CBT, and provide an insight into the factors that may reduce treatment engagement.

**Cognitive behaviour group therapy for men voluntary seeking help for intimate partner violence**

Stig Jarwson, Research Centre Brøset, Norway; Merete Berg Nesset, Research Centre Brøset, Norway

Even though domestic violence is a major problem, there are few studies on the sustainability of treatment for men who voluntarily seek help to stop their violent behaviour towards intimate partners. The objective of this study was to evaluate long term outcome in men who went through a structured manualised group therapy, using cognitive therapy techniques aimed at reducing violent behaviour.

The aim of our study was through self-report identifying the batterer’s perspective on what elements from the cognitive-behavioral group treatment (CBT) “Brøsetmodellen” they found useful 4 to 7 years after completed treatment. The treatment components were studied in ten main techniques. The participants in this study consisted of a sample of men who had gone through anger management therapy 4 – 7 years ago. Data on violence were collected before and 4 -7 years after treatment using an extended version of the Conflict Tactic Scale CTS).

An overall persistent decrease in selfreported physical and psychological spousal violence was reported. The studied treatment components were overall still used on a frequent base.

This group CBT program showed promising results in maintaining the use of anger management techniques and preventing future violent behaviour. However, the most simple and instrumental techniques seemed best integrated.

Through the study of 37 former patients, the results showed that a 15-week group-based anger management CBT programme significantly reduced self-reported violent behaviour. Further analysis showed that a number of anger management techniques emphasised in the programme was substantially applied four to seven years after the treatment.

Most participants reported applying several anger management techniques on a frequent base. This result may be associated to the general decrease in self-reported spousal violence since pre-treatment. Timeout, recognizing body signals and negative thoughts and discussing ones anger problem seems most prominent. A balance of implicit and explicit techniques have been emphasised in the group treatment and a frequently use of these techniques in more than two out of three participant four-seven years after treatment was promising. The relatively less use of the “anger management circle” may indicate that an integrated comprehension of anger management belongs to an advanced level, but not necessarily useful to all patients.

Despite the methodological limitations of response rate, bias that self report represents, and social desirability bias, the findings reported are interesting and important in their own right. Even four to seven years after treatment; when feeling angry many used the techniques they had learned to calm themselves down and consequently avoided violent situations.

The skill-based training emphasized in the anger management program described above, seemed to be an important and feasible element of the treatment many years after. This may indicate that being aware of bodily signs and negative thoughts when angry, and maybe most importantly; learning alternative ways to handle these situations, are potential moderating factors in the treatment of domestic perpetrators. The results in this study indicate that despite experiencing anger arousal, if given the tools to handle the angry feelings it is possible to avoid acting out the anger.

**Predictors of retention to psychotherapy in a sample of substance use dependent patients of an outpatient drug abuse treatment center**

Eduard Forcadell, INAD, Spain; Eduard Forcadell, INAD, Spain; Anna Vilar, INAD, Spain; Mireia Forns, INAD, Spain; Mònica Astals, INAD, Spain

CAS Barceloneta is an ambulatory treatment center for patients with any substance abuse or dependence disorder in Barcelona (Spain). One of the factors that characterize patients with drug dependence is their low retention to the therapy. Achieving a high level of adherence is essential for treating substance dependence. The objective is to identify the factors associated with greater retention to psychological treatment.

A retrospective study with 77 patients (66.2% males, mean age (SD) of 39.3 (±12.5) years) who were randomly selected and had their first psychology appointment between 2008 and 2010. Retention was calculated at 6 months of starting treatment (ratio between the number of visits that were scheduled and the visits to which they assisted). Descriptive and bivariate analysis were performed. Using a multiple linear regression we identified some predictors related to retention.

Demographic data, toxicological history and clinical variables were used to evaluate the model. Three variables that predict
the retention to the psychological treatment were found: older age ($\beta$ = 0.705, $p < 0.001$), being male ($\beta$ = 9.39, $p = 0.044$) and living with a relative ($\beta$ = 19.70, $p = 0.016$).

Being a man, being older and live together with the family are factors that determine the retention to the psychological treatment. This information is relevant to work harder on the therapeutic relationship in cases where evidence indicates lower retention (younger patients and females) and to promote social integration in patients with unstructured environments.


Affective styles in a clinical population

Christina Totzeck, Ruhr-University Bochum, Germany; Johannes Michalak, Stiftungs University Hildesheim, Germany,

Emotional self-regulation is a complex process that comprises many different strategies. The term affective style refers to inter-individual differences in the sensitivity to and regulation of emotional states, including unwanted and aversive emotions. In recent years, research has identified three main categories of affective styles: Readjusting affect to adapt successfully to situational demands, concealing or suppressing affect, and tolerating or accepting emotions. The Affective Style Questionnaire (ASQ; Hofmann and Kashdan, 2010) is a self-rating instrument measuring individual differences in those three affective styles (emotion regulation tendencies). The final version of the ASQ consists of 20 items using 5-point likert scales. Both the original American version and a German version (Graser et al., 2012) of the ASQ have been validated using student samples. The current study aimed to investigate the viability of the ASQ in a clinical sample.

Patients (n = 470) in our Mental Health Research and Treatment Center who suffered from different mental disorders completed the ASQ at the beginning of cognitive behavior therapy. Internal consistencies were satisfactory. The results showed the expected correlations with established instruments in emotion regulation research. Furthermore, the comparison of subscale means revealed differences between the patient sample and a student sample on the accepting subscale ($t(1109) = 10.33$, $d = -1.02$, $p < .001$) as well as adjusting subscale ($t(1109) = 15.62$, $d = -.63$, $p < .001$).

This provides evidence that the ASQ is applicable in clinical populations, and thus encourages additional research on the development of affective styles during and after psychotherapeutic treatment. Furthermore, it could be a helpful instrument to unfold dysfunctional emotion regulation strategies.

Partner violence and anger management. A randomized controlled trial of the effectiveness of cognitive therapy

Merete Berg Nesset, St.Olav’s University Hospital/Norwegian University of Science and Technology, Norway; Tom Palmstierna, Karolinska Institutet, St.Olav’s University Hospital/Norwegian University of Science and Technology, Norway; Johan Håkon Bjøngaard, St.Olav’s University Hospital/Norwegian University of Science and Technology, Norway

Violence in intimate partnerships constitutes a serious problem worldwide and there is reason to believe that cognitive behavior therapy has some effect on the reduction of violent behavior. There are currently too few randomized controlled studies to conclude about the effectiveness of cognitive behavior therapy for this client group.

The study started enrolling patients in July 2012, at an out-patient clinic in Norway. Adult patients voluntarily referred for anger management problems in intimate partnerships are randomly assigned to the intervention or the control group. Their partners are asked to participate in the study.

Interventions: Patients are randomized to receive either manualised cognitive group therapy or a mindfulness-based group intervention. The intervention group gets two individual consultations before group therapy, where the patients meet weekly for 4 months, totally 15 sessions (30 hours). The control group intervention consists of one individual consultation before and after group therapy, and weekly group meetings for 8 weeks (16 hours).

Objective: To investigate the effectiveness of the Brøset anger management model in reducing violent behavior amongst patients who are violent in intimate partnerships and who voluntarily seek help.

Primary outcome measure: violent behavior, reported by patient and partner.

Secondary outcome measure: The patient’s and their partner’s mental health, and the patient’s and their partner’s health service use and absence due to sickness.

Trial status: The study is still in an early stage and a total of 22 patients and 10 partners have been included in the study. Participants are enrolled continuously.

Trial registration: Trial Registry: www.clinicaltrials.gov; Identifier: NCT 01653860

This study might contribute to a larger body of research on the effects of CBT on men’s violent abuse of their female partner.

Personality profile of pathological gamblers in the prediction of relapse: A follow-up study
Irene Ramos-Grille, Consorci Sanitari de Terrassa and Universitat Autònoma de Barcelona, Spain; Montserrat Gomà-i-Freixanet, Universitat Autònoma de Barcelona, Spain; Núria Aragay, Consorci Sanitari de Terrassa, Spain; Sergi Valero, Hospital Universitari Vall d’Hebron and Universitat Autònoma de Barcelona, Spain; Roser Guillamat, Consorci Sanitari de Terrassa, Spain; Vicenç Vallès, Consorci Sanitari de Terrassa, Spain

Individual differences in personality may play an important role in explaining the risk of developing and maintaining Pathological Gambling (PG), however, few studies have focused on which personality traits would predict treatment outcome (Lederwood & Petry, 2006; Ramos-Grille, Gomà-i-Freixanet, Aragay, Valero, & Vallès, 2013). The aim of this study is to determine which ZKPQ dimensions would predict relapse in treatment seeking pathological gamblers (PGs) after one year follow-up.

The clinical sample consisted of 44 consecutive adult pathological gambler out-patients, who were diagnosed with a semi-structured interview in accordance to DSM-IV-TR diagnostic criteria for pathological gambling. Patients were White and the mean number of DSM-IV-TR criteria was 6.9 (SD = 1.37). We used the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ) to assess personality.

All PGs patients attended a protocolarized individual cognitive-behavioural therapy for pathological gambling aimed at achieving abstinence from gambling. Twelve months after starting treatment patients were categorized as abstinent versus relapsed. Relapse was defined as more than two isolated episodes of gambling during the 12-month follow-up or one episode with a loss of control quantified as a total expense higher than of a week of gambling prior to entering treatment. We calculated Student’s t-test and Cohen’s d, and a logistic regression analyses with the statistical package SPSS Version 20.0.

The relapse group showed higher significant scores on Impulsive Sensation Seeking and on its subscales Impulsivity and Sensation Seeking. High Impulsivity emerged as a predictor of relapse.

Our results suggest that PGs with high levels of Impulsivity have greater difficulty maintaining abstinence. Clinicians might consider PGs with higher Impulsivity as being at risk of relapse. Therefore, those patients with this personality profile would benefit from an increase in the number of sessions of psychological treatments strongly emphasizing motivational enhancement and relapse prevention.

Screening assessment of cognitive functions in patients with HIV infection and its influence on psychotherapy (CBT) and adherence

Bogna Szymanska, Hospital for Infectious Diseases in Warsaw, Poland; Anna Siwy-Hudowska, University of Social Sciences and Humanities, Polans; Grazyna Cholewinska, Hospital for Infectious Diseases in Warsaw, Poland; Ewa Firlag-Burkacka, Hospital for Infectious Diseases in Warsaw, Poland

Within HIV infection, cognitive dysfunction are common due to persistent inflammatory reactions in the central nervous system (CNS) or other psychopathology reasons. According to the classification HAND(HIV- Association Neurocognitive Disorders) appear three stages of cognitive impairment – ANI, MND and HAD. The cognitive – behavioral strategy is an important part of patient assessment of cognitive resources. It is important to therapy design and patient adherence prediction.

The objective of this study was comparison the International HIV Dementia Scale (IHDS) with Montreal Cognitive Scale (MoCA) and assessment the level of depression in HIV individuals treated with ARV drugs.

The study was performed from March 2012 to January 2013 in the Outpatient Clinic for HIV in Warsaw. There were 134 HIV-infected male, treated with ARV drugs. Patients were divided into two groups of age: <44 y.o. (n= 101) and ≥45 y.o. (n=33). All participants were verified on the education level. In analysis were used two cognitive scales (IHDS, MoCA) and mood questionnaire (BDI-I). There were used descriptive statistics, Pearson and Spearman correlation.

In this study 45% (in IHDS) and 66% (in MoCA) patients received results below cut off point. We observed negative correlation between age and IHDS (r= -0.32; p<0.01) and MoCA (r= -0.23; p <0.01). Screening tests have positive correlation each other (r= 0.70; p<0.01). BDI-I measurement did not correlate with IHDS, but correlated with MoCA (r= -0.22; p<0.05). Level of education has no correlation with BDI-I but correlated with IHDS (rho=0.40; p<0.01) and with MoCA (rho=0.47; p<0.01).

To selecting cognitive and behavioral techniques to assess the level of cognitive dysfunctions, psychotherapist can use both of screening tools. IHDS and MoCA are compatible, useful and time-economic to identify the cognitive impairment among HIV-infected individuals. For this reason, therapists can individualize cognitive-behavioral therapy (CBT) process and monitor ARV adherence due to level of cognitive functioning of the patient.

Both screening tests can help in daily clinical work. The therapist gains more knowledge about patient characteristics. It affects the quality of the therapeutic work, the patient’s motivation for CBT and ARV treatment, as well as, makes therapy purposes more easily.

Psychophysiological response to symptom-relevant stimulus exposure in patients with functional somatic syndrome

Eva Unternaehrer, University of Basel, Switzerland; Etna Engeli, University of Basel, Switzerland; Donja Rodic, University of Basel, Switzerland; Lara Bueechi, University of Basel, Switzerland; Roselind Lieb, University of Basel, Switzerland; Montserrat Gomà-i-Freixanet, Universitat Autònoma de Barcelona, Spain; Núria Aragay, Consorci Sanitari de Terrassa, Spain; Sergi Valero, Hospital Universitari Vall d’Hebron and Universitat Autònoma de Barcelona, Spain; Roser Guillamat, Consorci Sanitari de Terrassa, Spain; Vicenç Vallès, Consorci Sanitari de Terrassa, Spain

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Both screening tests can help in daily clinical work. The therapist gains more knowledge about patient characteristics. It affects the quality of the therapeutic work, the patient’s motivation for CBT and ARV treatment, as well as, makes therapy purposes more easily.
Basel, Switzerland; Gunther Meinschmidt, University of Basel, Switzerland; Faculty of Medicine Ruhr-
University Bochum, Germany

Globus syndrome is a functional somatic syndrome (FSS) characterized by disturbing sensations in the throat. In this study, we investigated the psychophysiological response to globus-related symptom exposure in subjects reporting globus sensations (GS+) in comparison to subjects without globus sensations (GS-). This experimental paradigm could reveal information about the emotional reactivity patients with FSS experience when afflicted with their symptoms.

To date, we examined 35 subjects in the GS+ and 27 in the GS- group in this on-going study. During the computer-based experiment, participants followed instructions on a screen while we assessed heart rate (HR) and electrodermal activity (EDA). The experimental procedure contained a baseline measurement and two audio-presented symptom imaginations: the first imagination confronted subjects with negative sensations in their hand (hand condition, irrelevant to globus sensations), while the second imagination focused on negative sensations in the throat (throat condition, relevant to globus sensations). All participants completed questionnaires on affectivity before and after the experiment.

Preliminary data showed an incremental increase in HR and EDA from baseline to hand condition, and from hand to throat condition in the GS+ group, while the GS- group showed no changes in either condition compared to baseline. After the experiment, the GS+ but not the GS- group reported decreased positive affectivity compared to before the experiment. These preliminary results suggest that globus-related symptom exposure evokes an emotional reactivity in patients with globus syndrome reflected by increased HR and EDA. We will present results based on up-to-date psychophysiological data from this experiment.

Patients with FSS show a psychophysiological response when confronted with their symptoms, similar to patients with anxiety disorder exposed to a fear-related stimulus. This suggest an emotional reactivity that should be considered in the treatment of patients with globus sensation or other FSS.

Self-Actualization vs. Self-Transcendence: Phenomenological Analysis of Experiences Promoting Personal Growth

Iñese Lietaeviete, University of Latvia, Latvia

Narrative psychology provides theoretical framework for this research, with a focus on the theory of valuation by H.J.M. Hermans (2002). The central concept in this theory – valuation – refers to any unit of meaning that has emotional value in the eyes of individual and comes from a broad range of phenomena. The main purpose of the research is to investigate the meaning of significant life events as part of a personal meaning system according to aftermath developmental changes. I have several objectives here. (1) I wish to amend a model of development, placing self-transcendence as a motivational step beyond self-actualization. (2) Furthermore, I wish to descript phenomena of self-transcendence in terms of a motive of self-transcendence by its affective connotation. (3) At last, but not least, I wish to explore life-experiences as personal valuations that contains of three motives (S (self) motive, O (others) motive and T (self-transcendence) motive) as particular patterns of affect.

The Self-Confrontation Method, rooted into valuation theory (Hermans, 2002), enables a qualitative and quantitative description of phenomena. Original scale with 24 affect terms was extended with 14 terms relating to self-transcendence and two phases of method were used: (a) valuation elicitation and (b) affective rating. The research involved 29 female and 28 male participants at age between 20-45, who were asked about their most important life-experiences that promoted personal development and growth. As a result 294 individual experiences were obtained. 62.5% of all developmental experiences had positive emotional connotation, 17.8% - negative (unpleasant), or ambivalent (19.8%) connotation. Several domains (21 categories) of development were distinguished and depicted into terms of 8 different motivational patterns (high/low motives S+O+T+, S+O-T+, S-O+T+, S-O-T+, S+O+T-, S-O+ T-, S-O- T-, S-O- T-). It is argued, that the most satisfactory form for human development provides experiences that are connected with two domains: (1) deep relationships (fully functioning in roles of being a spouse and a parent) and (2) inner experiences (spiritual values, religion, nature) and they are significantly connected with high saturation of motives (S+O+T+). 33.1% of all obtained experiences (n=97) presented this structure of motives.

Significant differences were found in personal meanings given to life-events in persons with high and low scores in self-transcendence. Persons with high scores in self-transcendence presented significantly (p<.01) higher levels of motives S and O and higher levels of positive emotions in their life experiences as well as statistically more likely (p<.05) chose experiences connected with family life and inner experiences as the most important for their growth. Several significant differences were found also between male and female participants: females more likely (p<.05) chose experiences connected with parenthood, but men – with transgression (p<.05). Experiences with high saturation of all the motives were significantly more common with female participants (p<.05), but experiences with high saturation of motives S and T (S+O- T+) were more common with men participants (p<.01).

The research has proved that all three motives (S+O+T+) in high intensity most frequently manifest in two spheres: through attitudinal value and subjective spiritual experience and they are highly correlated – especially in the domain of family relationship (p Spearman 0.71-0.80; p<.01). Integration of all the motives results in personal growth and development on the base of enriching and congruent experience (see Figure 1). However, in the domain of religious experience motives T and O are dominating over motive S indicating openness to transcendental as well as to community experience. Self-transcendence implies differentiation of experience and granting it phenomenological variety and existential significance. The investigation of this research supplies an obvious proof that personal growth is stimulated also by
negative experience and that means – the concept of self-actualization is too limited and it doesn’t convey the dynamics of personal growth.

An important assumption in valuation theory (Hermans, 2002) is that each valuation carries an affective connotation that is organized into a system of personal meanings. Self-Confrontation Method represents a viable procedure for contextualizing client problems, assessing the unique organization of client self-schemas and emotional patterning, and facilitating progressive client change and development. This assumption strengthens approval for cognitive behavioural therapy and schema therapy model (Young, Klosko, Weishaar, 2003), that addresses the core psychological themes in connotation with leading emotional experience. The integrative theoretical background, common for humanistic, existential and narrative psychology, has broad implications for future studies in developmental and therapeutic experiences as they are seen in multi-directive and multi-dimensional way.

**Approaching spiders: Devaluation of a negative stimulus caused by approach behavior**

Marcel van den Hout, Utrecht University, the Netherlands; Iris Engelhard, Utrecht University, the Netherlands

Cognitive models propose that the evaluation of a stimulus is not only decided by stimulus- and meaning information, but also by response information. Research has indeed shown that, for instance, manipulating positive facial expressions reduces cardiovascular and affective responses to stress (Kraft & Pressman, 2013), and avoidance-retraining of approach bias to alcohol stimuli in people with drinking problems improves treatment outcome one year later (Wiers, Eberl, Rinck, Becker, & Lindenmeyer, 2011). Furthermore, anxiety patients have been found to infer danger on the basis of avoidance behavior (Gangemi, Mancini, & van den Hout, 2012). However, the role of approach behavior in stimulus evaluation remains unknown. The aim of this study was to examine whether approach of a negative stimulus will lead to a decrease in negative valence of this stimulus.

Spider fearful students were asked to repeatedly approach a spider by pulling it towards themselves (Exposure + approach condition), which was compared with an “Exposure only” condition, in which the experimenter pulled the spider towards the participant; and a Control condition in which participants did not receive any exposure to the spider. Pre- and post-intervention fear of spiders was measured using a self-report questionnaire, behavioral approach test, and an affective priming task to infer implicit stimulus valence.

Results will be presented at the conference.

A potential implication is that CBT for anxiety disorders should not only focus on dropping avoidance behavior, but should also stimulate approach behavior.

**Effects of inflated responsibility and reassuring feedback on anxiety and compulsive urges - an experimental study**

Sorina Armeanca, University of East Anglia, UK; Shirley Reynolds, University of East Anglia, UK

Inflated responsibility and doubt are important cognitive aspects of obsessive-compulsive disorder (Salkovskis, 1995; Ladouceur et al., 1985; Dar et al., 2000; OCCWG, 2005). They may increase anxiety and trigger compulsions. Checking and reassurance seeking are common compulsions aimed at decreasing anxiety and compulsive urges (Rachman, 2002). Parrish et al. (2006) looked at the effects of responsibility and feedback on compulsive urges and anxiety, and found high responsibility to maintain compulsive urges but not affect anxiety. We investigated the effects of responsibility and repeated reassuring feedback, on anxiety, urge to check and seek reassurance, and duration of experimental tasks.

This study used a 2 (responsibility: high/none) X 3 (feedback: reassuring/non-reassuring/none) experimental design. Participants (N = 87) aged 18 to 62 were randomly allocated. A pill sorting task was used to manipulate responsibility and confidence in sorting. Dependent variables were self-reported anxiety, urge to check, urge to seek reassurance, and duration.

One-way ANOVAs revealed a significant group effect on anxiety, $F(4,82) = 3.76, p = .007$, and urge to seek reassurance, $F(4,82) = 2.49, p = .049$, post tasks. Post hoc analyses revealed that in high responsibility groups, feedback that did not reassure participants increased their anxiety and urge to seek reassurance.

Under high responsibility conditions, repeated reassuring feedback prevents increases in anxiety and in urge to seek reassurance. These results have implications for treatment and family accommodation in obsessive-compulsive disorder. These results contribute to our understanding of the role of responsibility and uncertainty in obsessive-compulsive disorder. They also help us better understand the maintenance cycle of compulsive behaviour. While reassuring feedback has positive effects (e.g., decreases anxiety) in the short run, it may maintain compulsive urges and behaviours in the long-run.

**Diagnosis and multidisciplinary treatment of conversion disorder: a case report**

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Conversion disorder refers to alterations in voluntary motor and sensory function, that despite suggesting a neurologic aetiology, cannot be explained by neurologic diagnosis.

Recent findings in neuroimaging have identified abnormalities in cerebral activation patterns during intense emotion processing (1,2)
Medical conditions, substance abuse and feigning must be considered and ruled out, making this a diagnosis of exclusion that represents a challenge to clinicians, and requires a multidisciplinary approach.

Despite the limited evidence base for therapies in this area, success has been claimed with psychoanalysis, cognitive behaviour therapy (CBT), behaviour modification, and family therapy (3).

We report the case of a 58-year-old man, presenting with a depressive disorder that developed peripheral facial paralysis, gait difficulties and tremor. Over the months, he progressively lost mobility in both his upper and lower limbs, to the point that he required using wheelchair.

Several examinations and both general medical and neurological tests failed to identify a condition that accounted for all the symptoms. It was considered a functional disorder, and was referred for psychiatric treatment.

Psychological assessment included a clinical interview with both the patient and his family, and several tests: MMPI-2, WAIS-III, Mini-mental exam, BDI, S-IQCODE, BAI, EGP, SDI. Results supported a conversion disorder diagnosis in a patient with an intelligence within normal ranges and depressive symptoms subjectively referred and moderate. Several life events were identified in the months prior to the manifestation of the alterations, which related to symptomatic fluctuations.

Multidisciplinary treatment involved pharmacotherapy, ctb psychological therapy, intervention by a social worker and physical rehabilitation.

Limited improvements were reported in depressive symptoms and insight into the emotional bases of the motor and sensory alterations. Environmental factors that contributed to the dependent attitude of the patient and reinforced the symptoms were assessed but could not be controlled due to family reluctance.

Our findings suggest moderate improvement subsequent to a multidisciplinary approach.

Literature on treatment for conversion disorders is scant and essentially based on case reports. Further investigation is required on more specific diagnostic criteria and instruments that contribute to a better definition and diagnosis. Research should also compare the efficacy of different treatment approaches and components.

Relationships between symptom dimensions and obsessional beliefs in a clinical sample

Elena Cabedo, Agenciana Valenciana de Salud, Spain; Carmen Carrio, Agencia Valenciana de Salud, Spain; Gertrudis Fornés, University of Valencia, Spain; Conxa Perpiñá, University of Valencia, Spain

Cognitive approaches to OCD posit that dysfunctional beliefs explain the escalation from normal intrusive obsessional thoughts to clinical obsessions and compulsions. The Obsessive Compulsive Cognitions Working Group identified six domains of obsessional beliefs grouped in three factors: Responsibility/Threat estimation (RT), Perfectionism/Intolerance to uncertainty (PIU), and Importance/Control of thoughts (ICT). Research has shown mixed results, especially regarding the relationships between obsessional beliefs and OCD symptom dimensions. This study aims to examine the associations between obsessional beliefs and symptom dimensions in OCD patients.

Participants were 130 OCD patients (Mage = 34.2, SD=10.95; 53 Men; MYBOCS = 26, SD= 6.45), who completed the Obsessive Beliefs Spanish Inventory-revised (OBSI-R) and the Obsessive Compulsive Inventory-revised (OCI-R).

Principal component analysis and parallel analysis using the OCI-R and OBSI-R subscales yielded three components that accounted for 61.34% of the variance. The first component included PIU, RT, OCI-R checking/doubting and OCI-R washing. The second component grouped hoarding, ordering and neutralizing OCI-R subscales. The third component included OCI-R obsessions and ICT beliefs. A series of hierarchical regression analyses was used to predict OCI-R OCD symptoms from the dysfunctional beliefs. Ordering, Checking and Washing OCI-R subscales were predicted by PIU beliefs (R2 = .135, .134, and .093, respectively) and OCI-R neutralizing was predicted by RT beliefs (R2= .121, ?=.343, t=.318, p=.002).

The results suggest that not all the obsessional dysfunctional beliefs are associated with OCD symptom dimensions. It is necessary to investigate further the role that those beliefs play in the development and/or the maintenance of the disorder.

It may be fruitful to investigate whether targeting the specific obsessional dysfunctional beliefs related to OCD symptoms leads to improved treatment outcome.

Acknowledgments: Study supported by the Spanish MICIIN (Grant PS12010-18340)

Metacognition: the relationships with severity and styles in Personality Disorders

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Personality disorders (PDs) often do not develop a stable and integrating representation of self and others, they do not establish an intimate and attachment relationship, they do not create a coopera-tive link with others to belong to a group or social organization. Impairments in the capacity to understand own and others’ mental states and process are considered crucial elements in the etiology and maintenance of PDs (Dimaggio e Lysaker, 2010; Dimaggio, Semerari et al. 2007). However, the current
categorical diagnostic criteria for defining PDs and the experimental design used for evaluating metacognitive abilities could have limited the research and have often produced unclear results in this field. Metacognition allows people to develop a stable and integrated self-representation and to regulate efficiently interpersonal relationships (Semerari et al. 2003; Semerari, Carcione Dimaggio, et al. 2007).

In our study we have more aims: first we expect that an impairment in Metacognition is related to a severity of personality disorders (Crowford et al. 2011) more than Axis I disorders. Second, we can also expect that specific personality styles (Hopwood et al., 2011) present more impairments in specific metacognitive sub-functions. We used a new tool, Metacognitive Assessment Interview (MAI, Semerari et al., 2012) with some psychopathological measures (SCID I, SCID II, SCL-90) in order to test these hypotheses. MAI has been administered to 119 patients with PDs and to 108 patients with Axis I disorders, consecutively admitted to a private outpatient centre, from 2009 to 2011. We use several statistical methods to test our hypothesis.

The results showed that patients with PDs have more metacognitive impairments than the control group. The metacognitive deficit highly correlates with the severity of the disorders and partially with different personality styles. However, specific personality’s styles are associated to deficits in specific metacognitive sub-functions

In the discussion, we develop the implications of these results in order to underline the importance to evaluate Metacognition in the assessment, in the case conceptualization and treatment of personality disorders Evaluate metacognition and personality styles in PD’s in order to use different therapeutic strategies.

Factor Structure of the English version of the Psychological Abuse Exerted in Group Scale
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The aim of this work was to study the psychometric properties of the English version of the Escala de Abuso Psicológico Aplicado a Grupos (EAPA-G). This is a new instrument intended to assess the severity of implementation of various abusive strategies perpetrated by manipulative groups. In its development, these strategies were classified into six categories (Rodríguez-Carballeira et al., 2005): emotional abuse, isolation, manipulation and control of information, control of private life, indoctrination within an absolute and Manichean belief system, and imposing an exclusive/unique and extraordinary authority. The severity of each of the abusive strategies was evaluated through a Delphi study. The EAPA-G was originally developed in Spanish and was composed of 92 items on a 5-point Likert scale. This work examines the factor structure of the English version of the EAPA-G.

A sample composed of English-speaking 123 self-identified former members of various abusive groups participated in the study (71.7% women; USA: 68.9%; Canada: 17.6%; UK: 7.6%). Participants responded to a battery of instruments that included the EAPA-G, the Group Psychological Abuse Scale - Modified (GPA; Chambers, Langone, Dole and Grice, 1994; Almendros, Carrobles, Rodríguez-Carballeira and Jansà, 2008), which is a preexisting scale to assess psychological abuse in manipulative groups, and other instruments to assess the characteristics of the victims and their environment, the situation of victimization, and psychological distress.

The factor structure, internal consistency, diagnostic validity, and discriminatory power of the English version of the EAPA-G were examined. The items and factor analysis showed the appropriateness of a reduced version of the EAPA-G of 31 items fitting with the initial theoretical proposal. The scale showed adequate psychometric properties in terms of reliability and convergent validity with the GPA.

The EAPA-G seems to be a useful instrument to measure psychological abuse perpetrated by manipulative groups. Adequately assessing psychological abuse is important given its potential impact on the mental health of the people involved in these groups.

This study provides further evidences of a new instrument for the measurement of psychological abuse in group contexts that will be useful for mental health professionals and forensic psychologists for the assessment and intervention with English-speaking victims.

Preliminary examination on the psychometric properties of the Italian version of the Milwaukee Inventory for the Dimensions of Adult Skin Picking (MIDAS)
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The Milwaukee Inventory for the Dimensions of Adult Skin Picking (MIDAS) is a 12-item measure, consisting of two subscales, developed to assess two dimensions of Skin Picking (SP), Automatic and Focused SP respectively. Automatic SP is a dimension that occurs outside of one’s awareness, including situations in which an individual picks his/her skin while engaged in a sedentary activity, such as reading. Focused SP is a more intentional pattern of SP, in which individual is engaged in response to a negative emotion. The present study aimed at evaluating dimensionality, reliability and validity of the two MIDAS subscales in an Italian community sample.
A large sample of Italian individuals from the general population completed the MIDAS, the Beck Anxiety Inventory (BAI), the Barratt Impulsiveness Scale-11 (BIS-11) and the Five Facet Mindfulness Questionnaire (FFMQ).

Rasch analysis suggested that factor structure of each of the two MIDAS subscales was unidimensional with good fitting of all items. Reliability of the two subscales resulted acceptable. Significant moderate correlations were found between Focused SP subscale and BIS-11 subscales, but not between Automatic SP subscale and BIS-11 subscales, suggesting that Focused SP could be associated with greater impulsiveness. Significant moderate correlations were found between either Automatic SP and Focused SP subscales and BAI scores. Moreover, neither Focused nor Automatic SP subscales resulted significantly associated with FFMQ subscales.

This study provides some preliminary support on the psychometric properties of the MIDAS subscales.

Further research should address whether the measure clearly differentiate patients with chronic SP from non-clinical participants.

**Do paranoid delusions function as experiential avoidance of current shame feelings?**

Paula Castilho, FPCEUC, Portugal; Mário Rodrigues, FPCEUC, Portugal

Shame has been related with increased vulnerabilities to psychopathology, including the vulnerability to experience paranoia (Gilbert et al., 2005). One’s self-perceptions of being inferior (in a low rank position), subordinate, unattractive and unvalued may then give rise to shame feelings and to the subsequent activation of submissive defenses, in order to minimize harm from others, avoid conflict and appease others (Pinto-Gouveia et al., 2012). Present in many mental disorders, paranoid delusions are a frequently observed clinical phenomenon (Bentall et al., 2001), constituting a key clinical manifestation of psychosis and having particular significance for the diagnosis of Paranoid Schizophrenia.

Objectives: This study sets out to explore the hypothesis that Paranoid Delusions may function as a form of protecting self against damages to one’s self-image, possible criticism and attacks from others, i.e., as a process of Experiential Avoidance (EA) of current shame feelings. Therefore, Paranoid Delusions in an attempt to hide or inhibit unpleasant thoughts and feelings related with shame will increase the frequency and distress of these same experiences.

Thirty adult patients with acute or remitted primary persecutory delusions and diagnosed with Paranoid Schizophrenia were included in this study. Participants were recruited in both the inpatient and outpatient psychiatric services of the various constituents of the Coimbra University Hospital (CHUC), (e.g., HUC, Hospital Sobral Cid)

Although, the study is still in progress, the results might contribute to a better understanding of the role of shame and experiential avoidance, as a maladaptive coping process, in the increasing and maintenance of the paranoid symptoms, improving the state of art and treatments in this domain.

The study is still in progress. After we have the results, a discussion will be presented.

The results provided by this study will increase the state of art in this domain and also contribute to a better understanding of the mechanisms involved in the increase and maintenance of the paranoid symptoms. Furthermore, the results from this study might contribute to an improvement in the treatment of Paranoid Delusions.

**Adaptive Operant Behavior & Wellness Recovery**

Paul Andreoli, Constructional Behavior Analysis Foundation; Bart Bruins, constructional Behavior Analysis Section VGCT

Operant behavior manages the confrontation with beneficial and noxious stimuli. Consequently, only operant behavior offers someone the opportunity to influence his wellness actively. Due to continuous conditioning everybody develops more or less successfully a personal adaptive repertoire of operant behavior to promote and to safeguard his wellness. We call this Personal Successful Functioning. Although the content and form of operant behaviors vary in countless ways, all can be put however in only three functional classes:

- approach behavior enriches someone’s life by providing positive stimuli.
- escape behavior liberates by removing negative stimuli.
- active avoidance behavior protects the person against possible negative stimuli.

Adaptive active avoidance is an important behavioral function in regard to promote and to safeguard personal wellness: a state of safety prevails over a state of joy or relief. Existentially, this is obvious because safety enhances survival more than joy or relief. Moreover, this adaptive active avoidance is primarily socially motivated, for the simple reason that all human beings mainly depend for their wellness on other people. Hence, to protect against social exclusion by securing social inclusion, is a vital element of personal wellness. This functioning focused approach of human behavior is basic in non-diagnosis based recovery programs.

This approach is applicable in Mental Healthcare, Public Welfare, Organizational Behavior Management and Education.

**Culturally Adapted Cognitive Behaviour Therapy for Psychosis (CaCBTp): A randomised controlled trial**

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Cognitive behaviour therapy (CBT) is recommended in treatment guidelines for psychotic symptoms, but patients from some minority groups have been shown to have higher dropout rates and poorer outcomes. A recent qualitative study in ethnic minority groups concluded that CBT would be acceptable and may be more effective if it is culturally adapted to meet their needs (Rathod et al., 2010).

This study assessed the effectiveness of a culturally adapted CBT for psychosis (CaCBTp) in Black British, African Caribbean/Black African and South Asian Muslim participants.

A randomised controlled trial was conducted in two centres in the UK (n=35) in participants with a diagnosis of a disorder from the schizophrenia group. Assessments were conducted at three time points: baseline, post-therapy and at 6 months follow-up, using the CPRS and Insight Scale. Outcomes on the specific subscales of CPRS were also evaluated. Participants in the TAU arm completed PEQ to measure satisfaction with therapy. Assessors blind to randomisation and treatment allocation conducted administration of outcome measures. In total, n= 33 participants were randomly allocated to CaCBTp arm (n=16) and TAU arm (n=17) after (n=2) participants were excluded. CaCBTp arm was offered 16 sessions of CaCBTp with trained therapists and the TAU arm continued with their standard treatment.

Analysis was based on the principles of intention to treat. This was further supplemented with secondary sensitivity analyses. Post-treatment, the intervention group showed statistically significant reductions in symptomatology on overall CPRS scores, CaCBTp Mean (SD) = 16.23 (10.77), TAU = 18.60 (14.84); p=0.047, with a difference in change of 11.31 (95% CI: 0.68 to 9.17); Schizophrenia change: CaCBTp = 3.46 (3.37); TAU = 4.78 (5.33) diff 4.62 (95% CI: 0.68 to 9.17); p=0.047 and positive symptoms (delusions; p=0.035, and hallucinations; p <0.001. Adjustment was made for age, gender and antipsychotic medication. Overall satisfaction was significantly correlated with the number of sessions attended (r=0.563; p=0.003).

Participants in the CaCBTp arm achieved statistically significant results post-treatment compared to the TAU with some gains maintained at follow-up. High levels of satisfaction with the CaCBTp were reported.

High-Yield Cognitive Behavioral techniques for psychosis delivered by case managers to their clients with persistent psychotic symptoms: an exploratory trial

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Techniques derived from CBT-p could be safely and effectively delivered by case managers to their clients with persistent psychosis in community mental health agencies.

Case managers spend more time with clients with schizophrenia than any other professional group in most clinical settings in the United States. It is currently unknown whether techniques derived from CBT-p could be safely and effectively delivered by case managers in community mental health agencies.

Thirteen case managers at a community mental health centre took part in a five day training course and had weekly supervision. In an open trial, thirty-eight clients with schizophrenia had 12 meetings with their case managers during which High-Yield Cognitive Behavioural techniques for psychosis (HYCBT-p) were used and outcomes were evaluated.

T-tests and Wilcoxon signed ranks tests showed significant improvements in all primary and secondary outcomes by the end of the intervention except for delusions, social functioning and self-rated recovery. Cohen's d effect sizes were medium to large for overall symptoms (d=1.60, 95% confidence interval (CI) -2.29, 5.07), depression (d=1.12, 95% (CI) -.35, 1.73) and negative symptoms (d=0.87, 95% CI -.02, 1.62). There was a weak effect on dimensions of hallucinations but not delusions. 23/38 patients (60.5%) had a good clinical result. 1/38 patients had a poor clinical result (2.6%). No patients dropped out.

This exploratory trial provides evidence supportive of the safety and benefits of case managers being trained to provide HYCBT-p to their clients with persistent psychosis. The benefits reported here are particularly pertinent to the domains of overall symptom burden, depression and negative symptoms and implementing recovery-focused services.

Pathways to Schizophrenia: The role of shame traumatic memories and shame on the maintenance of paranoid delusions

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Negative interpersonal events (e.g. childhood abuse and neglect), are a prevalent aspect in the life story of individuals with schizophrenia. Effectively, the emergence of paranoid ideation has been linked with in-group social rank competition where dominants threaten and injure subordinates, and ritualized agonistic behaviors may not be enough to dampen aggressive behavior. Individuals in these situations may view themselves as inferior, subordinate, vulnerable or even different. Recent studies have shown that early shame events are recorded in autobiographical memory with characteristics of traumatic memories, eliciting hyperarousal, intrusions and avoidance. Matos, Pinto-Gouveia and Gilbert (2012) found that more traumatic and central to identity and life story the shame memory is, higher its association with paranoia is. Furthermore, external shame seemed to be specifically associated with paranoia. Triggering these memories might contribute to the maintenance of a permanent sense of threat to the self, as well as compromise the access to feelings of safeness and security, elevating vulnerability to experience paranoid symptoms.
The present study, currently in progress, aims to test the hypothesis that the first-episode of schizophrenia can constitute a shame traumatic event that might trigger the onset of paranoid delusions. It is also hypothesized that external shame may moderate the relation between that traumatic experience and paranoid delusions. Thirty participants diagnosed with paranoid schizophrenia were recruited from inpatient and outpatient services of Coimbra’s university hospital psychiatric services. Results, if confirmed, might provide support to the incorporation of therapeutic components that target external shame in current intervention protocols to paranoid schizophrenia.

**Acceptance and Commitment Group Therapy (ACT) for Health Anxiety: A Randomised controlled Trial**

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Health anxiety (or Hypochondriasis) is a prevalent somatoform disorder, but is rarely diagnosed and treated. The essential features of health anxiety are exaggerated rumination with intrusive worries about harbouring a serious illness. Severe health anxiety might be persistent and associated with severe psychological and physiological impairment. Treatment of health anxiety is sparsely investigated. Acceptance and Commitment Therapy (ACT) is a new third-wave behavioural cognitive therapy that has shown a positive effect in the treatment of mood and anxiety disorders. The aim of the study is to examine the effect of ACT in groups in patients with severe health anxiety in a randomized, controlled design. 126 consecutively referred patients with severe health anxiety were block-randomised to either: a) ACT treatment in groups or b) a 9-months waiting list. Primary outcome was health anxiety symptoms measured by The Whiteley-7 Index and secondary outcomes were among others severity of anxiety and depression measured with the SCL-8 scale and physical symptoms measured with the SCL-90-R somatisation subscale. Patients were followed-up by questionnaires for 6 months.

For details see: ClinicalTrials.gov Identifier no: NCT01158430.

Preliminary data will be presented.

Health anxiety disorder is a burden for the sufferers and costly for society due to lost working years because of early onset of the disorder and high health care costs.

Our clinical experience is that the treatment was well accepted by the patients. Possible positive results may lead to better quality of life for these patients and reductions in health care costs. The study will furthermore promote a new treatment method in the form of ACT treatment, which is not yet widely used in Denmark.

**French Language Posters**

**Validation psychométrique d'une échelle mesurant l'ambivalence suicidaire : évaluer le risque de passage à l'acte**

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Nous avons donc créé une échelle pouvant évaluer l’ambivalence motivationnelle décrite par ces auteurs en l’adaptant au cas du suicide. Cette échelle propose une liste de pensées en faveur de la décision de se suicider mais également des idées pouvant freiner cette décision.

L’objectif principal étant de valider l’échelle évaluant l’ambivalence suicidaire, nous procéderons à la passation d’une batterie d’échelles (BDI, BHS, STAI, BSS, URICA) chez des patients en crise suicidaire (avec ou sans passage à l’acte récent) et chez une population de témoins apparentés.

L’étude est en cours. Nous nous attendons à ce qu’une analyse factorielle démontre l’existence de deux grands facteurs au sein de notre échelle : le facteur regroupant les items autorisant le passage à l’acte et le facteur regroupant les items le freinant.

Plus généralement, si les différences de scores à notre échelle entre la population clinique et la population témoin se montrent significatives, cette échelle pourrait se révéler spécifique à l’évaluation de l’ambivalence suicidaire.

Validation du "Beliefs About Voices Questionnaire-Revised" (BAVQ-R) en Suisse francophone
Les Facteurs influençant l'observance thérapeutique dans la Schizophrenie

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L'observance thérapeutique se définit comme le suivi effectif et précis par le patient des prescriptions médicales. Le défaut d'observance représente une problématique importante dans la prise en charge des maladies mentales et, en particulier, dans la schizophrénie. Elle met en jeu de multiples déterminants : pharmacologiques, environnementaux, sociaux, psychologiques...

L'objectif de ce travail est d'étudier certaines composantes entrant en jeu dans la mauvaise observance.

Il s'agit d'une étude prospective transversale qui a concerné 60 patients de sexe masculin répondant aux critères de DSM IV de schizophrénie. Nous avons utilisé :

- Un auto-questionnaire comprenant les caractéristiques socio-démographiques, cliniques et thérapeutiques.
- Le Test de l'observance (TEO) de Girerd
- L'échelle d'évaluation d'insight Q8.

L'analyse a été faite par Epi-info 3.5.1. Nous avons répartis l'échantillon en deux groupes, soit un groupe plus observant (Bonne observance et minime problème d'observance) selon l'interprétation du Test de l'évaluation de l'observance et un autre groupe moins observant (Mauvaise observance) selon l'interprétation du même test

Nous avons trouvé que la majorité de notre population était mauvais observants (55 %). On n'a pas trouvé de corrélation entre l'observance et l'âge. La moyenne d'âge était de 27.67 (+ 6.59) ans pour les bons observant et de 33.57 (9± 54) ans pour les mauvais observants et 31 (8± 9) ans pour les patients qui ont un minime problème d'observance (p =0.2803 NS). Les deux groupes étaient comparables également concernant le statut conjugal, le statut professionnel, le niveau d'étude, les antécédents familiaux de trouble psychiatrique, les antécédents personnels médicaux, chirurgicaux, toxique, judiciaire, le nombre moyen des hospitalisations antérieures, la durée moyenne de la maladie, le mode d'internement, les traitements et la qualité du soutien familial.

On n'a pas relevé de différence significative quant au mode d'internement : 66,7 % hospitalisations d'office chez les bons observants contre 78.8 % chez les mauvais observants (p = 0,22).

On n'a pas relevé de différence significative quant au antécédents judiciaires : 18.5 % ont des antécédents chez les bons observants contre 21.2 % chez les mauvais observants (p = 0,52).

Les groupes des observants et des non-observants n'étaient pas distincts par les paramètres thérapeutiques. En effet, la majorité de nos patients recevait un neuroleptique classique retard (48,1 % versus 51,5 %, p =0,5).

Nous avons en revanche trouvé une corrélation entre le score d'insight et l'observance thérapeutique : une mauvaise conscience ou conscience médiocre du trouble relevée chez 66,7 % chez les observants, contre 97 % chez les non-observants (p = 0,0021).

Nous avons trouvé aussi une corrélation entre les antécédents d'arrêt de traitements et l'observance thérapeutique : 63% des observants ont antécédent d'arrêt de traitement contre 84.8 % chez les non observants (p= 0.04)

L'absence de prise de conscience de la maladie et Insight va de pair avec la difficulté liée à la perception d'un bénéfice thérapeutique. Ce défaut d'insight est un facteur régulièrement évoqué dans les causes de non-observance.

La présence d'une observance médicamenteuse défectueuse est un problème majeur dans la prise en charge au long cours des sujets atteints de schizophrénie.
Il faut allier les techniques psychoéducatives qui ont pour but d’améliorer l’insight en inculquant au patient un savoir objectif sur la maladie et les bénéfices du traitement des techniques plus cognitivo-comportementales cherchant à promouvoir l’adaptation psychologique à la maladie.

**Impact du Ramadan comme facteur de stress chez les patients avec trouble bipolaire**


Le changement brutal des rythmes de vie survenant au mois de Ramadan contraint l’organisme à un stress important pour maintenir l’équilibre biologique. L’objectif de cette étude est d’évaluer l’impact du Ramadan comme facteur de stress chez les patients avec trouble bipolaire.


Il semble que le mois de Ramadan ait été vécu comme un facteur de stress significatif (Test de Wilcoxon, p=0,01); en effet le niveau de stress est passé de 28,02 à 8,44 (18-66) avant le mois à 29,35 à 8,22(15-60) à la fin du mois.

Le stress quotidien et les perturbations des routines peuvent générer des troubles du spectre bipolaire et induire des rechutes bipolaires.

L’apprentissage de techniques TCC pour contrôler le stress, régulariser le style de vie semble nécessaire pour prévenir la rechute bipolaire.

**Les tentatives suicidaires aux urgences**


Les tentatives de suicide constituent une cause fréquente d’admission au service d’accueil des urgences.


Durant la période d’étude, nous avons colligé 154 cas de tentatives de suicide et 26 cas de suicide effectifs.

Pour les tentatives de suicide : 1. L’âge moyen était de 27+- 10ans avec une prédominance féminine de 64,94 %, contre 35,06 % DE SUJETS de sexe masculin, avec un sexe – ratio H /F=0,54.

2. 65,58% étaient sans profession alors que ceux qui ont une occupation professionnelle représentaient 14,29%. 3. Une majorité de célibataires est retrouvée chez nos suicidant soit 67,88%, les mariés représentaient 24,82%, les divorcés 5,1% alors que les veufs représentaient seulement 2,18%.

4. Bien que 59,99% n’avaient pas d’antécédents, 27,27% étaient suivi pour un problème psychiatrique dont 54, 76% pour dépression.

5. Le lieu préféré de l’acte suicidaire était à domicile dans 81,36%.

6. Les médicaments ont représenté le moyen le plus fréquemment utilisé chez 52,6%, suivi par les organophosphorés à 32,47%.

7. La principale classe de médicaments utilisée a été représentée par les psychotropes avec en chef de file les anxiolytiques à 34,57% suivi par les antidiépresseurs a 19,75%, les antépileptiques 8,64%.

Pour les suicides effectifs : nous avons noté une prédominance masculine de 61,54 contre 38,46%de sujets de sexe féminin, l’âge moyen était de 33,2+-12ans. L’intoxication au phosphore d’aluminium a représenté le mode de suicide le plus souvent utilisé chez 30,77% des cas suivi par la défenestration chez 26,92%, les organophosphorés ont représenté 19,23%.

Les facteurs pronostiques associés a la mortalité par suicide ressortis dans notre étude sont : le sexe avec p=0,01, délai de prise en charge p=0,00001, le mode suicidaire avec p=0,00002, nécessité de la ventilation mécanique 0,05.

Sur la base des résultats actuels, les psychothérapies en général semblent efficaces pour diminuer les idéations suicidaires, et les psychothérapies cognitives-comportementales en particulier semblent indiquées pour diminuer le risque de récidive de tentatives de suicide. Il est toutefois difficile de tirer des conclusions claires sur l’efficacité de ces thérapies. L’adhérence au traitement des personnes suicidaires est un élément déterminant du succès des thérapies pour diminuer et contrer les comportements suicidaires à long terme. Des stratégies visant à renforcer l’adhérence doivent être développées.
Le programme Alcochoix+ comme outil d’inspiration motivationnelle et cognitivo-comportemental pour le suivi des consommateurs excessifs d’alcool : Expérience de la Fondation Phénix, Suisse
Eva Sekera, Fondation Phénix, Genève, Suisse; Eva Sekera, Fondation Phénix, Genève, Suisse; Thierry Favrod-Coune, Service de médecine de premier recours, HUG, Suisse; Marina Croquette Krokar, Fondation Phénix, Genève, Suisse; Philip Nielsen, Fondation Phénix, Genève, Suisse
Après sa création au Québec en 2004 1., le manuel Alcochoix+ a été adapté pour la Suisse romande en 2008 2. Il s’agit d’un programme d’inspiration motivationnelle et cognitivo-comportementale utilisant une brochure contenant de l’information, des réflexions et des exercices à faire par écrit, qui favorisent la responsabilisation. Son but est d’améliorer le contrôle de la consommation d’alcool des buveurs excessifs. La Fondation Phénix, institution ambulatoire genevoise spécialisée en addictions, a adopté ce programme dès sa parution.
Le but de l’étude est d’évaluer la satisfaction des inclus et de décrire l’évolution de leur consommation et de leur qualité de vie. Il s’agit d’une étude prospective. L’inclusion a débuté en 2010, suivie d’une évaluation avant le programme, après son accomplissement, puis à 3 et 18 mois après. Sont recueillis des données anamnestiques, les éléments du manuel considérés comme aidants, les scores AUDIT et QV (qualité de vie - voir l’Alcochoix+ p. 19).
Sur les 17 patients inclus, 12 d’entre eux ont diminué leur consommation et leur score QV s’est amélioré ou est resté inchangé. Deux patients n’ont pas changé ni leurs habitudes, ni leur score QV. Trois patients ont été perdus de vue. Les exercices de l’Alcochoix+ les plus souvent cités comme aidants seront présentés en même temps que les résultats détaillés de l’étude.
Notre expérience avec l’outil Alcochoix+ est positive et nous espérons participer à sa diffusion en Suisse romande. Cela nécessitera selon nous des efforts dans la promotion du programme auprès de la population générale, dont font partie les buveurs excessifs.
Il s’agit d’un outil motivationnel accessible à l’échelle communautaire. Il peut être propage par les professionnels de la santé, les travailleurs sociaux ou même auto administré, contribuant à la réduction des méfaits liés au mésusage de l’alcool.

Comportements des enfants ayant un trouble du spectre de l’autisme en garde : Stabilité de la performance
Naima Fahmi, Université du Québec à Montréal; Naima Fahmi, Université du Québec à Montréal; Myriam Busson, Université du Québec à Montréal; Nathalie Poirier, Université du Québec à Montréal; Sylvie Bernard, Université du Québec à Montréal
L’intervention comportementale est fréquemment utilisée auprès des enfants ayant un trouble du spectre de l’autisme (TSA) d’âge préscolaire. Le milieu de garde joue un rôle important lors de la généralisation d’habiletés chez l’enfant et permet de partager des activités avec des enfants de son âge, d’avoir accès à des modèles de comportements typiques et d’explorer diverses connaissances. Cette étude s’intéresse aux comportements des enfants ayant un TSA lors des activités régulières proposées en garderie et vise à décrire leur taux de réponse.
Des observations directes et répétées ont été effectuées auprès de 7 enfants intégrés en garderie suite à l’application d’un programme d’intervention comportementale. Les taux de réponse (réussite, émergence, réussite avec aide, non-réponse ou échec) des enfants ont été évalués en fonction de la demande formulée à tous les enfants du groupe dans le cadre des activités suivantes : le jeu libre, le regroupement en cercle, les activités dirigées, et les activités d’autonomie. Les résultats indiquent que leur taux moyen de réussite est de 49,28 % pour des scores se trouvant entre 34 % et 62 %. Par contre, les enfants (6) montrent un taux de réussite fluctuant et des performances hétérogènes, un seul présente un profil comportemental homogène. Alors que leur intervenante leur fournit de l’aide, tous augmentent leur taux moyen de réussite, et ce, de près de 15 %.
L’aide apportée par l’intervenante favoriserait homogénéité et la stabilité de la performance des enfants ayant un TSA et augmenterait le taux de réussite.

La violence psychologique, physique et sexuelle chez les patients toxicomanes qui suivent un traitement
José Javier Lopez-Góëi, Universidad Publica de Navarra; Alfonso Arteaga, Universidad Publica de Navarra; Javier Fernandez-Montalvo, Universidad Publica de Navarra
Cette étude examine la prévalence de victimes d’abus parmi les patients qui ont cherché un traitement ambulatoire contre la toxicomanie. On compare les patients toxicomanes qui présentent une histoire de violence tout au long de leur vie aux patients n’ayant pas subi d’abus.
Les informations ont été recueillies à partir des histoires d’abus (psychologiques, physiques et/ou sexuels) des patients et tiennent compte des facteurs socio-démographiques, de consommation (évalués selon l’European Addiction Severity
Index, ou EuropAsi, des facteurs psychopathologiques (évalués selon le Symptom Checklist -90-Revised, ou SCL-90-R) et les variables de personnalité (évaluées selon le Million Clinical Multiaxial Inventory-II, ou MCMI-II). Sur l’ensemble de l’échantillon total 46% des patients (n = 115) qui présentent une dépendance aux drogues ont été victimes d’abus. Il y a une différence statistiquement significative entre les taux de victimisation des hommes (37,8%) et ceux de femmes (79,6%). En outre, pour certaines variables, des différences significatives ont été observées entre les patients qui ont été victimes de violence et ceux qui ne l’ont pas été. Par rapport aux patients qui n’ont pas été maltraités, les patients toxicomanes ayant des antécédents de victimisation présentent des scores significativement plus élevés lorsqu’on tient compte de variables telles que celles de l’EuropAsi, le MCMI-II et l’inadaptation, mais pas sur le SCL-90-R. Les résultats indiquent que les patients ayant subit des violences tout au long de leur vie montrent une dépendance plus forte ainsi que plus de comorbidités que les patients qui n’ont pas subi des mauvaises traitements. Cette étude fait partie d’une donnée de recherche plus large qui se concentre sur la compréhension des facteurs liés à la violence, la criminalité et la toxicomanie. D’un point de vue clinique, il s’agit d’un objectif important étant donné que la violence perturbe le cours de l’évolution thérapeutique des patients toxicomanes.

**Perception de la mort et anxiété**

khadija El falh, medecine ambulatoire; khadijaa El falh, medecine ambulatoire; Nadia Kadri, faculté de médecine; Vanessa Harsocot, Laboratoire PSITEC Université de Lille; Samihal Mrani, Unit of clinic and cognitive neurosciences and health, laboratory of biology and health, University Ibn Tofail, Kénitra (Marocco); Claire Hofer, Laboratoire PSITEC Université de Lille; Stéphane Rusinek, Laboratoire PSITEC Université de Lille; Ahmed Ahami, Unit of clinic and cognitive neurosciences and health, laboratory of biology and health, University Ibn Tofail, Kénitra (Marocco)

La mort est un des grands défis de l’existence humaine, elle est philosophiquement liée à l’anxiété. Cette étude vise à explorer d’éventuelle corrélation entre la perception de la mort et l’anxiété. L’échantillon est composé de 63 personnes pris au hasard.

**Instruments utilisés :** auto-questionnaire comportant l’identité, l’évaluation du niveau d’anxiété (échelle d’Hamilton) et l’exploration de la perception de la mort (model de florian et questionnaire de Koocher). L’analyse statistique a été faite en utilisant le logiciel Epi Info.

- La majorité 83,3 % des personnes qui pensent toujours à la mort ne présentent pas d’anxiété.
- 67 % du groupe anxieux dit ne pas avoir peur de la mort.
- 80 % des personnes qui ont peur de l’inconnu présentent une anxiété pathologique.
- Les sujets anxieux pensent plus à l’enterrement (69 % contre 37 %), et imaginent moins que la mort constitue une fin des activités. (6 % contre 25 %)
- La majorité (74 %) des personnes sans anxiété sont satisfaits de leur vie, aucun ne la trouve déplaisante.
- Aucun des anxiouges graves ne trouve sa vie plaisante.

On pourra supposer que les 83 % des personnes pensant quotidiennement à la mort sans pour autant avoir de l’anxiété sont dans des stratégies d’acceptation de la réalité de la mort et ceux qui y pensent peu et disent qu’ils n’en ont pas peur sont dans l’évitement émotionnel.

- Le groupe anxieux lie le moment de la mort à l’enterrement et à l’inconnu, ce qui suppose des cognitions et des émotions aversives amenant à des stratégies d’évitement.
- Le groupe sans anxiété perçoit la mort comme fin des activités et rencontre du Dieu, ce qui pourrait être interprété comme une attitude d’engagement dans la vie et préparation à la mort dans des émotions positives (amour, espoir).
- Les troubles anxieux sont généralement sous tendus par la peur de la mort. Une exploration des aspects cognitifs et émotionnels relatifs à la mort peut amener à corriger les distorsions et établir l’acceptation de la vérité inéluctable (la mort) et l’engagement dans la vie avec positivisme et espoir.

**Étude comparative des processus d’intentionnalité émotionnelle et d’inhibition comportementale dans le développement du trouble d’anxiété sociale chez les enfants français et marocains**

Vanessa Harsocot, Laboratoire PSITEC Université de Lille; Samihal Mrani, Unit of clinic and cognitive neurosciences and health, laboratory of biology and health, University Ibn Tofail, Kénitra (Marocco); Claire Hofer, Laboratoire PSITEC Université de Lille; Stéphane Rusinek, Laboratoire PSITEC Université de Lille; Ahmed Ahami, Unit of clinic and cognitive neurosciences and health, laboratory of biology and health, University Ibn Tofail, Kénitra (Marocco)

L’objectif de cette étude est de déceler les mécanismes précoce en jeu dans le développement du trouble d’anxiété sociale et de comparer leur émergence chez des enfants issus de deux cultures, française et marocaine.


Nous avons mesuré les différences dans la capacité de jugement des enfants des intentions de l’autre à travers la projection de dessins animés. Nous avons évalué les modalités d’expression de leur inhibition face aux expériences nouvelles à travers une tâche inspirée de la Risk Room de Kagan. Nous avons analysé l’évolution de ces processus dans le temps et nous avons mis en lien ces résultats avec leur niveau d’anxiété et leur apparence culturelle. L’intention de cette étude est également de décrire les éléments culturels facilitant et fragilisant le développement d’un TAS chez l’enfant.
Cette étude longitudinale est menée auprès d’une centaine d’enfants de leur âge de 6 ans jusqu’à leur âge de 9 ans et prendra fin en 2014. Nous présentons dans ce poster les premiers résultats qui ont montré une intensité d’anxiété variable en fonction de la culture d’appartenance ainsi que des différences dans l’expression émotionnelle de cette anxiété face à l’intentionnalité. La nature de l’association entre les comportements spécifiques d’inhibition et l’anxiété sociale semble également affectée culturellement.

La suite de cette étude permettra de préciser plus encore la relation précoce entre anxiété sociale et biais d’interprétation de l’autre ainsi qu’entre anxiété sociale et évitement de l’expérience.

Mettre en place des stratégies psychothérapeutiques afin de repérer et prévenir de façon précoce le développement d’un trouble d’anxiété sociale chez l’enfant.

**Intérêt de la restructuration cognitive et de la méthode comportementale dans le traitement du trouble panique : à propos d’un cas**

Fadoua Oueriagli Nabih, Équipe de recherche pour la santé mentale, Faculté de Médecine et de pharmacie Caddi Ayyad, Marrakech, Maroc ; Mahassine Touhami, Équipe de recherche pour la santé mentale, Faculté de Médecine et de pharmacie Caddi Ayyad, Marrakech, Maroc ; Fatiha Manoudi, Équipe de recherche pour la santé mentale, Faculté de Médecine et de pharmacie Caddi Ayyad, Marrakech, Maroc ; Fatima Asri, Équipe de recherche pour la santé mentale, Faculté de Médecine et de pharmacie Caddi Ayyad, Marrakech, Maroc.

Le trouble panique est un trouble chronique et invalidant, sa prévalence reste élevée dans la population générale. La thérapie cognitivo-comportementale (TCC) permet une disparition des attaques de paniques dans 74 à 90%, avec un taux de rechutes qui ne dépasse pas les 5 % versus 40 % après un traitement par imipramine. La TCC repose d’abord sur: 1) une description détaillée des sensations et des craintes principales, 2) l’identification de la nature des interprétations catastrophiques (cognitions et croyances), 3) une analyse de la nature des comportements de sécurité et d’évitement.

C’est ce que nous allons illustrer à travers ce cas clinique.

Il s’agit d’un patient âgé de 31 ans, marié et père d’une fille, militaire de carrière, qui a consulté pour un trouble panique invalidant évoluant depuis deux ans sans agoraphobie. Le patient est sous antidépresseurs à fortes doses depuis six mois sans amélioration clinique. Après une information du patient sur la TCC, son principe et le déroulement des séances, nous avons commencé par une évaluation des symptômes physiques de l’anxiété, des interprétations catastrophiques et des comportements de sécurité, une formulation du cercle vicieux de l’attaque de panique (sensation → interprétation → émotion) une description détaillée de l’histoire de la panique, puis une explication de la réponse humaine de la peur. L’induction des expériences comportementales nous a permis de tester les anciennes cognitions, de développer et tester de nouvelles perspectives.

Une amélioration très satisfaisante a été obtenue au bout de 12 séances.

La fin de la thérapie a été marquée par une réévaluation du risque d’avoir une autre attaque de panique et de la disposition du patients de moyens pour gérer la panique.

**Intérêt d’une bonne conceptualisation dans la prise en charge TCC du TAG : à propos d’un cas**

Fadoua Oueriagli Nabih, Équipe de recherche pour la santé mentale, Faculté de Médecine et de Pharmacie, Marrakech, Maroc ; Mahassine Touhami, Équipe de recherche pour la santé mentale, Faculté de Médecine et de Pharmacie, Marrakech, Maroc ; Fatiha Manoudi, Équipe de recherche pour la santé mentale, Faculté de Médecine et de Pharmacie, Marrakech, Maroc ; Fatima Asri, Équipe de recherche pour la santé mentale, Faculté de Médecine et de Pharmacie, Marrakech, Maroc.

Le Trouble anxiété généralisée (TAG) pourrait être le trouble anxieux le plus basique, sa prévalence est assez élevée avec une comorbidité fréquente. La prise en charge TCC du TAG passe d’abord par une conceptualisation seule garantie d’une thérapie réussie.

Madame S.F., âgée de 38 ans, mariée et mère de 4 enfants (2 filles et 2 garçons), l’aînée est candidate au baccalauréat cette année, elle est femme au foyer. L’histoire de la maladie semble remonter au mariage de la patiente. Elle rapporte que depuis qu’elle a commencé à assumer seule la responsabilité du foyer et à s’occuper des enfants, elle est devenue souvent inquiète, se préoccupant sans cesse de l’état de santé de ses enfants, de leur scolarité et de leur avenir. Ses inquiétudes se sont exacerbées avec la scolarité de ses enfants, elle les accompagne chaque jour à l’école qui se situe à quelques mètres de chez elle. Et ceci par peur d’être heurtés par une voiture, ou kidnappés, les empêchant de sortir avec des amis ou rendre visite à des proches par crainte d’avoir un mal. Son entourage surtout ses enfants lui font toujours la remarque et trouve susciter de l’angoisse et un meilleur contrôle des inquiétudes. Elle aimerait pouvoir penser à elle-même de temps en temps mais ses soucis quotidiens lui reviennent rapidement en tête. Il est difficile de se reposer dans ces conditions dite elle. Après avoir expliqué à Mme S.F ce que c’est un trouble anxiété généralisée, une thérapie cognitivo-comportementale a été proposée en expliquant les principes de la TCC, et après avoir eu son approbation, nous avons décidé de faire la
conception. Le modèle cognitif du TAG a été élaboré (surestimation du danger et intolérance à l’incertitude) à partir d’une situation bien déterminée, en précisant les soucis, les soucis sur les soucis, les stratégies adoptées par la patiente ainsi que les conséquences. Puis nous avons effectué une analyse fonctionnelle à l’aide de la grille SECCA : synchronique et diachronique.

Le projet thérapeutique est basé sur : une auto-observation avec identification des pensées automatiques négatives et des stratégies (comportements de sécurité). Une différenciation des soucis de type I et II : pour le souci type I on a utilisé la méthode de résolution du problème, pour le souci type II (souci éventuel) on a travaillé sur l’intolérance à l’incertitude, l’acceptation du risque faible et le blocage des stratégies. Les étapes suivantes ont été respectées : Explication de l’anxiété généralisée, Apprentissage des techniques de relaxation, modification cognitive de la surestimation du risque, exposition en imagination (penser le pire), contrôle des soucis (développer des stratégies d’adaptation au pire), prévention des réponses de vérification, modification des comportements subtils d’évitement.

Une amélioration de la symptomatologie clinique a été obtenue au bout de 12 séances.
Une réévaluation surtout des des comportements de sécurité et de l’acceptation du risque faible a objectivé une nette stabilisation au bout de six mois après la fin de la thérapie.

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**Friday 27th September – Afternoon session**

**Keynote Addresses**

**CBT across Cultures: isn’t being receptive and collaborative enough?**

David Kingdon, University of Southampton, UK

Cognitive behaviour therapy is an empirically supported treatment for a wide range of mental health problems but the overwhelming majority of research studies and development projects have occurred in the developed world. This presentation will describe how CBT is being culturally adapted for diverse ethnic groups – and how we are gaining in turn from their approaches and life experiences. Attributions, help seeking behaviors and pathways influence choices about engaging with mainstream services or using traditional approaches. Gender, language and culture of the therapists and clients have implications alongside the impact of stigma, shame, role of families and wider communities on therapy impacting on engagement.

Examples of how work with people experiencing psychosis has been adapted in Pakistan, China, Japan, & the US and also in Black and Minority Ethnic groups in the UK will be described with practical implications given. CBT is collaborative by nature and adaptable to circumstances but some understanding of cultural differences can maximise engagement and effective intervention.

**Cognitive Case Conceptualisation 2.0: Can cognitive Science Assist in Diagnosis & Treatment of Affective Disorders**

Ernst Koster, Ghent University, Belgium

Extensive evidence shows that depression and anxiety disorders place a large burden on individuals and are an important challenge for mental health providers. Cognitive factors play a crucial role in the etiology and maintenance of these disorders which has given rise to the successful development of cognitive therapy. Cognitive case conceptualization - where an individual’s automatic thoughts are identified and related to core beliefs - is a crucial part of conducting cognitive therapy in identifying targets for therapeutic interventions. Despite remarkable progress in our understanding of cognitive processes involved in affective disorders, cognitive case conceptualization in clinical practice is not informed by recent insights in this area. As cognitive case conceptualization is an important part of cognitive (behavioral) therapy I will propose new ways in which therapy can be informed by cognitive science. I will demonstrate how persistent negative thought, a hallmark feature of depression and anxiety, is associated with fundamental cognitive processes in attention and working.
memory. In this respect, I will present an integrative framework which predicts that training such cognitive processes in the modification of emotionally biased processing styles could facilitate the effects of psychotherapeutic interventions. I will then highlight the usefulness of cognitive training in improving basic cognitive processes and symptoms of affective disorders. I will argue that an integration of cognitive case conceptualization and cognitive science at an individual level is feasible in order to facilitate treatment of affective disorders.

A Transdiagnostic Approach to Pain and Sleep

Steven Linton, Orebro University, Sweden

Sleep and pain problems are two of the most frequently reported symptoms in patients seeking medical or psychological treatment. Indeed, these may constitute the main reason for a consultation or they may be a complaint accompanying another reason for seeking care. This presentation focuses on a transdiagnostic approach to understanding pain and sleep problems in themselves as well as when they co-occur with other psychological problems. First, we will examine a central aspect for a transdiagnostic approach, namely co-morbidity. Not only can pain and sleep problems co-occur, but they are commonly associated with other psychological problems as well. The relationship is particularly relevant when we consider the development of long-term functional disability as multiple symptoms is a risk factor for developing a chronic disorder.

Second, is the issue of the transdiagnostic processes that may drive the development of both sleep and pain problems. There is accumulating evidence that sleep and pain share some basic common mechanisms. In fact, such shared mechanisms might also be relevant for other reported symptoms such as anxiety or depression. Some central candidates such as catastrophic worry, avoidance, and emotion regulation will be explored as examples. Third, this talk will examine how to take advantage of a transdiagnostic approach in the clinic. Currently, a particular problem is that we strictly treat patients for only one problem at a time while ignoring other symptoms. This is not satisfactory. There is clear evidence that this routine has several disadvantages. Yet, simply combining a treatment for pain and sleep (or other symptoms) has also been troublesome. An inviting alternative is to identify shared mechanisms and offer a treatment that directly addresses these. This transdiagnostic approach should result in multiple benefits. Moreover, since pain and insomnia are aversive and a concern for patients, the approach can potentially maximize the patient’s engagement. Developments in how such assessments and treatments are accomplished will be addressed.

A transdiagnostic approach offers the advantage of identifying processes common to both sleep and pain. Future directions and research are needed to ensure that this area is developed on a firm evidence base.

The treatment of anxiety disorders in children and adolescents: Limitations, challenges and future directions

Ron Rapee, Macquarie University, Sydney, Australia

Treatment for anxiety disorders in children and adolescents has now enjoyed almost two decades of empirical evaluation. Interestingly the treatments we currently use are essentially the same as the program evaluated by Kendall 20 years ago. Recent meta-analytic review has raised questions about just how efficacious these treatments really are. In response to these issues, the field is starting to move forward in a variety of directions. This talk will provide an overview of some of the recent work into the management of anxiety in childhood. The work can be summarised to fall into three broad directions: 1. Increasing the accessibility and cost-effectiveness of empirically supported treatments; 2. Searching for predictors of treatment response; 3. Developing specialised treatments for populations that respond more poorly to standard intervention.

In Congress Workshops

Understanding and Treating Health Anxiety Incorporating Cultural Diversity

Theo Bouman, University of Groningen, The Netherlands

Health anxiety is a prominent component of various manifestations of psychopathology, most notably Hypochondriasis (according to DSM-IV-TR), Complex Somatic Symptom Disorder and Illness Anxiety Disorder (according to DSM-5). Health anxiety may be related to well-known medical diseases, medically unexplained symptoms, the fear of getting a disease in the future, and/or the fear of death. This condition results in an increase in medical care utilization, ineffective doctor-patient relationships, and impaired role functioning.

Empirical evidence shows various forms to CBT to be effective in reducing health anxiety (Bouman, 2013), in particular psychoeducation (Bouman & Buwalds, 2008) exposure, and cognitive interventions (Visser & Bouman, 2001). However effective these interventions are, the initial challenge is to engage patients in psychological treatment. Therefore, this workshop will depart from the clinical picture of health anxiety and its many forms and shapes, as well as with a discussion of the pro’s and cons of the current classification systems. Next a generic cognitive behavioural model will be presented that can also be easily communicated to the patient. The model contains various point of entry for therapeutic interventions that will be introduced and demonstrated. It should be noted that illness attributions related to health anxiety may be strongly influenced by the patient’s cultural and even religious background. Examples (such as the assumed reason of being afflicted by illness, the meaning of death and dying in a particular culture) of these will be
discussed with the participants.
At the end of this workshop participants will be able to understand health anxiety from intra-individual and cultural perspectives, and to design potentially effective treatment interventions that are tailored to the individual patient.

Key Learning Objectives
This experiential workshop is designed to:
(1) provide the participants with an in-depth understanding of the clinical picture and the maintaining mechanisms of health anxiety,
(2) adequately use techniques to foster therapy engagement and compliance,
(3) formulate a comprehensive case conceptualization, and
(4) present, demonstrate and provide practice opportunities for the most effective intervention techniques.

In addition, the participants will be encouraged to consider cultural aspects that are involved in the clinical picture and the treatment of patients with health anxiety. To promote this, workshop participants are encouraged to bring their own case material.

Training Modalities
During the workshop we will use mini-lectures, video samples, practical demonstrations, and role play exercises.

Workshop Leaders
Theo K. Bouman, Ph.D. is Associate Professor in the Department of Psychology at the University of Groningen in The Netherlands, where he conducts research into somatoforms disorders, notably health anxiety and body dysmorphic disorders. He is also Head of the Postmaster Program of Health Care Psychologists in the Northern part of The Netherlands. He has published nationally and internationally on the assessment and treatment of anxiety disorders and somatoform disorders.

Key references

Implications for everyday clinical practice
Clinicians will learn to appreciate the many manifestations of health anxiety, to reach a constructive case formulation and to design effective treatment interventions. The awareness that cultural and other aspects of diversity play an important role in the clinical picture, in the engagement, and in delivering care, is explicitly emphasized.

School Resilience Program – From Crisis to Growth, Prevention of PTSD and Building Life Skills
Daniel Hamiel, Tel-Aviv University Medical School, Israel
The workshop is based on a school resilience program aimed to prepare children from kindergarten to high school to cope with daily as well as with traumatic stressors. In 2009-2011 the School Resilience Program trained thousands of teachers and counselors in Israel Arabs and Jews, to conduct resilience- and trauma-focused interventions. In children trained both before and after exposure to missiles attacks, war and natural disasters, the program was effective in reducing by 50% their symptoms of post-trauma, anxiety, nightmares, fears, school and sleeping difficulties, detachment and social withdrawal, compared with children who didn’t participate in the program.

The effect of the resilience program was found to be dramatic. After three weeks of continuous missiles attacks on the southern part of Israel, the occurrence of PTSD among children in schools that adapted the program was 50% present less compared with to those that didn’t. (L. Wolmer, D. Hamiel, N. Laor). Preventing children's post-traumatic stress after disaster with teacher-based intervention: A controlled study. Journal of the American Academy of Child and Adolescent Psychiatry, 2011, 50:340-348).

The program was chosen by the Israeli government for a national pilot program for the 2010-2013 school years. It is activated now in 1000 schools and kindergartens (approx. 350,000 students). The plan is that in the 2013-2014 school year every child in the country will be exposed to the program (approx. 1.5 million students).

An advantage of the program is the use of class setting and teachers as moderators and the use of simple but effective methods on everyday stressors, to help the children cope and process their feelings and experiences.

The program integrates emotional, physiological and cognitive-behavioral techniques as well as methods of changing focus of attention (mindfulness and more) into a self regulation method. We have simplified therapeutic techniques into educational simple techniques that can be used by teachers and students. An interesting finding is that many of the techniques that have been created in the program were found to be very effective in our therapeutic setting as well.

We take this program as a possible small bridge for peace. We already trained psychologists from Arabs countries to implement the program in their educational system.

The workshop is designed for clinical psychologists, school counselors, educational psychologists, educators and teachers.

Key Learning Objectives
1. To understand the theoretical background of a resilience program.
2. To learn how to operate an individual, group and mainly school resilience program in general.
3. To learn how to implement the program for daily life stressors.
4. To learn how to implement the program for traumatic stressors.
Competitive Memory Training (COMET) for low self-esteem

Kees Korrelboom, Parnassia Psychiatric Institution, The Netherlands

Low self-esteem is a major issue in many different psychopathological conditions. However, only few interventions exist that specifically target the enhancement of low self-esteem. Since low self-esteem not always automatically improves with the amelioration of the main disorder the patient is treated for, such a specific intervention might be worthwhile. Exactly for these reasons, Competitive Memory Training or COMET has been developed and put to the test in several studies in different patient populations. Committed to experimentally founded principles and findings that are relevant for CBT, COMET for low self-esteem can be regarded as a translational and trans-diagnostic approach, that has already been shown successful in eating disorders, personality disorders and depression.

After negative self-opinions have been identified, COMET targets positive instances of self-worth. Then, personal experiences where these positive characteristics were manifest are made more emotional salient and competitive in the ‘retrieval hierarchy’ with the aid of writing, imagery, body posture, facial expression and music. Finally the enhanced positive self-opinions are associated with triggers that have formerly been connected with low self-esteem by using counter-conditioning techniques. COMET for low self-esteem is a short (6-9 sessions) cognitive-behavioral technique that can be applied individually as well as in groups.

Key Learning Objectives

Participants will be familiarized with the criteria for indication for and the techniques of applying COMET for low self-esteem. They are made aware of several possible pitfalls in practicing COMET.

Training Modalities

Part of the workshop will be didactic and another part experiential. The practical application of COMET for low self-esteem in the therapeutic setting will be the principal focus of the workshop.

Workshop Leaders

The workshop is led by Kees Korrelboom. Dr. Kees Korrelboom is clinical psychologist and (cognitive behavioral) psychotherapist. He is head of Research & Innovation of PsyQ, one of the largest mental health organizations for outpatient treatment in the Netherlands. He co-authored several textbooks on CBT and authored and co-authored many chapters and articles in national and international books and journals. The last couple of years he is involved in several studies into the efficacy and implementation of different COMET protocols in a diversity of patients populations.

Key references


Treating Body Dysmorphic Disorder
Fugen Neziroglu, Bio-Behavioral Institute, New York, USA and David Veale, Institute of Psychiatry, King’s College London

Body Dysmorphic Disorder (BDD) is defined as a preoccupation with a perceived or imagined defect in one’s physical appearance. The preoccupation is associated with a distorted “felt” body image with many time consuming safety behaviours such as mirror gazing, camouflaging, ruminating, or constant comparing of oneself to others. Such patients have a poor quality of life, are socially isolated, often depressed and are at high risk of committing suicide. They often have needless dermatological treatment and cosmetic surgery. Cognitive behaviour therapy is an evidence based treatment for BDD. Traditional cognitive behavioural therapies can be enhanced to create a comprehensive treatment approach. This workshop will describe the symptoms of BDD, explain cognitive behavioural models of BDD, and teach assessment and treatment strategies. These strategies include the process of engagement and developing a formulation; imagery rescripting; attentional training; ceased ruminating; and exposure and response prevention; and behavioural experiments.

Key Learning Objectives
1. Recognize and diagnose various forms of BDD
2. Understand a cognitive behavioural model of BDD and the factors that maintain the symptoms of BDD and psychogenic excoriation
3. Use various assessment scales
4. Be knowledgeable of treatment guidelines for BDD
5. Assess and help clients wanting cosmetic surgery and dermatological treatments
6. Devise strategies for engagement and change in BDD with a focus on ceasing ruminating and comparing, dropping of avoidance and safety behaviours, rescripting imagery and behavioural experiments

Training Modalities
This workshop will involve a mixture of didactic material, video/audio recordings, and an exercise to develop a formulation.

Workshop Leaders
Fugen Neziroglu is a Board Certified Clinical, Cognitive and Behavioral Psychologist. She is the Director of the Bio-Behavioral Institute in New York where she practices, teaches and conducts research on the obsessive compulsive spectrum disorders. Dr. Neziroglu has published about 120 peer reviewed articles and 20 books, including one on BDD with Dr. David Veale. David Veale is Consultant Psychiatrist in Cognitive Behaviour Therapy at the South London and Maudsley Trust and Hon Senior Lecturer at Institute of Psychiatry, King’s College London. He provides a national outpatient and residential service for severe anxiety disorders. He has published about 70 peer-reviewed articles (mainly in OCD and BDD) and four self-help books. He is a former President of the BABCP.

Key references

Implications for everyday clinical practice
This is a practical workshop in which participants will be more confident about treating BDD

Adapting CBT for People with IDD
John Taylor, Northumberland, Tyne & Wear NHS Foundation Trust, UK and Bill Lindsay, University of Abertay, UK

People with intellectual disabilities are more like than others to experience living circumstances and life events that are known to be associated with increased risks for mental health problems; and although mental health and emotional problems are common amongst people with intellectual disabilities, they often go undetected and thus untreated. Despite policy and legislative developments designed to enable people with intellectual disabilities to access mainstream mental health services and effective treatments, there is no evidence that this group is in fact reaping any of the benefits of the large scale investment in improved psychological therapy services.

The reasons – historical, cultural, attitudinal, economic – that people with intellectual disabilities are disadvantaged and excluded in this way are complex and varied. It is the case though that the evidence for the effectiveness of psychological therapies has been slow to develop and hard to come by for clinicians working in routine service settings. This is especially difficult for therapists who may see people with intellectual disabilities and mental health problems only occasionally or in small numbers and are thus uncertain how to proceed with modifying treatment approaches to meet the needs of these clients.

In this workshop we will first overview the evidence for the effectiveness of CBT approaches for people with intellectual disabilities. We will then discuss the issues involved in the assessment of people with intellectual disabilities who experience mental health problems. We will also review assessment measures that have been modified and developed specifically for use with this population. Exercises involving techniques for interviewing and assessing clients with intellectual limitations and cognitive deficits will be provided. As formulation is central to the delivery of successful CBT interventions, case vignettes will be used to illustrate approaches to formulation with people with intellectual disabilities. Treatment exercises will be presented show how CBT interventions can be adapted to facilitate engagement and maximise
Les Phobies : Mieux les Comprendre pour Mieux les Traiter

Christine Mirabel-Sarron, Centre HospitalierSainte-Anne, Paris, France
Les souffrances phobiques constituent le trouble psychiatrique le plus fréquent chez les femmes, et le deuxième trouble par fréquence chez les hommes. En pratique, ce trouble anxieux intéresse 20 % des sujets en population générale, 30 à 40 % en consultation de psychiatrie, 5 à 10 % en milieu hospitalier et 15 à 20 % en médecine générale. Extrêmement fréquente, elle est souvent peu remarquée par l’entourage du fait de l’évitement de la situation anxieuse par le phobique, alors que ses conséquences psychologiques, sociales et professionnelles peuvent être considérables et souvent méconnues des personnels soignants. L’évitement, l’anticipation anxieuse et la souffrance émotionnelle sont les trois conséquences majeures de ce trouble et conduisent fréquemment au développement d’un état dépressif caractérisé.

L’objectif de cet atelier est triple :
- Faire le point sur les connaissances actuelles étiologiques, neuropsychologiques et émotionnelle.
- A partir de cas cliniques définir les grands types de phobies et leurs faux amis.
- Définir les grandes stratégies thérapeutiques : pharmacologiques, comportementales et cognitives classiques qui ont largement fait leurs preuves tout en définissant de nouvelles démarches encore au stade de la recherche clinique.

Nous pourrons terminer cet atelier par une séance de relaxation, si utilisée dans la prise en charge des patients phobiques.

Référence:


Objectives:
L’objectif de cet atelier est triple :
- Faire le point sur les connaissances actuelles étiologiques, neuropsychologiques et émotionnelle.
- A partir de cas cliniques définir les grands types de phobies et leurs faux amis.
- Définir les grandes stratégies thérapeutiques : pharmacologiques, comportementales et cognitives classiques qui ont largement fait leurs preuves tout en définissant de nouvelles démarches encore au stade de la recherche clinique.

Training Modalities:
Didactique
Implications:
Guider le thérapeute pour repérer les grands types de phobies et découvrir les stratégies psychologiques actuelles.

Références:


Workshop Leader:
Christine Mirabel-Sarron est psychiatre, praticien hospitalier à l’hôpital Sainte Anne de Paris où elle dirige l’unité
Therapie Cognitive-Comportementale de l'Insomnie
Charles Morin, Universite Laval


Reconnaître les principaux symptômes d'insomnie et poser un diagnostic différentiel
Mener une évaluation et analyse fonctionnelle de la plainte d'insomnie
Apprendre les principales méthodes d'interventions cognitive et comportementale
Training Modalities (ie. experiential, didactic, role play etc)
Didactique, utilisation de vignettes cliniques

Brief Description of the Workshop Leader(s). Max 100 words
Charles Morin est professeur titulaire en psychologie et directeur du Centre d'étude des troubles du sommeil à l'Université Laval de Québec. Il est titulaire d'une Chaire de recherche du Canada sur les troubles du sommeil. Il est rédacteur en chef adjoint des revues Sleep et Behavioral Sleep Medicine et fait partie du comité de rédaction de plusieurs autres revues scientifiques. Il a été président de la Société canadienne du sommeil et président de la Section clinique de la Société canadienne de psychologie. Son programme de recherche porte sur les troubles du sommeil, plus particulièrement sur l'épidémiologie et les approches thérapeutiques de l'insomnie. Il a publié 6 livres et plus de 200 articles et chapitres de livre. Ses travaux sont subventionnés par les Instituts de recherche en santé du Canada et par les Instituts nationaux de santé aux États-Unis.

Symposia

Always look on the bright side of life: Positive emotions in relation to resilience and depression
Ernst Koster, Ghent University, Belgium

The Effects of Positive Mood on Flexible Processing of Affective Information and the Influence of Psychological Resilience
Rudi De Raedt, Ghent University, Belgium

Background. The Broaden-and-build theory relates positive emotions to resilience and proposes that cognitive broadening effects of positive emotions play a role in this relationship. This suggests that resilient people can benefit more from the experience of positive emotions at the level of cognitive functioning. Recent research relates flexible processing of emotional material to resilience and specifically that easier switching towards non-emotional aspects of negative stimuli and towards emotional aspects of positive stimuli is related to reappraisal ability. We investigated how resilience influences the relationship between positive emotions and affective flexibility.

Method. Thirty-two healthy participants were randomized to receive a neutral or positive mood induction using imagery of autobiographical memories. Affective flexibility was measured with a task where participants had to switch between categorizing positive and negative pictures by emotional valence or the number of humans depicted. We assessed psychological resilience with the Dutch Resilience Scale.

Results and Discussion. Positive mood was related to easier shifting towards (1) non-emotional aspects of negative stimuli and (2) emotional aspects of positive stimuli. Both have been related to effective reappraisal. Furthermore, resilience moderated the relationship between positive mood and affective flexibility for positive stimuli. Only among high levels of resilience, a relation between positive mood and greater affective flexibility was found. Moreover, a reversed relation was...
found between positive mood and shifting towards the emotional aspects of positive stimuli amongst participants with low levels of resilience. These results show that only highly resilient people can benefit from these cognitive effects of positive emotions.

Always look on the broad side of life: Can manipulations of focal attention enhance emotion regulation? Ernst H. W. Koster, Department of Experimental Clinical and Health Psychology, Ghent University, Belgium

In recent years cognitive-motivational theories have argued that attentional breadth, the tendency to process information globally or locally, plays a major role in cognitive processes and emotion. Interestingly in the context of psychopathology, theorists have considered this more broad, global and flexible attentional processing of crucial importance in building psychological resilience to stress. Empirically, there are a number of new promising studies examining the causal relationship between attentional breadth and emotion regulation with interesting results.

In a series of 4 experiments, this study aims to replicate and extend the beneficial effects of sustained broadened focal attention on negative arousing events, as an indicator of emotion regulation capacity. Across these different experiments we have tried to improve upon the transfer of attentional breadth training onto other tasks. In all experiments, participants were randomly assigned to a broad or narrow focal attentional training, after which an emotion regulation task was administered. We proposed that a broadened focal attention would facilitate performance on the emotion regulation tasks compared to the local condition.

Results show that it is possible to enhance focal attention efficiently. However, we observed transfer of attentional breadth training neither on another attentional breadth task, nor on emotion regulation tasks. Implications of these findings will be discussed.

Increasing insight into real-life patterns of positive affect to combat depression: A therapeutic application of experience sampling C. J. P. Simons, Maastricht University Medical Centre, The Netherlands; J. A. Hartmann, Maastricht University Medical Centre, The Netherlands; C. Menne-Lothmann, Maastricht University Medical Centre, The Netherlands; I. M. A. Kramer, Maastricht University Medical Centre, European Graduate School of Neuroscience, The Netherlands

Previous studies showed that positive emotions in particular are important in preventing and recovering from depressive symptoms. New strategies - that can be easily implemented in mental health care - are needed focused at increasing positive emotional experience in individuals with depression.

A randomised controlled trial (RCTs; n=102) was conducted examining a new 6-week training which aimed to provide patients with insight into their real-life patterns of behaviour and positive emotional experience. This may help patients to learn in which contexts they will experience most positive emotions and adapt their behaviour accordingly. Ecologically valid real-life measurements of emotional experience, daily activities and situations were obtained using experience sampling techniques (ESM) over the course of the intervention period. In addition, a pseudo-intervention and a control intervention arm were included in the study.

Providing feedback on patients’ measured levels of daily life positive emotions and the daily life contexts in which these were experienced was beneficial. The training was associated with a long-term (24 weeks) statistically and clinically significant reduction in depressive symptoms which was not the case in the other two intervention arms.

A new focus in therapy on positive emotions combined with person-tailored real-life information may help to combat depression.

How do you feel? Mood predicts prospectively relapse over years, but what does it tell us? Gerard van Rijssbergen, University of Groningen, the Netherlands; Matthias Berking, University of Marburg, Germany; Maarten Koeter, University of Amsterdam, the Netherlands; Aart Schene, University of Amsterdam;

How do you feel? is a frequently asked question by a therapist. Could it actually help us to find out who will be at risk years later? What do we actually know about emotions throughout the several stages of a depressive disorder? Within 187 recurrently depressed patients we examined after remission whether a simple 1 minute assessment of assessing sad mood using a Visual Analogue Mood Scale (VAMS) predicted time to relapse over 5.5 year (as assessed using the Structured Clinical Interview for DSM-IV Axis I Disorders; SCID-I). Cox regression revealed that both the VAMS at baseline and three months later significantly predicted time to relapse over 5.5 years (respectively baseline Wald x (2,1) =11.758, p=0.001, hazard ratio = 1.15; replicated at 3 months Wald x (2,1) = 7.091, p=0.008, hazard ratio = 1.12). The VAMS even predicted relapse up and above the score on the Hamilton rating scale for Depression. Since sad mood is easily assessed, it offers possibilities for long term monitoring on risk of relapse at home, for instance by using SMS and apps.

This finding stresses the relevance of mood as a risk factor for relapse. However, it raises questions about the exact role of emotions in depression and its fluctuations. Repeated assessments of mood (daily sampling) can help us to understand more about the exact role of emotions in depression and its role in relapse. Since sad mood but potentially also other emotions after remission appear to play an important role in the course of depression, implications will be discussed for current cognitive models of depression and for CBT interventions will be discussed.

Key references:
Observable and Unobservable Aspects of Social Anxiety
Wolf-Gero Lange, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

Training Approach-Avoidance of Smiling Faces Affects Emotional Vulnerability in Socially Anxious Individuals
Sibel Telli, Radboud University Nijmegen, the Netherlands; Marcella Woud, Radboud University Nijmegen, the Netherlands; Mike Rinck, Radboud University Nijmegen, the Netherlands

Previous research has revealed an automatic behavioral bias in high socially anxious individuals: Although they report positive evaluations of smiling faces, they show automatic avoidance of these faces, reflected by faster pushing-away than pulling-closer movements of smiling faces in an Approach-Avoidance Task (AAT). The present study used the AAT as a Cognitive Bias Modification (CBM) tool: Socially anxious students were trained to automatically approach smiling faces or to avoid them. We examined whether such an AAT training could change avoidance tendencies present in socially anxious students. Moreover, we studied whether training effects would generalize to a new approach task with new facial stimuli, and to anxiety in a social threat situation (a video-recorded self-presentation). We found that after the training, participants trained to approach smiling faces approached female (but not male) faces faster than participants trained to avoid smiling faces. Moreover, approach-faces training led to reduced anxiety after the self-presentation than avoid-faces training. These results indicate that automatic approach-avoidance tendencies have a causal role in social anxiety, and that they can be modified by a simple computerized training procedure. The implications and possible applications of these findings will be discussed.

I'm still standing: Body sway, interpersonal space, and social anxiety
Eni S. Becker, Radboud University Nijmegen, The Netherlands; Karin Roelofs, Radboud University Nijmegen, The Netherlands

Social anxiety disorder is characterized by an excessive fear to be evaluated negatively by others. Cognitive models suggest that highly socially anxious individuals (SAs) tend to interpret/evaluate (ambiguous) social cues in a negative or even threatening way (Clark & Wells, 1995). These kinds of biases are thought to play a maintaining if not a causal role in social anxiety. There is cumulative evidence, however, that socially anxious individuals are indeed evaluated more negatively than others (e.g., Voncken & Dijk, 2012). It is assumed that anxiety related subtle behaviors may trigger these negative evaluations in others. It has, for example, been shown that SAs show avoidance impulses when observing angry but also smiling faces (Roelofs et al., 2010), that they mimic less in a social interaction (Vrijsen, Lange, Becker, & Rinck, 2010), and that they keep more interpersonal space when approaching another person (Rinck et al., 2010).

The present study investigated in how far degree of social anxiety mediates body sway when another person approaches one. Participants stood on a stabilometric force platform (balanceboard) that recorded miniscule shifts in body posture. A female/male experimenter approached the participant in steps of 20cms from a distance of 3m. In addition to body sway, sympathy, attractiveness, friendliness, smell of the experimenter were assessed as well as body height, sexual orientation and social anxiety. The results suggest that the degree of social anxiety was correlated with the degree of body sway at a distance of 120 to 80cm. Participants with a higher level of social anxiety shifted their body position more than others (e.g., Voncken & Dijk, 2012). It is assumed that anxiety related subtle behaviors may trigger these negative evaluations in others.

Interpersonal and Intrapersonal Concomitants of the Blush and Social Anxiety in Every-Day Social Interactions: An Event-Contingent Recording Approach
Marije aan het Rot, University of Groningen, the Netherlands
Blushing is a common emotional response that is typically restricted to interpersonal contexts. Experimental laboratory studies have shown that blushing may have both desirable face-saving and undesirable revealing effects. The latter type of effects may explain why most people consider blushing as a distressing response. Some individuals experience so much social distress that they develop a social phobia with blushing as their main concern. Blushing fearful individuals typically indicate that they blush relatively frequently. In addition, they indicate to expect relatively negative social implications of their blushing. Together both features may help explain blushing fearfuls’ preoccupations with their blushing. For a proper appreciation of the mechanisms involved in blushing phobia and to tailor appropriate interventions it would be critical to know if indeed blushing phobic individuals blush relatively often and whether blushing is relatively often accompanied by negative interpersonal and intrapersonal effects. As a first step, Study 1 examined how healthy young adults (N = 64) feel, behave, and perceive others when blushing during their daily social interactions by using an event-contingent recording approach. Results of Study 1 indicated that blushing occurred relatively frequently during interactions with high-status others and was associated with feelings of embarrassment, shame, exposure, self-consciousness, and anxiety. Frequent blusers reported lower levels of dominant behavior and perceived their interaction partners as more dominant. These findings support the idea that blushing is often unpleasant and can be maladaptive. In Study 2 we currently test whether this pattern is especially pronounced in blushing fearful individuals. Results of both studies will be integrated and presented during the conference with a specific focus on the clinical implications.

Discrepancy in Dominance – Individual differences in Social anxiety
Julia Penso, Sami Shamoon College of Engineering, Gonda Center for Brain Sciences at Bar Ilan University, Israel; Eva Gilboa-Schechtman, Gonda Center for Brain Sciences and Psychology Department, Bar Ilan University, Israel

Background: The role of the social rank system in social anxiety has long been supported (e.g., Aderka, et al., 2009; Alden & Phillips, 1990; Beidel et al., 1985; Erwin, et al., 2003; Kachin, et al., 2001; Trower & Gilbert, 1989; Weber et al., 2004). Specifically, discrepancies between personally or socially desired and perceived attributes and behaviors involving the social rank system may be also associated with SA (Moscovitch, et al., 2005; Roberts, et al., 2011). Achieving social rank is different for men and women, where different biological, cognitive, and behavioral systems and patterns are enlisted (e.g., Benenson, et al., 2008). It follows, that failing in employing the "gender-appropriate", as well as personally desirable, social rank strategies, may be a significant risk factor for SA.

Method: In an attempt to empirically verify this conclusion, we will examine the relationship between gender, dominance, testosterone, and social anxiety. We tested a model where testosterone, a marker of male-typical dominance, together with its interaction with gender, and the gap between desired dominance and self-reported dominance behavior, predicted SA. Our sample consisted of 118 student volunteers (69 female), ages 18 to 35 (m=23.15, SD=2.92).

Results: Both interpersonal and intrapersonal discrepancy contributed to SA above and beyond the "usual suspects". The interaction effect between gender and T (interpersonal-discrepancy) can be attributed mainly to the direct correlation among males. Specifically, low T can be seen as risk factor for SA among men, especially when coupled with an explicit dominance motive. This supports the detrimental role of self expectancies when confronted with incongruent trait levels of dominance.

Discussion: Our hypotheses were supported, however more strongly so for males than for females. Therefore, additional psychological and social factors which may contribute to gender differences in the social rank system are discussed, as well as the possible importance of domain-specific gender differences in SA. Perhaps, specific reactivity to different social interactions may lend insight into the pathway to functional impairment.

When seeing is not believing: the role of doubt in obsessive compulsive disorder
Kieron O’Connor, University of Montreal, Canada

Confabulatory introspection in obsessive compulsive disorder
Frederick Aardema, University of Montreal, Canada; Stella-Marie Paradisis, University of Montreal, Canada

The current study investigates confabulatory introspection in relation to clinical psychological symptoms utilizing the Choice Blindness Paradigm (CBP). It was hypothesized that those with obsessive-compulsive symptoms, and obsessions in particular, will be more likely to confabulate mental states. To test the hypothesis, a validated experimental choice blindness task was administered to a sample of 47 non-clinical participants. Participants also completed a battery of self-report questionnaires, including measures of obsessional anxiety, depression, schizotypy, introspective confidence and social desirability. A significant proportion of participants provided reasons for a choice they did not make (55.8%). In particular, those who confabulated reported significantly more obsessions than did participants who did not confabulate. Results also indicated that confabulatory introspection may be relevant to other psychological disorders than obsessive-compulsive disorder, most notably schizotypy and depression. Future investigations into confabulatory introspection would benefit from larger clinical samples, allowing for additional controls in determining the unique relevance of confabulatory introspection for clinical symptoms. The study highlights a potentially fruitful new area of clinical investigation in the area of insight and self-knowledge, not limited to OCD alone, but potentially other disorders as well.

Fear of Self in obsessive compulsive disorder

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Moulding Richard, Deakin University, Australia; Adam Radomsky, Concordia University Canada, Dorion Guy, Interdisciplinary Center (IDC) Israel

Obsessions – particularly those directly relating to causing harm – often contain or imply evaluative dimensions about the self, reflecting a fear as to who the person might be - or might become (“I might be a murderer”); “I might be a sexual deviant”; “I might be crazy”). Following from research indicating that such beliefs are relevant to OCD, and the wider literature in social psychology regarding ‘feared’ or ‘undesired’ self-guides, the current study describes the development and validation of a new questionnaire - the Fear of Self Questionnaire. The questionnaire was piloted in two non-clinical samples (n=258; n=292). Exploratory and confirmatory factor analyses supported the unidimensionality of the measure. The questionnaire showed a strong internal inconsistency, and good divergent and convergent validity, including strong relationships to obsessional symptoms and with other processes implicated in cognitive models of OCD (e.g. obsessive beliefs, inferential confusion). Implications and preliminary results in clinical samples are discussed. It is hoped that the new measure finds both clinical and research utility in future studies.

Overinvestment in possibilities and distrust of the senses creates doubt in Obsessional Compulsive Disorder (OCD)

Genevieve Goulet, University Institute of Mental Health of Montreal, Canada; Natalia Koszegi, University Institute of Mental health of Montreal, Canada

Previous research has shown that people with OCD overinvest in remote or imagined possibilities at the expense of logical conclusions in the here and now. People with OCD use a number of reasoning devices to convince themselves that something hypothetical has a reality value stronger than what can be seen. These devices include distrusting the senses “I must go beyond what I see to get to the truth errors or imaginary playing out of a scene to make the imagined inferences more believable’ I imagine myself contaminated with germs crawling all over’. Our hypothesis was that the obsessions are an inference arrived at by faulty reasoning, revealed in the narratives justifying why the person is right to doubt their actions or self.

In order to test the hypothesis, we chose at random 6 impulsion phobic narratives and 6 contamination narratives from a sample of 32 people diagnosed with OCD participating in a recent open trial. Nine judges (4 naïve, 3 experienced and 2 experts) were recruited for a content analysis, rating the presence or absence of reasoning devices involving imaginary possibilities and distrust of the senses. Reasoning based on imaginary possibilities and reasoning based on distrust of the senses devices were consistently and significantly (Fisher’s exact test) rated present by all three groups of judges. The consistent profile across participants suggests such reasoning processes are present across OCD subtypes. Further, the narratives justifying the obsession are not post-hoc justification for the doubt. There was little difference in naïve versus expert judges, so showing a minimal training effect in detecting reasoning devices. The results are discussed in terms of an inference-based versus an appraisal focused model of OCD.

Integration of inference-based therapy (IBT) and cognitive-behavioural therapy (CBT) for OCD - A case series

Kieron O’Connor, University of Montreal Canada; Gary Brown, Royal Holloway College England, Frederick Aardema, University of Montreal Canada

Researchers investigating cognitive-behavioural therapy (CBT) approaches for the treatment of OCD have been frustrated to add to the efficacy of exposure and response prevention treatment (Schuurs et al., 2005). Therefore innovation and improvement in CBT are a clinical priority.

Recently O’Connor, Aardema and colleagues (2005) developed inference-based therapy (IBT) for OCD. Their protocol focuses on correcting a dysfunctional reasoning process implicated in the construction of an inference of doubt, which is the clinical starting point of the obsessive-compulsive sequence.

The IBT model offers three advantages to clinicians:
1. It distinguishes between the obsessional doubt (e.g. ‘the iron may be on’ / ‘the object may be dirty’ / ‘I may strike out’) and the feared consequences if the doubt were true and the compulsion were not performed (‘there could be a fire’ / ‘I could get ill’ / ‘I couldn’t live with the guilt’). This distinction is client-friendly and compatible with real life thought and language.
2. The model enables comprehensive cognitive intervention targeting both the reasoning feeding into the conclusion of doubt and the thinking about the feared consequences if the doubt were assumed to be true; thus allowing flexible integration of insights and methods derived from existing CBT approaches. This integrated strategy might present an advantage for effecting cognitive change, thus reducing the need for systematic exposure and response prevention, and potentially, reducing treatment refusal and dropout.
3. IBT methods may be particularly helpful where there is a high level of conviction that the obsession is justified and true.

Subsequently a cognitive therapy manual (Van Niekerk, 2009) has been developed integrating methods and strategies from IBT, and CBT derived from the cognitive appraisal model. This integrated approach was tested in a case series. Clinical examples of cognitive work on OCD reasoning will be presented.

Web-based Acceptance and commitment therapy for depression and chronic pain

Karlein Schreurs, University of Twente, the Netherlands
User evaluation and adherence of an online relapse prevention program based on Acceptance and Commitment Therapy for chronic pain patients
Martine Fledderus, Roessingh Research & Development, Enschede, Netherlands; Miriam MR Vollenbroek-Hutten, Roessingh Research & Development, Enschede, Netherlands; Ernst T Bohlmeijer, University of Twente, Enschede, Netherlands

Many chronic pain patients, find it difficult to maintain behavior changes after treatment. Therefore, we developed a smartphone application (that also can be used as a website) as a relapse prevention program. The online program “NaDien” is based on ACT. The program consists is intended to help patients in maintaining value-based behaviour. The user can register his values, committed actions and exercises; can share tips with other users, and fill out a diary. Furthermore, users receive guidance by SMS messages. The program is developed in close collaboration with potential end-users.

Participants in the user evaluation study are patients with chronic pain of chronic fatigue who receive an inpatient multidisciplinary group treatment at a Pain Department of a rehabilitation centre. They have access to Internet at a computer at home or possess a smartphone.

To evaluate user experiences, semi-structured qualitative interviews are held four weeks after treatment. The adherence of the online ACT relapse prevention program is registered automatically by the system. The following aspects are monitored: frequency and duration of one log in, frequency and duration of page views of the different parts of the program and frequency of the use of the guidance by SMS and which kind of guidance.

Effectiveness of Acceptance and Commitment Therapy for students with psychological distress: Evaluation in a pilot randomized controlled trial
Martine Fledderus, Roessingh Research & Development, Enschede, Netherlands; Karlein MG Schreurs, University of Twente, Enschede, Netherlands

This study evaluated the effectiveness of a group course for students based on Acceptance and Commitment Therapy (ACT) for reducing psychological distress. Students with psychological distress were recruited at a university or college and randomized to the group course (n = 15) or the waiting list control group (n = 15). In the case of the waiting list control group, the participants received the same intervention after a three-month waiting list period. All participants were asked to complete measures at baseline (T0), one month after baseline (T1) and four months after baseline (T2) to assess depression, anxiety, positive mental health, mindfulness, and psychological flexibility. Results showed that for the students who completed the intervention significant reductions were found in anxiety in comparison with the waiting list group. Also significant improvements were found in emotional well-being, acting with awareness and psychological flexibility. These effects were sustained at the 3-month follow-up. For the students who were on the waiting list first, significant improvements were found on depression, anxiety, psychological flexibility, emotional and psychological well-being, and some mindfulness facets. To conclude, this study provides initial support for the effectiveness of a group-based ACT intervention for students with psychological distress.

Web-based self-help intervention for chronic pain based on Acceptance & Commitment Therapy: Outcomes of large randomised controlled trial
Ernst Bohlmeijer, University of Twente, the Netherlands; Martine Veehof, University of Twente, the Netherlands; Karlein Schreurs, University of Twente, the Netherlands

Introduction. Chronic pain affects a large number of people in society. As complete pain removal is not always a realistic treatment perspective, psychological treatment strategies focus on improvement of functioning and effective pain management. One of these strategies is Acceptance & Commitment Therapy (ACT). This RCT evaluates the effectiveness of an intervention based on ACT (‘Living with Pain’) compared to ‘Expressive Writing’ and treatment-as-usual. Furthermore, mediating mechanisms of ACT-processes are assessed.

Methods. Participants (N = 238) were recruited through advertisements in national newspapers and patient websites. Measurements were taken at baseline, post-treatment (3 months) and follow-up (6 months). Treatment effects on pain interference in daily life (primary outcome) and secondary outcomes were evaluated by intention-to-treat with general linear mixed models (SPSS). Mediating mechanisms were evaluated by method of Preacher & Hayes (2004).

Findings. 72% of participants completed Living with Pain. Outcomes showed significant treatment effects (p<0.05) at three-month follow-up (six months from baseline) on pain interference in daily life in favor of ACT, especially for participants who adhered to the intervention as intended. Small to moderate effects were also present on (a.o.) psychological distress, pain intensity and pain disability. Psychological inflexibility (not mindfulness and values-based living) mediated the effects on outcomes.

Discussion. ACT fits very well to the treatment of chronic pain by addressing realistic expectations regarding future pain relief. More research is needed to investigate what patients exactly benefit from web-based self-help interventions for chronic pain.

Conclusion. ‘Living with Pain’ is an effective self-help intervention for chronic pain patients.
The effects of an online ACT and mindfulness intervention on positive mental health and depression. Results of a large randomized controlled trial.

Karlein Schreurs, University of Twente, the Netherlands; Ernest Bohlmeijer, University of Twente, the Netherlands; Hester Trompetter, University of Twente, the Netherlands

The effects of an online ACT and mindfulness intervention on positive mental health and depression. Results of a large randomized controlled trial.

Wendy Pots, Peter Meulenbeek, Karlein Schreurs, Martine Fledderus and Ernest Bohlmeijer

University of Twente, Enschede, The Netherlands

Introduction. Major depression is a highly prevalent disorder, causing substantial economic costs. Despite a wide range of available treatments, many depressed are untreated. Interventions aiming at emotion regulation seem promising in promoting mental health. The online intervention ‘living to the full’, based on Acceptance and Commitment Therapy (ACT) and mindfulness, offers the potential for accessible and efficient early treatment. No studies exist comparing an online ACT-treatment with an active control condition and a waiting list control condition. We conducted a randomized controlled trial to compare the efficacy of ACT with an active control condition based on ‘Expressive writing’ (EW) and a waiting list control condition.

Methods. Participants were adults of 18 and older with mild to moderate symptomatology from general population. Of 601 potential participants screened, 236 were eligible for randomization. Eligible participants had a mean Centre of Epidemiological Studies-depression (CES-D) score of 26.73 (SD, 8.38), and a mean Hamilton Anxiety and Depression Scale-Anxiety subscale (HADS-A) score of 8.85 (SD, 2.96). Of the 236 participants 95 (40.3%) were diagnosed with a mood disorder. Mean age was 46.85 years (SD, 12.06 years). The sample was predominantly female (n = 179; 76%) and of middle to high socioeconomic status. The treatment comprised of 9 sessions with minimal email counselling of either ACT or EW. Three months after baseline post treatment assessment was conducted, with follow-up assessments at six and 12 months after baseline. At six months follow-up participants in the waiting list condition (WLC) received one of the treatments.

Findings. Repeated measures analyses showed that compared with the participants on the waiting list, participants in the online ACT intervention had greater psychological well-being and less depression after the intervention.

Final results of this trial will be presented at the EACBT and implications of the findings will be discussed.

The CBT contribution to Conflict Resolution

Mauro Galluccio, EANAM, School of Advanced International Studies, Johns Hopkins University, USA


Mauro Galluccio, EANAM, National Research Council of Italy (CNR-ISGI-CRP), Italy

We live in very difficult times of transition and change. Unfortunately, in times of huge change you get more conflict not less. The pervasiveness and intensity of competitive conflict over resources are likely to increase markedly. The world today is more complex, geopolitically fragmented and difficult to understand. We, therefore, need complex cognitive tools to face these realities. It is strategically crucial to better understand how we could capitalize on negotiators’ cognitive and emotional resources, thus strengthening their resiliency skills. To think, feel, and act straightforwardly - and to cultivate and negotiate a culture of hope instead of a culture of fear and hate - represents a main breakthrough that human beings should aim for.

It will help us understand the process in which the mental capital of negotiators becomes a scientific and political object, and will give us new knowledge of how to deal with conflicts in different contexts over time and space. Mental capital encompasses both cognitive and emotional resources. It includes people’s cognitive ability; their learning processes; and their emotional competence, social skills, and resilience in the face of stress. This paper tries to increase our understanding of how States and International Organizations may capitalize on the mental resources of their negotiators, enacting a process for mediating social changes towards a perspective of peace and civil cohabitation between people and nations. In today’s international political context of conflict resolution, pulling together a wide range of interpretative angles might open new opportunities to integrate and strengthen the field.

References

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Impediments and Strategies in Negotiating conflict transformation: A Cognitive Therapy Model

Robert Leahy, American Institute for Cognitive Therapy, USA

International negotiation is often characterized by a wide range of distortions in thinking, including personalizing, labeling, discounting the positives, catastrophic thinking, and fortune-telling. Negotiators may become stuck by their assumptions and rules and may be biased by core beliefs about self and others. A specific style of negotiation is identified—the
egocentric/narcissistic negotiation style. The problematic cognitive appraisals and strategy of this negotiation style often results in egocentric/narcissistic negotiators over-estimating their own position and under-estimating the position of the opposition. Historical examples illustrate these limitations: the events leading to World War I, the Versailles Treaty, German grandiosity in waging World War II, the Vietnam War and the current conflict between America and Iran over nuclear weapons. Specific interventions to counter narcissistic distortions and strategies are offered.

**Conflict Resolution and International Negotiation: Evolution and Compassion**
Paul Gilbert, University of Derby, UK
The study of International Negotiations is clearly part of the science of conflict and conflict resolution with a number of dedicated specialist journals. This paper considers certain elements of the evolutionary dynamics of conflict and competition, and the possible value of compassion enhancement awareness and training. In a world of increasing conflicts, over a variety of resources, and with a need for humans to work together to solve many common problems, the area of international negotiations is central to these endeavours. This article explores some of the evolutionary challenges that face the process of international negotiations and the way in which orientating themselves to a more compassionate focused approach may be helpful. This requires insight into the value and true nature of compassion and not confuse it with love, weakness, or lack of courage.

**Implementation of CBT principles in the area of Conflicts transformation: The Lebanese experience**
Aimee Karam, St. George Hospital University Medical Center, Beirut, Lebanon
In 2006, the national dialogue has brought together all key Lebanese political factions: the “majority” and the “opposition” in the broadest gathering since the end of the Lebanese wars in 1990. Christians and Muslim leaders met to forge a compromise over a host of conflict issues that have paralyzed the government and led to a very problematic state of sectarian polarization. The result was a failure in the National dialogue. Today, national politics remains deeply affected by ethnic and religious sectarianism which is kept alive by an entrenched sense of prejudice and distrust among the different communities in Lebanon. In this context, initiatives from the civil society aiming to achieve conflicts reduction and thinking transformation are undertaken. Due to the inextricable situation facing Lebanon for years now, “The Third Voice for Lebanon” (3V) has emerged as an independent Reflection Group, secular and non-partisan. It is created and implemented as a platform for change by Lebanese civilians in Lebanon and abroad. The 3V constitutes a model through which, we have been using also implementing principles of CBT to this specific case in order to facilitate national conflict transformation (Aquilar & Galluccio, 2011).

**What Predicts Treatment Outcome and How Can We Improve Therapy Results for Child and Adolescent Anxiety Disorders?**
Sue Spence, Griffith University, Australia

**Improving our understanding of anxious adolescents: A study of parent-child interactions**
Polly Waite, University of Reading, UK
Approximately 5% of British 12-15 year olds meet diagnostic criteria for an anxiety disorder (Ford et al., 2003). Indeed, anxiety disorders are more common among adolescents than in younger age groups and symptoms are likely to be more severe, with higher levels of co-morbidity with other anxiety disorders, depression, conduct disorder, and substance abuse (Essau, 2008; Costello et al., 2003; Clark et al., 1994). The majority of anxiety disorders persist into adulthood, and lead to poorer life course outcomes (Pine et al., 1998; Last et al., 1997).

Evidence suggests that parents of adolescents continue to exert significant influence throughout this developmental period and one of the challenges is to provide increasing levels of autonomy to their adolescent (Liddle et al., 2010). This may be particularly problematic if the adolescent has an anxiety disorder. There is some preliminary evidence to suggest that parental overinvolvement may be a significant factor in relation to anxiety among adolescents (Hudson & Rapee, 2001). This presentation will discuss the findings of an observational study of parent-child interactions in adolescents with an anxiety disorder and consider the clinical implications of these results for the design of therapy.

**Predictors of Treatment Outcome for Childhood Anxiety Disorders: A meta-analysis**
Ashleigh Knight, Macquarie University, Australia; Michael Jones, Macquarie University, Australia
Cognitive-behaviour therapy (CBT) is the most established treatment for child anxiety with approximately 60% of children no longer meet DSM - IV criteria for an anxiety disorder following a standard course of treatment. To optimise treatment, research is needed to determine which factors significantly contribute to treatment success. Research suggests a variety of factors may affect treatment outcome such as: i) child factors (such as age, diagnosis, severity of diagnosis and comorbidity
with other disorders), ii) parental factors (for example psychopathology and marital relationship), and iii) parent child relationship factors (including attachment style and relationship dynamics). This area of research is still in its infancy, and studies are often conducted examining a single factor. Therefore, before further research and experimentation can be conducted, these studies need to be combined and evaluated. This study aims to conduct a systematic review of previous research to determine which pre-treatment factors predict treatment success in children aged 5 - 18. A total of 60 articles were identified which examine predictors of treatment outcomes in child anxiety disorders. All articles were assessed for quality and results were grouped and analysed based on the aforementioned factors. Where appropriate, meta-analytic analyses were also conducted. Results and interpretation of the analyses along with recommendations for further research will also be presented.

Treatment of child anxiety disorders in the context of parental anxiety disorder
Cathy Creswell, University of Reading, UK
High levels of emotional distress, particularly anxiety disorders, are common in parents of children with anxiety disorders and are among the most consistent predictors of child anxiety treatment outcome. This paper will report on a series of recent studies that have used observational and treatment trial methods to (i) identify cognitive, affective and behavioural characteristics of parents with anxiety disorders, and (ii) improve treatment outcomes for children with anxiety disorders in the context of parental anxiety disorder. First, in a cross-sectional observational study of 88 mothers with and without anxiety disorders interacting with their children (all with anxiety disorders) we identified that, despite there being no observed differences in anxiety and avoidance among children, compared to the non-anxious mothers, those with an anxiety disorder held more negative expectations and differed on observations of intrusiveness, expressed anxiety, warmth and the quality of the relationship in interaction with their child. Maternal reported negative emotions during the task significantly mediated the association between maternal anxiety status and the observed quality of the relationship. These findings suggest that attention to these characteristics in the treatment of childhood anxiety in the context of maternal anxiety disorder may be important in optimizing child treatment outcomes. Second, outcomes from a randomized controlled trial will be described which focus on the treatment of children with a current anxiety disorder who have a primary caregiving parent who also has a current anxiety disorder. Findings relating to change in parental responses and child treatment outcomes will be described. Based on the findings of these studies a number of recommendations will be made for optimizing treatment outcomes for children with anxiety disorders in the context of parental anxiety disorder.

Trans-diagnostic versus Disorder-Specific Approaches to the treatment of Child and Adolescent Anxiety Disorders, with Particular Reference to Social Phobia
Caroline Donovan, Griffith University, Australia; Sonja March, University of Southern Queensland, Australia
This paper discusses the relative advantages and disadvantages of trans-diagnostic versus disorder-specific approaches to the treatment of child and adolescent anxiety disorders. To date, the vast majority of treatment for child and adolescent anxiety disorders has involved a trans-diagnostic approach where the same intervention has generally been used irrespective of the presenting anxiety disorder. Although studies show that trans-diagnostic CBT is effective in reducing the primary presenting anxiety disorder in between 50%-80% of young people at 12-month follow-up, this leaves between 20%-50% of young people who continue to experience clinical levels of anxiety after treatment. It can be argued that failure to address the unique features of different anxiety disorders may account for the inability of traditional, trans-diagnostic CBT approaches to produce effective outcomes in a significant proportion of clinically anxious young people. The paper describes the development of an online CBT program for the treatment of social anxiety disorder in children and adolescents in which treatment elements are included that draw on theoretical models and evidence relating to the aetiology and maintenance of social phobia. The authors outline the practical aspects of developing a social anxiety disorder-specific online program and will provide examples of the content developed. A study will then be described that compares the relative efficacy of the traditional, trans-diagnostic online CBT approach with the disorder-specific approach in the treatment of social phobia in young people.
Number: 32 Order: 45

The delivery of CBT for young people with OCD
Shirley Reynolds, University of Reading, UK
Obsessive Compulsive Disorder is a debilitating disorder, which affects between 1 and 3% of young people; and has significant, long term, negative impacts on them and their families. Currently the NICE recommended treatment for OCD in young people is Cognitive Behavioural Therapy (CBT) with parental involvement. However no studies up until now have explicitly compared individual CBT for the child with CBT which includes parents. A recent meta-analysis of psychological interventions for children and young people with anxiety disorders, including OCD, concluded that parental or family involvement in treatment did not improve treatment outcomes. This seminar will present data from the ROCKY Trial (Reducing Obsessions and Compulsions in Kids and Young People). This pilot trial compared the effectiveness of individual and parental enhanced CBT for OCD in young people age 12-18 years. In addition young people and their parents were interviewed after treatment to assess the acceptability of both treatment arms and to identify key change mechanisms. We also obtained ratings of the therapeutic alliance in both arms of treatment. The data relating to the process of therapy as well as the effectiveness of therapy could inform the delivery of treatment and indicate possible research directions.
Neurofeedback and Biofeedback as a powerful adjunct to CBT for Eating Disorders
Tullio Scrima, University of Catania, Italy

Neuroscience constitutes one of the most important component among contemporary scientific background (Scrima, 2012). During the presentation, two methods, coming from Neuroscience Laboratories, that can be easily applied to the clinic setting of Cognitive AND Behavioural Therapy, will be illustrated. They are Quantitative EEG and Quantitative Electrodermal Activity.

Such parameters can be today monitorized 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 Cognitive Therapist.

Basic information will be given, concerning how to use such new methods when treating patients affected by Eating Disorders, in adjunct to CBT.

More detailed information will be presented about Quantitative Monitoring of Electrodermal Activity, a new methods that Tullio Scrima developed and experimented for many years. This method is the simplest to be put into practice in Cognitive Therapy and it is also the less expensive. A new tool, called MindLAB Set, developed by Tullio Scrima, will be presented (Scrima, 2013).

The use of Neurofeedback and Psychofeedback (biofeedback of electrodermal activity carried out by using a MindLAB Set) can be very useful when applied during CBT treatment for patients affected by eating disorders.

In fact bulimic, anorexic and binger patients are all affected by a dysfunctional perception of bodily sensations and also by a difficulty of understanding and regulating emotion.

Some new methods, Scrima developed, which can be applied in a specific setting, based on Neuroscience, will be presented. Such new settings allow the patient to be exposed virtually or in vivo to some food while observing the emotional reaction and trying to acquire some new coping competencies based on self control. This new therapeutic approach is based on the very large amount of data which demonstrate that exposure plus self regulation are the most powerful behavioural techniques we can apply.

Some results, obtained by using such a new approach will be illustrated during the presentation do Damiana Tomasello. Scrima (2012). Neuroscience-Based Cognitive Therapy. New Methods for Assessment, Treatment and Self Regulation. John Wiley and Sons, Chichester.


Mindlab set and nutritional rehabilitation
Damiana Tomasello, ALETEIA Clinical Center, Enna, Italy

During anorxia some dysfunctional behaviors are learned by the stomach of patients, thanks to a conditioning process. This means that, even thought, the patients liked to eat, the stomach would not be able to initiate the digestion.

Frequently vomiting can be automatic as a conditioned, learned response when the food arrive to the stomach.

For this reason at the ALETEIA Clinical Center a new procedure for rehabilitating anorexic patients has been developed and called “behavioural nutritional rehabilitation”.

This new methods is based on the new approach to psychotherapy, developed by Tullio Scrima and called Neuroscience Based Cognitive Therapy which allows a new and more complex explanation, of vomiting. Neuroscience Based Cognitive Therapy also implies the use of a new tool, called MindLAB Set.

Thanks to the use of a MindLAB Set, it is possible to establish an “in vivo” work by using a specific and innovative setting. Thanks to this new kind of setting, the patients can observe “in vivo” how just watching some food provokes a response of intense stress and arousal.

After this response, blood is drained from intestinal reservoir to foster availability and transport of oxygenated blood to skeletal muscles, lungs, heart and brain. Peristalsis and alimentary secretion are, on the contrary, strongly inhibited.

Because of this arousal, which block the production of chloride acid and the stomach peristalsis, the digestion becomes impossible. For coping with this dysfunctional habit learned and stabilized in anorexic patients, a new procedure, called “behavioural nutritional rehabilitation” has been developed by Tullio Scrima and Damiana Tomasello. This new procedure is fully illustrated during the presentation. Some qualitative data, coming from some “single case studies” research are presented.

According to the preliminary experiences, carried out at the ALETEIA Clinical Center of Enna and Catania Italy) the results of such a new method are promising.


Binge Eating Symptoms as Mediator Between Self Efficacy, Alexithymia, Anger and Anxiety in Overweight and Obese Patients With Cardiovascular Disease.
The Cognition of Hunger in Obese People
Lucio Sibilia, University La Sapienza, Rome, Italy

Hunger is usually considered either in clinical as in research practice as an aversive bodily sensation able to stimulate eating behaviours. A different approach, stemming from the bio-psychosocial framework, allows to study it as a subject’s learned bias, which consists in attributing bodily sensations to “hunger”; this attributional bias is more evident when an “unbearable hunger” is reported, specially by normal or overweight subjects.

A scale called SENICAL was developed to study the specific eating irregularities of the obese, named “borderline eating behaviours” (BEB), composed of 27 items.

The study sample was composed of 138 obese subjects, with median age of 38.8 yrs. and Body Mass Index (BMI) of 38, admitted in a Day Hospital.

It resulted that both Senical total scores (expressing BEB) and two of its four factors (distributed eating and distress-contingent eating) were significantly and linearly correlated to BMI.

Moreover, at a linear regression, item 25 (sense of hunger) also resulted significantly correlated to BMI; the correlation between BMI and item 25 was 0.51 (p=0.045) and the estimated change in BMI per unit change in item 25 response level was 4.72.

It is concluded that the dysfunctional “cognition of hunger” may contribute to disrupt the eating habits, and thus maintain many of the eating irregularities associated to weight gain.

References:

R. Schumann, L. Tieghi, O. Trunjio, A. Franco, M. Rausa, E. Tomba, F. Loperfido, S. Fornea, D. Ballardini, Centro Gruber, Bologna, Italy

The intensive interdisciplinary day-treatment program was designed as an individualized approach to treat patients with eating disorders in comorbidity with Anxiety Disorders (DOC, PTSD, Social Phobia) and Personality Disorders. This cost-intensive treatment was sponsored completely by a Foundation.

A 2 years follow of 20 female patients (Anorexia Nervosa, EDNOS-an, age between 11 and 40 years, multitrated, no stable recovery) who have been engaged in the intensive day-treatment program, which included CT and CBT with specific therapy modules as Motivational Therapy, Trauma Therapy, Schema Therapy, Cognitive Communication and Assertiveness Therapy, Mindfulness, and enlarged Nutritional Psycho-Rehabilitation using CBT techniques for restructuring the cognitive food restriction in phobic conditions. The intensive day-treatment includes also therapeutic modules for the family: Family Therapy in CBT for parents and individual assessment and psychotherapy for parents.
This intensive individual interdisciplinary day-treatment reduce markedly the drop-out rate, normalize eating, and increases full recovery of the Eating Disorder and the underlying Anxiety Disorders. A follow-up at two years confirms the previous data.

The intensive daily treatment seems to be effective for Anorexia Nervosa symptomatology and for the comorbidity associated. This individual approach with quick and flexible therapeutic responses involves the whole treatment team in enhancing communication and adherence to the personalized treatment plan. The evaluation of cost should be done on the basis of this kind of results, to achieve a shorter and more effectiveness rate of remission. Ballardini D., Schumann R., (2011). La riabilitazione psico-nutrizionale nei disturbi alimentari, Carocci, Roma


Strengthening the research base for Case Formulation
Valentina Short, Tees Esk and Wear Valleys NHS Foundation Trust, UK

The use of psychological formulations to improve staff-patient relationships and outcomes in people with a diagnosis of psychosis
Katherine Berry, University of Manchester, UK

Psychiatric staff play a key role in the lives of people with psychosis and the quality of staff and service user relationships is associated with relapse and recovery. This paper describes a feasibility and acceptability study of an intervention to improve staff and service user relationships and outcomes in samples of people with a diagnosis of psychosis living in 24-hour supported accommodation. The intervention involves developing psychological formulations with staff teams to help them understand service users’ behaviour and interactions. The project recruited 84 staff and 53 service users across the North West of England. Key outcomes measures included: uptake of the intervention, staff and service user relationships, staff stress, service user symptoms and staff and service user perceptions of acceptability. The paper will present the findings from the study with a focus on the qualitative findings.

Team formulations, their utility and accuracy: What the literature suggests
Valentina Short, Tees Esk and Wear Valleys NHS Foundation Trust, UK

Team formulation is an increasing clinical practice whereby mental health and learning disability teams meet to formulate service user problems, often in the absence of the service user. Team formulation meetings are described as helping teams understand complex service user problems and their maintenance; guiding therapeutic interventions; encouraging staff to make more favourable appraisals of behaviours; and improving therapeutic relationships. These meetings are sometimes convened when the team feels ‘stuck’ or the service user is presenting with behaviours that challenge the service. These are critical factors in the provision of recovery focussed mental health care that is safe, effective and efficient, thus ensuring a good experience of care for patients; all explicit recommendations in contemporary mental health policy and key reports.

The practice of team formulation is becoming more widespread as they are embedded as part of care pathways; however, research in this area is limited. Research to date has focussed on the content and process of individual formulation; and its inter-rater reliability and validity, rather than clinical outcomes, efficacy and usefulness. The British Psychological Society has expressed concern over this matter. Furthermore there is a lack of detailed examination of the mechanisms and consistency of the process of team formulation.

This paper reports on a detailed and extensive literature search on team formulations. Psychological, and in particular Cognitive Behavioural Therapy, team formulations by staff working with people experiencing psychosis were the main focus of the search. However, information relating to how other clinical teams understand service user problems and the processes of understanding the maintenance of problems were also examined in order to take into account mechanisms not previously considered.

The impact of collaborative formulation development workshops upon staff resilience and client outcome within intellectual/developmental disabilities services
Barry Ingham, Nothumber Tyne and Wear NHS Foundation Trust, UK
People with Intellectual/Developmental Disabilities (IDD) often exist within systems operating at different levels, especially involving direct care staff. This is particularly the case where they experience significant psychosocial difficulties (e.g. offending behaviour, challenging behaviour mental health problems). The quality of the interaction between the individual and systems around them may impact on the nature of those psychosocial difficulties. Previous research has explored the nature of those interactions, e.g. the impact of staff stress on managing people with IDD who display challenging behaviour. Working with the system around an individual could have a positive effect on those interactions and so may play a significant role in managing psychosocial difficulties displayed by people with IDD. Novel cognitive behavioural formulation based interventions have been developed for use with direct care staff working with those who display challenging behaviour. The mechanisms of change and efficacy of these interventions need to be better understood. The presentation will outline the initial exploration of change mechanisms and how this will inform future trials of formulation based interventions. Collaborative psychosocial formulation development workshops have been developed to influence direct care staff. This research programme aims to develop ways of understanding whether these workshops were associated with changes within care staff and also within clients themselves (e.g. changes in challenging behaviour displayed/distress experienced). The formulation workshops were piloted within an IDD service alongside the development of novel quantitative measures to detect changes in direct care staff understanding and emotional response in relation to the person with IDD with additional qualitative analysis of these changes. The psychometric properties of the novel measure were analysed. Alongside this, a single case design has been used alongside existing measures of challenging behaviour and distress. This presentation will outline the initial findings of this pilot evaluation and suggest ways of exploring this further. In particular, staff reported changes in understanding the difficulties presented by, and shift in their emotional responses to, people with IDD. In addition, potential change mechanisms were highlighted and should be fed in to protocols for these workshops. Also, changes in levels of challenging behaviour associated with the administration of formulation based workshops have been noticed. The further development of measures and refinement of protocols with a view to further research will be discussed. In particular, the development of a funded clinical research group to develop this work into a feasibility study for a controlled trial will be explored.

The development of a psychological formulation adherence scale to improve staff-patient relationships in people with psychosis
Sandra Bucci, Nothumber Tyne and Wear NHS Foundation Trust, UK
Case formulation has been regarded as an idiographic theory of a person and his/her life situation. Formulation is viewed as an essential precursor to an individual management plan that comprehensively addresses the needs of service users. In the literature, many advantages of the use of case formulations in clinical work have been noted. This includes the importance of their use with complex cases, improved patient satisfaction, improved staff/patient relations, decreased treatment dropout rates and improved staff satisfaction.
Cognitive behavioural case formulation is an under researched area. Indeed, there is a paucity of research exploring the reliability, validity and impact on clinical outcomes of case formulations. In recent years, assessment measures have emerged that aim to establish the validity and reliability of case formulations and measure their relationship with patient outcomes. While various researchers have highlighted difficulties with measures that have been developed to assess case formulations, overall agreement exists that development of a psychometric tool that can be learned and applied with relative ease and speed is necessary.
Firstly, this presentation will review scales developed to measure adherence to cognitive case formulations. Secondly, this presentation will report on a case formulation measure in development that evaluates adherence to a ward-based psychological formulation intervention (Berry, 2013) designed to improve therapeutic environments and outcomes for in-patients with psychosis.

A qualitative study exploring the personal impact of case formulation for service users, in Cognitive Behavioural Therapy for psychosis (CBTp)
Lynne Johnston, Newcastle University, UK; Robert Dudley, Newcastle University, UK; Mark Freeston, Newcastle University, UK; Douglas Turkington, Newcastle University, UK
Described by Beck as the ‘first principle’ in cognitive behavioural therapy (CBT), case formulation is seen as the overarching process, scaffolding or framework from which cognitive behavioural therapists undertake their whole treatment approach. Centred at the very heart of CBT, case formulation synthesises a person’s difficulties with relevant CBT theory and research to create meaning and understanding that is central to the treatment of complex presentations, such as psychosis. Over recent years, a growing body of research has begun to enhance therapists’ understanding of case formulation in CBT, however research looking to investigate the experience of case formulation from a service user perspective is notably lacking.
This presentation will discuss the results from a qualitative grounded theory study that has explored the personal impact of case formulation, for service users that have received CBT for psychosis (CBTp). Facilitated by the use of NVivo9, emergent themes and a theory that is grounded in service user experience of this process will be outlined. Theoretical sampling is ongoing (current N=3) until the saturation of themes occur, however key themes identified so far include service user
experience of the formulation having a) normalised (or de-stigmatised) psychotic symptoms; b) organised and simplified complex information by mapping difficulties onto paper (via the use of a case formulation diagram) with c) the use of multiple diagrams having helped to visually represent change (and perceived levels of recovery) for the service user over time. Finally, the theme of d) memory and recall appears pertinent to service user experience, with participants having reported difficulty in remembering certain aspects of their case formulation. This paper will end with a brief discussion of the grounded theory and how cognitive behavioural therapists may look to enhance or improve the experience of case formulation, for service users that engage in CBTp within future clinical practice.

Implementing CBT in child and adult mental health services-From research to clinical practice
Tine Nordgreen, University of Bergen, Norway

Guided self-help via internet: From research to clinical practice
Odd E. Havik, University of Bergen, Norway
Guided internet-based treatment is effective for common mental disorders and suggested as one way to increase the access to psychological treatment for common mental disorders. The literature, together with a randomized controlled trial of a stepped care treatment model for anxiety disorders conducted by our group, indicate that guided self-help also is an effective treatment in public mental health care services. In this presentation we will report results from the stepped care treatment trial for anxiety disorders conducted by our group. We will also describe how these results served as a base from an ongoing national implementation project with the aim to increase access to guided self-help via Internet in public mental health services. Steps taken when transporting research results from guided self-help trials to public mental health services will be presented, with an emphasis on recruiting and training of therapists.

PF in Children house Oslo - Preliminary data from an on going study
Solfrid Raknes, RKBU Vest and Voss hospital, Norway
Children and adolescents potentially exposed to violence or sexual abuse are forensically interviewed as part of a police investigation. In Norway these interviews conducted by special trained police officers take place in the Children house where therapists follows the interviews from another room - with the aim of giving the child mental health services if needed after the interview has taken place. Children often convey self-blame, thoughts about danger or other negative thoughts during the forensic interviews. Psychological First aid kit (PF) is experienced as a helpful tool as unhelpful thoughts can be challenged during a few therapy sessions. At the Children house Oslo we are aiming to screen twelve children (age 11 -18) with trauma symptoms before and after therapy, which will consist of 2-6 therapy sessions using PF. Preliminary data will be presented from this study which is a multiple base – line study that follows traumatised children’s changes in the level of mental – health problem – symptoms and life – quality as they get PF as part of their brief, low – intensive therapy.

A feasibility study of The Psychological First Aid Kit (PF)
Bente Storm Mowatt Hauagland, RKBU West,; Tori Mauseth, R-BUP East and South, Norway
A feasibility study of The Psychological First Aid Kit (PF) in NorwayPresentation: Solfrid Raknes, RKBU West and Haukeland University Hospital, Norway. Projectgroup: Bente Storm Mowatt Hauagland, RKBU West and Tori Mauseth, R-BUP East and South, Norway. The high prevalence of anxiety and depression among youth, as well as the risk of comorbid mental health problems, implicate the importance of developing and evaluating indicated prevention interventions, to be able to target preventive efforts to those most in need. The aim of our project is to evaluate the implementation of a high intensity transdiagnostical early intervention for children, the psychological first aid kit (PF). Preliminary data will be presented, with an emphasis on recruiting and training of therapists.
primary health care services. However, before big scale implementation, the PF’s effects as a method to prevent and/or reduce psychosocial symptoms in children and adolescents needs to be evaluated.

Implementing CBT for OCD in children and adolescent psychiatry: The advantages of using group-treatment in training of therapists
Gunvor Launes, Sørlandet hospital
Despite impressive empirical support for cognitive behavioral treatment (CBT) for obsessive-compulsive disorder (OCD), the availability of this treatment in community mental health settings is still limited. One major international problem is that few therapists have specialized expertise in the treatment of OCD, which implies that many patients do not have access to good quality treatment. Given the potential benefit of CBT for OCD and its apparent underutilization, there has been considerable discussion as to how to improve the availability and attractiveness of CBT for OCD. Perhaps the greatest challenge to overcome barriers related to dissemination of CBT for OCD is training clinicians to completely administer treatments. The aim of this presentation is to present a model for dissemination of OCD treatment for children/adolescents in a regular mainstream out-patient clinic, with a particular focus on group CBT in training of new therapists.

An African Approach for training, supervising and practising CBT
Elaine Hunter, South London and Maudsley NHS Trust, UK

Butabika and East London Link: Collaborating on Psychological Therapies
Jen Hall, West London Mental Health NHS Trust, UK; Cerdic Hall, East London NHS Foundation Trust, UK; Katy Robjant, East London NHS Foundation Trust, UK; Pat d’Ardenne, East London NHS Foundation Trust, UK
The Butabika-East London Link is a global health partnership set up in 2005 between a UK based NHS mental health trust and the main teaching and training psychiatric hospital in Uganda. Its aim is to collaborate on mental health training and projects through exchange of staff for the mutual benefit of both institutions. Initial work focused on developing the Psychiatric Clinical Officer (PCO) cadre, Drugs and Alcohol services, Child and Adolescent services, PTSD services as well as inpatient services and occupational therapy.
In the past 7 years, 27 Ugandans have had exchange visits to UK for 3-6 months, while 70 UK staff have had exchange visits to Uganda for up to 2 weeks, with some medium placements. Exchanges evolved into workstreams, and these into projects. Main project areas include Inpatient Safety and Training in the de-escalation of violence on the wards; PCO Psychological Therapies and Projects; Service User involvement; Heartsounds and the Brain Gain project; and Hearing Voices Group; Child and Adolescent diploma
Masters Clinical Psychology course taught in Makerere from 2000, with good academic Psychology, leading to psychologists working in academia and NGOs. There has been research on psychological interventions (CBT informed, IPT) in Uganda but most of this has been outside of government led services. There are 4 clinical psychologists currently working in government led services.
Exchange visits have focused on training trauma focused CBT and family therapies, leading to several reciprocal exchanges for several Ugandan professionals to strengthen psychological skills. A needs assessment of the training needs of the PCO cadre led to the development of a 3 year project to teach psychological skills and support the implementation of this. 2 UK CBT therapists volunteering on medium-long term placements led a CBT refresher training for a Core Group of therapists and supervised CBT cases seen. The successes and challenges for the PCOs and of the Core Group of psychologists of putting CBT into practice in Uganda have been evaluated.
The link has been able to support the development of psychological competency in a number of different ways and hopes to continue support this work in the future with further training, support and supervision, and research. The collaboration has been beneficial to the development of both partners.

CBT training for Ugandan public mental health service staff
Dave Baillie, East London NHS Foundation Trust, London, UK
Despite the efficacy of CBT in a variety of cultural contexts, there has been very little previous research on the potential use of CBT approaches in the public mental health sector in Uganda. CBT training was requested by the Ugandan partners in the Link as they felt this would be culturally appropriate and acceptable in their context. The aims of this study were to deliver a range of CBT trainings to mental health clinicians in public mental health settings in Kampala, Uganda to evaluate the effectiveness, and cultural appropriateness, of this.
The study aimed to increase CBT skills in two ways: 1) by delivering a 6 month intensive programme of formulation-driven CBT involving weekly, skills-based experiential workshops and group supervision to a small group of multidisciplinary staff, who would subsequently lead on the CBT training and supervision of other Ugandan practitioners; 2) by offering a series of introductory 2 day workshops on CBT informed practice to a wider audience of clinicians, all based in Kampala, Uganda.
The training was conducted by two volunteer trainers from the UK with extensive CBT experience.
The findings from both the intensive and introductory trainings showed significant improvements on self rated CBT knowledge and skills. Qualitative data showed that CBT was viewed as a positive approach to working with patients in
Uganda. Future directions for CBT in Uganda and how to ensure the sustainability of CBT in Uganda through remote supervision from UK CBT trained staff will be discussed.

Clinical Psychology Training in Uganda
Rosco Kasujja, Dorothy Kizza & Kizito Wamala, Dept of Clinical Psychology, Makerere University, Kampala, Uganda
The Makerere University Clinical Psychology programme had never included practical training of CBT on its training program despite evidence that CBT is one of the most effective approaches in psychotherapy. Hence, most of the graduate students completed the course without any CBT training other than the theoretical aspects that classrooms provided. However, this changed in 2012 when, through the help of the LINK, and other dedicated staff (four of whom were undergoing CBT training at one referral mental health hospital), CBT was made a core course unit for the students alongside family therapy, narrative exposure therapy, and motivational interviewing. This resulted from the presence of a qualified CB therapist from the UK coming to Uganda and training some clinicians for up to six months.

In supervised clinical placements, there are currently twenty-six students undergoing CBT training from a mental health referral unit in Uganda. At the very least, each student has been able to see one client every week using CBT. So, a total number of 35 patients are treated using CBT weekly. A few students who volunteered to be interviewed gave their opinions on the impact of CBT as part of their training and its usefulness while handling clients. Results will be discussed. Cultural adaptations made by trainers and trainees for a Ugandan contexts have included translating some of the techniques into a culturally acceptable format. In fact, some have been left out of the training while locally acceptable metaphors have been generated by students, and accepted by trainers. While CBT is majorly being trained using English, some students have sought to offer it while using the local language. This hasn’t been easy!
With the help of the Butabika Link, the program initiated training for two of the staff who are involved in the training clinical program of the university. However, these received training and supervision for six months. They are not certified CB therapists. One wishes to get accredited in CBT while the other is still thinking about it. While the program intends to continue training students in CBT, practitioners will be the ones committed to offering their services including supervising students as well as teaching CBT but on a voluntary basis. This presents a challenge of whether the trainers are accredited to practice as well as teach CBT in Uganda. This is a challenge to the institution but also a future goal to achieve.
Despite this growing support for psychological therapies, the university (Department of clinical psychology) doesn’t have the resources to support practical supervised training for CBT and other therapies. More trained CB therapists are promising to come on to the program and help in both training and supervision of students in CBT. This creates both an exciting time as well as something to look forward to as far as CBT training and development in Uganda is concerned.

CBT in clinical practice in a Ugandan public health setting: Experiences from practitioners.
Harriet Birabwa-Oketcho, Butabika National Referral Hospital, Kampala, Uganda; Richard Mpango, Butabika National Referral Hospital, Kampala, Uganda
This study is aimed at documenting the experiences in using CBT among mental health practitioners in Butabika hospital-Uganda following a series of trainings and supervision in the use of CBT. Specifically the study is aimed at extending our understanding of the impact of CBT, challenges of using CBT, adaptations to suit the Ugandan context and future direction to application of CBT in Uganda.
A focus group discussion of 10 CBT practitioners, who had received training and supervision in CBT, was conducted. Data was transcribed and analysed using content analysis. The findings from the focus group showed an appreciation for the CBT training and a number of clinical benefits were mentioned. For clinicians these included an ability to practice formulation-driven CBT, improved time efficiency, an increase in confidence in handling mental health problems using CBT, greater understanding of how psychological disorders arise, increased therapist focus and structure, and reducing the dependency of clients. For clients there were benefits in helping clients better understand their problem, empowering the client, and improved attitudes towards psychological approaches towards management of mental health problems.
Quantitative data on the impact of CBT training on clinical practice will be provided.
There have been challenges to the implementation of CBT in Uganda. These have included clients’ lack of familiarity with psychological approaches, early dropouts from therapy after quick relief, difficulty in regular attendance, and forgetting homework assignments. At an Institution level the main challenge is inadequate staffing.
The group expressed positivity about the future of CBT in Uganda as an approach that is adaptable and appealing in the cultural context. They suggested that CBT can be scaled up through training a wider range of mental health professionals such as, nurses, social workers and counsellors. A simpler model should be developed for these groups. They also suggest forming and strengthening a unifying body for psychological practitioners to regulate practice and promote training in CBT.

Stepped care for anxiety disorders
Mirjam Kampman, Propersona, Centre for Anxiety Disorders Overwaal/Nijcare, The Netherlands

Stepped Care CBT for Obsessive-Compulsive Disorder
David Tolin, The Institute of Living/Yale University School of Medicine, USA
This presentation will review a program of research developing and testing a model of stepped care CBT for patients with obsessive-compulsive disorder (OCD). In study 1, 14 OCD patients received an open trial of stepped care beginning with self-directed CBT and minimal therapist guidance over the course of six weeks (Step 1). Those who did not respond optimally to Step 1 went on to Step 2, which consisted of 15 sessions of twice-weekly therapist-directed CBT. Results were promising, with a response rate of 88% and a 60% reduction on the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score among treatment completers. Significant improvements were found in Y-BOCS from pre to post-treatment for both Step 1 and Step 2 completers. Forty-five percent of participants (n = 5) responded following completion of Step 1, resulting in reduced cost of treatment among these participants. All participants who responded to Step 1 maintained acute gains during the brief follow-up period. In study 2, we compared the stepped care protocol with standard therapist-directed CBT in a randomized controlled trial. Thirty adults with OCD were randomized to receive stepped care CBT or standard CBT. The two treatments were equally efficacious, with 67% of stepped care completers and 50% of standard treatment completers meeting criteria for clinically significant change at posttreatment. Similarly, no differences in client satisfaction ratings were obtained between the two groups. Examination of treatment costs, however, revealed that stepped care resulted in significantly lower costs to patients and third-party payers than did standard ERP, with large effect sizes. These results suggest that stepped care ERP can significantly reduce treatment costs, without evidence of diminished treatment efficacy or patient satisfaction. In study 3, we conducted a sophisticated cost-effectiveness analysis that took into account the cost of illness, defined as costs related to continued functional disability in work, school, and home functioning (and thus the cost of delaying effective treatment). The cost savings of stepped care was reduced to a moderate effect when the cost of illness was included. Data also indicated substantial potential cost savings if patient-to-treatment matching variables are identified. Exploratory analyses suggested that problems with attention may be an important variable to investigate as a potential treatment moderator in future stepped care research. These data highlight the importance of including the cost of illness in cost-effectiveness analyses, and of identifying predictors that will facilitate matched care and prevent unnecessary treatment delay for the roughly two-thirds of patients who will not respond to initial treatment.

Stepped care treatment for panic disorder with or without agoraphobia: A comparison of 10 weeks guided self-study, when necessary followed by manualised CBT and care as usual.

Anton van Balkom, GGZInGeest; Theo Broekman, Bureau Beta, Marc Verbraak, HSK Group/Radboud University; Gert-Jan Hendriks, Overwaal Pro Persona

CBT and/or pharmacotherapy for panic disorder with or without agoraphobia are the treatments of choice according to the international guidelines (REF). More recently, (guided) self-help is also recommended as a first step. By doing so, the principles of stepped care are introduced. All patients are provided with the least expensive and intensive treatment. Patients who do not respond sufficient will step up to a more intensive (and more expensive) treatment. Stepped care has advantages, costs are lower and treatments will be more accessible. There are possible negative aspects of stepped care as well. There is a risk for an individual patient that it takes longer before adequate treatment will be provided and there is a risk of demoralization.

More scientific evidence about which step works for whom is therefore necessary. (Guided)self-help for panic disorder has been studied extensively and has proven to be as effective as face-to-face therapy. Guided self help seems a logical first step in stepped care.

The present study compares stepped care (guided self help followed by manualised CBT for non-remitters) versus treatment according to the first steps of the international guidelines (CBT and/or SSRI). Patients stepped up to the next treatment modality when their score on the PAS were > 8.

128 patients were included in this randomised multicentre study. Primary outcome measures (PAS, OQ) were assessed every session. Secondary outcome measures (MI, ACQ) were assessed every 5 weeks. Patients were considered remitted when their PAS-score was ≤ 8.

There were no differences in amount of remitters between both groups, though dropout differed significantly. Patients in the stepped care condition responded faster to therapy than did patients in the TAU-condition. Implications of the present findings will be discussed.

Transforming primary care for anxiety disorders. The collaborative stepped care model

Christina van der Feltz-Cornelis, Trimbos-institute/Tilburg University/GGZ Breburg; Harm van Marwijk, EMGO+VU University Medical Centre, Philip Spinhoven, Leiden University/Leiden University Medical Centre; Herman Adèr, Van Kessel Advising; Anton van Balkom, GGZ inGeest/VU University Medical Centre

Background. Collaborative stepped care may be an appropriate model to provide evidence based treatment for anxiety disorders in primary care, starting with low intensity forms of cognitive behavioural therapy (CBT).

Methods. In a cluster randomised controlled trial (RCT) the effectiveness of collaborative stepped care compared to care as usual for adults with panic disorder or generalised anxiety disorder in primary care was evaluated. Thirty-one psychiatric nurses who provided their services to 43 primary care practices in the Netherlands were randomised to deliver collaborative stepped care (15 psychiatric nurses, 23 practices) or care as usual (15 psychiatric nurses, 20 practices). Collaborative stepped care was provided by the psychiatric nurses (care managers) in collaboration with the general practitioner and a consultant psychiatrist. The intervention consisted of three steps: CBT based guided self-help, short duration CBT and antidepressants. Patients completed questionnaires at baseline and after 3, 6, 9 and 12 months. Anxiety symptoms were measured with the Beck Anxiety Inventory (BAI). Health care and productivity costs were measured with
the Trimbos/IMTA questionnaire for Costs associated with Psychiatric Illness (Tic-P) and quality of life was assessed with the Euroqol 5D.

Results. We recruited 180 patients with a DSM-IV diagnosis of panic disorder or generalised anxiety disorder of whom 114 received collaborative stepped care and 66 received usual primary care. On the BAI, collaborative stepped care was superior to care as usual (difference in gain scores from baseline to 3 months -5.11, 95% confidence interval [CI] -8.28 to -1.94; 6 months -4.65, CI -7.93 to -1.38; 9 months -5.67, CI -8.97 to -2.36; 12 months -6.84, CI -10.13 to -3.55). In the CSC group, 51% of the patients remitted after following step 1 and 10% continued to step 2. CAU consisted of counselling in primary care (22%), antidepressant medication (37%) or referral to specialty mental health care (18%). Collaborative stepped care was cost-effective compared to care as usual. The annual direct medical costs were higher in the collaborative stepped care group (EUR351), however the average quality of life years (QALY’s) gained was also higher (0.05 QALY; 95% CI, 0.04 to 0.07) in this group. When the productivity costs were included (societal perspective), collaborative stepped care was less costly and more effective than care as usual.

Conclusions. Collaborative stepped care, with guided self-help as a first step, was more effective than care as usual for primary care patients with panic disorder or generalised anxiety disorder.

**Stepped care vs. direct face-to-face CBT for social anxiety disorder or panic disorder: A randomised controlled trial**

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Background: The aim of present study was to answer the following research questions: Are stepped care treatment models for panic disorder and social anxiety disorder as effective as direct face-to-face therapy in public mental health clinics? To what extent do patients gain effect at the first, less intensive, steps? Methods: Nine public mental health outpatient clinics were recruited into the study, including 10 independent assessors and 20 therapists. Patients were randomised to either stepped care or direct face-to-face treatment, all CBT-based. The stepped care treatment involved three steps: Psychoeducation with therapist (90 minutes), guided Internet-based self-help (9/10 weeks), and direct face-to-face manualized therapy. Stepping up criteria involved patient self-report and independent assessor ratings. Main outcome include clinical change according to study-criteria, improvement of symptoms and drop-out.

Results: A total of 173 patients were included. We found no difference in the proportion of patients who achieved clinical change after the stepped care and direct 12 session model. Neither did we identify differences in drop-out.

**Treatment of chronic depression with CBASP: current status and future directions**

Philipp Klein, Luebeck University, Germany

**Comparing CBASP to CBT in depression. Results of a pilot RCT.**

Katrin Wambach, University of Marburg, Germany; Nikola Stenzel, University of Marburg, Germany; Winfried Rief, University of Marburg, Germany

Cognitive Behavioral Analysis System of Psychotherapy (CBASP) is a specific treatment for the chronically depressed. It has been tested in a large psychotherapy and medication clinical trial, and it was found to be as effective as medication. When combined with medicine, it surprisingly produced huge effects (average HRSD score reduction of >17 points; Keller et al., 2000).

CBASP has never been directly compared to cognitive-behavioral therapy (CBT). Furthermore, there are no results for CBASP in non-chronic patients. In this pilot, common CBASP was therefore applied to patients with acute major depression, and it was compared to CBT. A randomized-controlled trial with two active treatment arms (CBASP vs. CBT with emphasis on behavioral activation) and a waiting list control group was designed. Patient with current Major Depression and BDI-II > 17 are included. Scheduled sample sizes are N=50 per condition. Changes in the BDI-II were defined as primary outcome. It is hypothesized that results for CBASP are at least comparable to those of CBT and that is more effective than waiting list. At the time of presentation, 25 patients per condition will be completely assessed. Current preliminary results are in line with the hypotheses: Significant time effects (p<.001), no interaction (CBASP vs. CBT) and high longitudinal effect sizes (d > 1 SD) for both active conditions were found already. The presentation will additionally report on our clinical experience with this treatment. It is concluded that CBASP can work for non-chronic patients as well.

**Is CBASP an empirically supported treatment?**

Philipp Klein, Luebeck University, Germany

The Cognitive Behavioral System of Psychotherapy (CBASP) was specifically developed by James McCullough for the treatment of chronic depression (McCullough, 2000; McCullough, 2006). Based on a brief summary of the CBASP model
and the most important CBASP techniques this presentation will examine whether CBASP can be regarded as an empirically supported treatment (Chambless et al., 1998).

This examination will include the randomized controlled trials published to date and thus serve as a background for the presentation of the more recent trials in this symposium. The first published trial demonstrated the effectiveness of CBASP and the superiority of a combination with medication compared to psychotherapy or medication alone (Keller et al., 2000). The superiority of the combination treatment over medication alone has not been replicated however (Kocsis et al., 2009b) while the third study demonstrated that CBASP is superior to interpersonal psychotherapy (IPT) (Schramm et al., 2011). Two of these RCTs have been among the largest psychotherapy trials undertaken to date. They offer many insights into moderators (Kocsis et al., 2009a; Maddux et al., 2009) and mediators (Constantino et al., 2012; Manber et al., 2003) of the treatment effect. These large studies have also recently been included in a systematic review (von Wolff et al., 2012) which allows careful comparison of the effects of CBASP with the effect of other therapies.

Finally, evidence is emerging that CBASP may also be effective in the treatment of chronic depression with comorbid psychological disorders (Penberthy et al., 2013) and in the group setting (Sayegh et al., 2012).

The effectiveness of CBASP in the Netherlands – results from a multicenter RCT

Jenneke Wiersma, Amsterdam University, Netherlands

Background: Major depressive disorder (MDD) frequently has a chronic course, with protracted episodes or incomplete remission between episodes. It is widely agreed that chronic depression is more difficult to treat than episodic major depression, and knowledge about optimal treatment approaches is emerging. Aims: To examine the effectiveness of Cognitive Behavioral Analysis System of Psychotherapy (CBASP) in the Netherlands. Method: A multisite randomized controlled trial was conducted comparing CBASP (n=69) with Care As Usual (CAU; evidence-based treatments, offered according to the Dutch Depression Guidelines, n=73) in three mental health organizations in the Netherlands. In both arms pharmacotherapy was provided. Patients (aged 18-65) had a main diagnosis of chronic depression according to DSM-IV. The Inventory for Depressive Symptomatology-Self-Report (IDS-SR) was used as the primary outcome measure. Mixed-effects linear regression analysis was used to compare the changes on the IDS scores between CBASP versus CAU. The IDS was administered at pre-treatment, after 8, 16, 32, and 52 weeks. Results: There was no significant main effect between the two groups on the IDS (t = –1.10, P = .27), however, there was a significant treatment X time interaction (t = –1.00, P = .01); patients assigned to CBASP had a greater reduction of depressive symptoms towards the end of the trial compared to patients assigned to CAU. This finding seems to be mediated by the therapeutic alliance. Conclusions: This trial shows that CBASP is as effective as the standard evidence-based treatments for chronic depression. The results suggest that CBASP has an added effect on the long run, which might be explained by its focus on the therapeutic alliance.

Clinical Effectiveness and Moderators of learning in CBASP: results from a two year case series

John Swan, University of Dundee, UK; Robert MacVicar, NHS Tayside, UK; Keith Matthews, University of Dundee, UK; David Christmas, NHS Tayside, UK

Background: Chronic depression is a common, debilitating disorder yet guidance on how best to treat this disorder is sparse. Cognitive Behavioural Analysis System of Psychotherapy (CBASP) for chronic depression has shown some promise with this difficult to treat group. We set out to establish the acceptability and clinical effectiveness of this novel treatment in routine psychiatric practice in NHS settings. Methods: Diagnostic status, in particular the presence of chronic depression, was established by an independent, trained assessor before and after 6 months of CBASP. The primary outcome measure was the HRSD-24 supplemented by a suite of measures of symptom burden, social adjustment, health status/quality of life and interpersonal functioning/problems. Results: 74 people entered 6 months of therapy with 46 completing. Using multiple imputation to take account of “drop-out” rates across the 6 months of treatment, the remission rate (≤ 8 HRSD score) was 30.4%. Clinically significant change (> 8 and ≤ 19 HRSD plus 50% reduction in baseline score) was achieved by 30.4%; 39.2% experienced “No change” using the previous criteria. All measures of quality of life, social functioning and interpersonal functioning were improved. Limitations: There was no control group. Our rater was not blind to treatment. Conclusions: Six months of this novel psychological therapy provided significant benefit for 60% of participants. These results are noteworthy in this very difficult to treat population and support the need for a larger scale RCT. The outcomes from this study may provide some guidance to clinicians in how best to treat. I will present the main outcomes of this study in terms of changes in HRSD24 and BDI II and relate these to demographic characteristics and interpersonal styles.


Vera Engel, University Medicine Freiburg, Germany; Brunna Tuschen-Caffier, University Freiburg, Germany; Martin Hautzinger, University Tübingen, Germany; Elisabeth Schramm, University Medicine Freiburg, Germany; Claus Normann, University Medicine Freiburg, Germany

Background: Cognitive Behavioral Analysis System of Psychotherapy (CBASP) was initially developed and evaluated as an outpatient treatment for chronic depression by James McCullough. Given the high degree of suicidality, comorbidity, and non-response to outpatient treatments in chronic depression, however, many of these patients require prolonged inpatient treatment. Here, we report on a first specialized program for chronic depression adapting CBASP to an inpatient setting (Brakemeier et al., 2011; Brakemeier & Normann, 2012). Methods: To evaluate the feasibility and outcome of this program, 70 inpatients with chronic depression according to DSM-IV were included in an open pilot study. The structured CBASP-based three-month inpatient treatment program combined individual and group therapy sessions. Patients were
followed up for up to two years. Results: The majority of the study participants suffered from early onset depression, childhood trauma, and a high degree of axis-I and axis-II comorbidity. 65 out of 70 patients completed the program (dropout rate 7.1%) and perceived the concept as very helpful. Pre-post comparisons showed significant changes with strong effect sizes. 82% of the patients met the response criteria, and 42% met the remission criteria. None of the patients deteriorated. In addition, CBASP-specific instruments revealed that patients changed their stimulus character and learned to perform the technique of Situational Analysis. Follow-up data for up to two years show – given the high chronicity and disease severity - relatively low relapse rates with 33% after one and 44% after two years. Conclusion: The findings suggest that a CBASP inpatient program is a feasible and effective treatment for chronically depressed inpatients with high comorbidity rates. Improvement was found across clinical and CBASP-specific variables. A prospective randomized controlled trial will be conducted to validate these promising pilot data.

CBT model of understanding and treatment of university students’ underachievement
Ivanka Zivcic-Becirevic, University of Rijeka, Croatia

What differentiates successful students from those who fail?
Jasminka Juretic, Department of Psychology, University of Rijeka, Croatia; Ines Jakovcic, Department of Psychology, University of Rijeka, Croatia

The number of young people entering university is increasing, while at the same time many of them stay unsuccessful. In this study we wanted to investigate factors that might contribute to university student academic achievement. Representative sample of 492 freshmen from University of Rijeka were followed-up during five academic years. We have used a set of instruments to check their cognitive abilities, personality factors, motivational factors, as well as learning strategies and habits to check which characteristics best discriminate successful from unsuccessful students. The students who graduated on time after five years at college were considered successful. Those who fail one or more years were considered unsuccessful.

The results of discriminant analysis showed no difference between two groups of students in cognitive abilities, personality factors or gender. On the other side, cognitive variables (expectations of success, beliefs that their abilities can help them achieve their goals, negative automatic thoughts related to fear of disappointing parents and fear of failure), and relying on effort in accomplishing academic tasks, can best discriminate successful students from underachieving ones. Successful students are better adjusted when entering college, have higher expectations of their success, believe that their abilities will help them succeed and invest more effort. Unsuccessful students have poor organizational skills and have higher tendency to procrastinate.

The results confirm the significant role of cognitive variables in understanding student underachievement and support implementation of behavioural and cognitive interventions in helping students to adjust to college and improve their academic efficiency.

Automatic thoughts and beliefs in underachieving students
Ivanka Zivcic-Becirevic, Department of Psychology, University of Rijeka, Croatia; Jasminka Juretic, Department of Psychology, University of Rijeka, Croatia

In our longitudinal research focused on the identification of the factors contributing to students’ achievement, we have found that student who fail tend to procrastinate more comparing to students who succeed, while there is no difference in cognitive abilities between these two groups.

The aim of this research is to check how cognitive factors (personal beliefs about success, automatic thoughts during learning and taking exam) and behavioural measure (putting effort) contribute to procrastination, after controlling for personality factors.

Representative sample of 212 freshmen from University of Rijeka were assessed at their first and second year of college. Big Five Inventory (John, Donahue & Kentle, 1991), The Components of Self-Regulated Learning (Niemivirta, 1996), Automatic Thoughts during Learning and Taking Exam (Živčić-Bečirević & Anić, 2001) and Procrastination Scale (Tuckman, 1991) have been used.

The results of the hierarchical regression analysis show that conscientiousness is the only personality factor that negatively contributes to procrastination. Personal beliefs about control are positive predictor, meaning that those students who unrealistically overestimate their control over academic achievements tend to procrastinate more. Negative automatic thoughts related to fear of failure are also positive predictor, while putting effort in achieving success is a strong negative predictor of procrastination.

The results suggest that, in treating underachieving students, it is important to develop realistic perception of control under personal academic success, learn skills to cope with negative automatic thoughts during learning and taking exam, and encourage and reinforce personal beliefs and efforts devoted to academic achievements.

Group cognitive-behavioral treatment for university students with learning problems
Students Counselling Center for Learning Difficulties within Croatian Association for Behavioral and Cognitive Therapies provides cognitive-behavioral treatment for underachieving university students since 1995. Our clinical experience, as well as our research results, revealed low learning motivation, ineffective learning techniques, lack of learning habits,
procrastination, poor time management skills and high test anxiety as students' major learning problems. Accordingly, we developed an 8-session group cognitive-behavioral program aimed at improving learning habits, enhancing positive emotions during learning and restructuring maladaptive cognitions in underachieving students. Typically, the group includes 6-10 students with different learning problems and is led by two therapists. The program is conducted in 2-hour sessions, once a week, for eight consecutive weeks. Each session is highly structured and focused on a specific topic (socialization to treatment; goals setting and plan for daily learning; improving learning motivation and self-reinforcement; restructuring negative automatic thoughts, dysfunctional rules, assumptions and core beliefs; managing anxiety and stress; booster sessions). Discussion about learning during the last week, setting individual goals for the next week, learning together, knowledge demonstration and providing group members with feedback is also emphasized. Main cognitive-behavioral techniques applied during the treatment include self-monitoring, setting goals between the sessions, homework assignments, self-reinforcement, demonstration of effective learning techniques, graded exposure in front of the group, identification and modification of dysfunctional cognitions, stress and anxiety management. There are several criteria for evaluation of the treatment. Cognitive changes are measured by administering the same set of questionnaires at pre- and post-treatment. Behavioral changes are indicated by the increase of daily studying duration, decrease of learning and exam avoidance and increase of self-satisfaction. The results of evaluation are very encouraging, suggesting that different behavioral techniques, as well as receiving feedback and support from group members are the most helpful.

Understanding and assessment of underachievement in university students
Nada Anic, Croatian Association for Behavioral and Cognitive Therapies, Croatia
There are many factors contributing to underachievement, but some characteristics exist in almost all underachieving students:
- learning process can be conceptualized as AVERSIVE SITUATION;
- strong interaction between NEGATIVE EMOTIONS (shame, guilt, anxiety, anger, depressed mood), COGNITIVE DISTORTIONS (distortion of attributions, negative automatic thoughts, negative self-evaluations, catastrophisations) and typical BEHAVIOR in learning situations (avoidance, procrastination, “sitting near the book”) as consequences of failure;
- dysfunctional coping strategies (procrastination, avoidance of learning and exams, giving up studying easily).

The assessment procedure is carried out individually and is composed of interview, several questionnaires (Negative Automatic Thoughts Questionnaire /Zivcic-Becirevic & Anic, 2001/, Procrastination Scale /Tuckman, 1991/, Frost Multidimensional Perfectionism Scale /Frost et al., 1990/, Test Anxiety Inventory /Spielberger et al., 1978/, Beck Depression Inventory-II /Beck, 1996/) and behavioral measures (i.e. hours of study).

Treatment is based on cognitive and behavioral techniques. It is usually conducted in groups, but it can also be conducted individually. Treatment goals are cognitive restructuring, improvement of learning habits and improvement of positive emotions during learning.

Emotion regulation and psychopathology
Matthias Berking, Philipp-University Marburg, Germany

Effectiveness of Emotion Regulation Strategies in Individuals with Depressive Disorders: an Experimental Study
Matthias Berking, University of Marburg, Germany
Difficulties in Emotion Regulation (ER) have been identified as an important maintaining factor of Major Depressive Disorder (MDD). Few studies have investigated which of a broad range of supposedly adaptive ER skills need to be fostered to increase treatment outcomes of MDD. Building on previous findings, this was the first study to experimentally test the differential effectiveness of acceptance, positive reappraisal, and self-support in decreasing negative affect in individuals with MDD and healthy controls. Compassionate self-support was tested in its potential to increase positive affect. Across participants, self-reported ER competencies, self-efficacy beliefs, and openness to new experiences were tested as positive predictors of successful ER; psychopathologic symptom load, rumination, neuroticism, conscientiousness, and perfectionism were expected to negatively predict successful ER skills application. The sample for this study consisted of N = 30 individuals meeting criteria for MDD and N = 30 healthy controls that were matched with regard to age, gender, and level of education. Within the experimental procedure, positive and negative affective states were induced by music and self-referred statements; the efficacy of this method of mood induction had previously been supported in samples of college students. Following mood inductions, participants were instructed to use the considered ER skills. Mood was assessed by visual analog scales before and after ER instructions. Changes between pre and post mood assessments were used as indicators of regulation effectiveness. Study results will be presented and discussed. Main results will include group differences in the effectiveness of ER skills between clinical and non-clinical participants. These findings indicated that ER differences between patients with MDD and healthy individuals do not only reflect differences in spontaneous strategy use but rather skills deficits. To decrease negative and increase positive affect, effective ER skills should be systematically built up and fostered in the treatment of MDD.

The Reciprocal Relationship between Emotion Regulation and Affective Disorders over the Course of Therapy
Introduction: Deficits in emotion regulation (ER) skills are considered as an important maintaining factor for mood disorders. Fostering general ER skills might therefore be a promising target to improve psychotherapeutic treatment efficacy for depression and anxiety disorders. Nevertheless, very few studies investigate the association between general ER skills and symptoms of affective disorders over the course of treatment. Therefore, underlying mechanisms that facilitate change in affective disorders throughout psychotherapy have not yet been identified. Moreover, to date there is no longitudinal study that directly compares some of the most relevant ER strategies in depression and anxiety disorders. Thus, the current study clarifies the directional relationship between ER skills and depressive and anxiety symptoms as well as symptoms of stress over the course of treatment.

Methods: ER skills and psychopathology were assessed weekly during the treatment of 175 inpatients meeting criteria for major depressive disorder. Based on Structural Equation Modelling, we used latent change score models to test whether ER skills predict subsequent reduction of depressive and anxiety symptoms as well as symptoms of stress. In secondary explorative analyses we investigated which specific ER skills predict subsequent changes in psychopathology.

Results: Throughout the course of treatment, increasing ER skills were associated with decreases in depressive symptom severity. However general ER skills did not significantly predict subsequent changes in anxiety disorders or stress symptoms. Regarding the specific ER skills we found that Tolerance, Readiness to confront distressing situations and Compassionate self-support are significantly associated with subsequent changes in depression severity.

Conclusion: Systematically enhancing general ER during the course of treatment seems especially important for the treatment of major depressive disorder. However, the reciprocal relationship between general ER and stress as well as anxiety disorders needs to be explored further.

Emotion Regulation Predicts Subsequent Depressive Symptom Severity in Individuals Suffering from Major Depressive Disorder: An Ecological Momentary Assessment Study
Alice Diedrich, Johannes Gutenberg University Mainz, Germany; Michaela Kandl, Johannes Gutenberg University Mainz, Germany
Deficits in emotion regulation (ER) are a putative maintaining factor for major depressive disorder (MDD). However, most studies aiming to address this association empirically use cross-sectional designs and focus on a specific emotion regulation deficit. Such studies provide only limited insight into causal pathways and cannot clarify whether some skills are more important than others for successfully coping with depression. Thus, the current study aims to investigate prospective, short-term effects of a broad range of emotion regulation skills on subsequent depression. In an ecological momentary assessment study, ER skills and depressive symptom severity were assessed through hand-held computers on an hourly basis in a sample of 112 individuals meeting criteria for MDD. With the help of hierarchical linear modelling, we investigated whether ER skills would predict subsequent depression. Results indicate that ER skills were associated with subsequent depressive symptom severity, even if previous depressive symptoms severity was controlled. Moreover, these associations differed significantly across skills. Thus, it can be concluded that ER skills contribute to successfully overcoming depression. Particularly relevant skills can be identified. Systematically enhancing these skills appears a promising target in treatment of MDD.

Evaluation of a Transdiagnostic Text-Message-based Maintenance Intervention after Inpatient Cognitive Behavioural Therapy
Jens Hartwig-Tersek, Schön Klinik Bad Arolsen; Thomas Middendorf, Schön Klinik Bad Arolsen, Matthias Berking, Philipps University Marburg
Introduction: The importance of aftercare and maintenance intervention to reduce psychopathology, prevent relapses and stabilize the effects of inpatient cognitive behavioural therapy is well proved. In order to attain a high reachability rate among the patients, simple, quick and low cost methods should be used. Modern communication technologies, such as mobile phones provide this opportunity. Therefore, the current study explores how modern communication technologies can be used as a support system in psychotherapy to realize a reduced psychopathology.

Methods: A total of 90 patients participated in a transdiagnostical 6-weeks text messaging maintenance intervention. The text messages were based on emotion regulation strategies. The effectiveness of different variants of the text messages was studied in a randomized controlled trial, comparing the impact on the patient’s psychopathological outcome to receiving personalised text messages versus standardized text messages.

Results: Initial results suggest that maintenance intervention through text messages are effective in providing a follow-up treatment by reminding former inpatients of cultivated emotion regulation strategies. Further results will be presented.

Conclusion: The attractiveness and acceptance of a maintenance intervention through text messages is suggested by a high participation rate. In conclusion, the feasibility and efficacy of a text messaging maintenance intervention as a low cost method to stabilize the effects of inpatient’s behavioural and cognitive therapy as well as to reduce psychopathology is demonstrated.

Don’t forget the young ones. Anxiety in young children aged 4 months to 7 years
Cathy van der Sluis, University of Amsterdam, the Netherlands
Targeting risk factors for inhibited preschool children
Helen Dodd, Macquarie University, Australia; Talia Morris, Macquarie University, Australia; Yulisha Byrow, Macquarie University, Australia
The temperamental construct of Behavioural inhibition (BI) is associated with elevated risk for anxiety disorders (e.g. Chronis-Tuscano et al., 2009). Recent research from our team has identified a number of additional risk factors that place a preschool child at risk for anxiety over a 5-year period. Our research shows that BI, maternal anxiety and parenting behaviours play a role in the development of anxiety. In particular, maternal anxiety and BI consistently confer additive risk for child anxiety. There is also evidence that parenting behaviours play a direct role in the development of child anxiety and also an indirect role via child temperament. The purpose of the current study was to alter the trajectory of at-risk children through an intervention specifically designed to reduce these risk factors. Children identified as BI (through parent report and observation) were randomly allocated to receive a 9-session intervention aimed at reducing inhibition, child and maternal anxiety and negative parenting behaviours. Parent-child interactions were observed and the presence of child and maternal anxiety disorders was assessed using structured diagnostic interviews. Assessment took place at baseline, 3 months and 6 months. Eighty-five children were randomised to condition and completed follow-up assessments. Intent-to-treat and treatment completer analysis will be presented.

The relations between coparenting behaviors and the development of childhood anxiety
Mirjana Majdandžić, University of Amsterdam; Susan M. Bögels, University of Amsterdam
Much research about the role of parents on the development of their child has a dyadic emphasis (Majdandžić et al., 2012), whereas it is important to consider the family system as an organized whole. A system perspective to development is crucial for understanding the way development unfolds over time, since a child’s environment influences his/her positive as well as negative behaviors and, therefore, its disorder (Bronfenbrenner, 1979; Dishion & Stormshak, 2007). The co-parenting construct is an ideal concept for this goal, since it provides information about the parental subsystem and thus goes beyond the influence of each parent separately (Majdandžić et al., 2012). Coparenting refers to the way parents coordinate each other’s parental behaviors (Feinberg, 2003; McHale et al., 2004) and is generally divided into at least two constructs: undermining and support.

The current longitudinal study sheds new light on the way coparenting influences the development of the child over time. Participants were fathers and mothers in 128 Dutch families who filled out the Coparenting Questionnaire (McHale, 1997) at the child’s age of 4 months, 12 months, and 30 months. In addition, parents also filled out the IBQ-R and the ECBQ as measures of their child’s temperament and anxiety. Parental anxiety was also measured using the Dutch translation of the Social Phobia and Anxiety Inventory (SPAI, Bögels & Reith, 1999). Preliminary analyses of the data at child age 12 months show that fathers’ and mothers’ supportive coparenting (r = 0.31; p < 0.01) and undermining co-parenting (r = 0.31; p < 0.01) are significantly related. Furthermore, mothers’ anxiety is related to her undermining co-parenting towards the father (r = 0.21; p < 0.05). Fathers’ undermining co-parenting is related to anxiety of the child (r = .21; p < .05). These results illustrate the interrelatedness of the father-mother-child system and its importance in anxiety development. Further analyses and longitudinal results will be presented and discussed, as well as implications for future research and intervention.

The effect of parental lifetime depression and anxiety disorders on the infants’ and parents’ emotional communication during early dyadic face-to-face interactions
Cristina Colonnesi, University of Amsterdam; Mirjana Majdandžić, University of Amsterdam, Wieke de Vente, University of Amsterdam; Susan M. Bögels, University of Amsterdam
Early in infancy, children are already able to engage in emotional communication by combining gaze with facial expressions and vocalizations (Colonnesi et al., 2012). This early socio-communicative ability is an important milestone in emotional, cognitive and social development (Tronick, 1989). The development of infants’ emotional communication largely depends on the stimulations, and on the reactions of others in the environment. Given the pronounced role that parents play to construct this environment, parental expressions of emotions may influence infants’ expressions of emotions. Previous research revealed that parents with anxiety disorders (Nicol-Harper, Harvey & Stein, 2007) and depression (Field et al., 2009) may show decreased emotional tone and responsivity during face-to-face interactions. Moreover, infants of parents with (versus without) lifetime depression were found to be more likely to show negative emotionality (Forbes et al., 2004). We investigated the effect of parental lifetime depression and anxiety disorders on the emotional communication between infants and parents during early dyadic interactions. We observed mothers and fathers with and without anxiety disorders
(and/or depression) during face-face interactions with their 4-month old infants (N=66 families). Infants’ and parents’ gaze, facial expressions of (positive and negative) emotions, and vocalizations/verbalizations during face-face interactions were coded with parallel protocols. These behaviors will be analyzed separately to investigate the effect of parental depression and anxiety disorders on parents’ and infants’ emotional communication, and in combination, to address synchrony in the parent-infant dyad.

Results and developmental implications will be presented and discussed in the symposium.

**Can young children provide self-reports on their anxiety symptoms?**

Helen Dodd, University of East Anglia; Susan Bögels, University of Amsterdam

Recent findings suggest that almost 10% of the preschool children experience clinical anxiety. Because of disagreement between different informants, it is considered best practice to collect data from multiple informants when assessing and treating anxiety in children. With regard to older children, the perspective of the child is considered to be a unique perspective, that is complementary to the perspective of the parent or the teacher. Self-reports of young children are however rarely included in research with young children. Accurate assessment of anxiety in young children is critical in order to reliably evaluate the efficacy of treatment and early intervention programs. In this study we therefore examine self-reports of clinically anxious (n=43) and normal control (n=61) children aged 4-7 years. The possibilities and limitations of self-report of young children on anxiety symptoms will be discussed. Further, other possibilities to measure anxiety in young children, who are not yet able to read and write, will be introduced.

**Shared Cognition in Parents and Preschool-Aged Children**

Helen Dodd, Reading University, UK

Introduction

Although it is well established that interpretation bias is positively associated with anxiety in children (Muris & Field, 2008), the origins of interpretation bias remain unclear. Several researchers suggest the possibility of an intergenerational transmission of interpretation bias from parents to children (e.g. Field, Cartwright-Hatton, Reynolds & Creswell, 2008). Findings from research examining the association between parent and child interpretation bias are mixed, with some showing a significant relationship (e.g. Barrett, Rapee, Dadds & Ryan, 1996), while others suggesting otherwise (e.g. Creswell, O’Connor and Brewin, 2006). To date, few studies have examined interpretation bias in young children due to methodological limitations. Due to the scarcity of research with this age group, the present study aims to examine whether parents and preschool-aged children share similar levels of interpretation bias using the Story Stem Paradigm, initially adopted by Dodd et al. (2011).

Method

A community sample of fifty parent-child pairs were recruited for this study. Preschool-aged children (3 to 5.5 years) were recruited alongside their parents (either mothers or fathers). Using the story stem paradigm, children’s interpretation bias was measured. Parents completed the interpretation bias measure adopted from Dodd et al.’s (in press) Open Response Task, and the way they would tell their children stories. In addition, parents’ trait anxiety symptoms, and their children’s trait anxiety symptoms and negative affectivity temperament style was also measured.

Results and Conclusion

Promising preliminary analyses indicate an association between parent and child interpretation bias. Findings may suggest intergenerational transmission as a possible pathway for acquisition of interpretation bias in young children, a potential target for prevention and treatment.

**‘I get by with a little help from my friends’: family and staff interventions to improve outcome in severe mental health problems**

Fiona Lobban, Lancaster University, UK

**REACT – Relatives Education And Coping Toolkit: Feasibility and outcome**

Fiona Lobban, Lancaster University, UK

Evidence supports the effectiveness of Family Interventions (FIs) in improving outcome for people with psychosis and relatives. As an adjunct to pharmacotherapy, FIs reduce relapse & hospitalisation rates. Research is limited in its focus on people with more chronic mental health difficulties, and lack of attention to outcomes for relatives. However, interventions that are well integrated into early intervention services (EIS) show reductions in relatives’ distress. Significant barriers exist to the dissemination of effective interventions through NHS EIS. These include clinicians with high caseloads and lack of confidence & training in working with relatives. As a result, relatives report negative impacts on many areas of life. Relatives at first episode are at even higher risk of distress than those at later stages.

There is a clear need for an intervention that can be widely available to relatives, is easy to use, phase specific, recovery focussed, does not require extensive clinical resources, targets key appraisals and coping strategies and empowers relatives.

The REACT study tests the hypothesis is that it will be possible to develop and implement a supported self-management intervention for relatives of people experiencing recent psychosis (including bipolar disorder) that will significantly reduce relatives’ distress (General Health Questionnaire (GHQ)) compared to current support. This presentation will cover the main findings of this study.
The use of psychological formulations to improve staff-patient relationships and outcomes in people with a diagnosis of psychosis
Katherine Berry, University of Manchester, UK
Psychiatric staff play a key role in the lives of people with psychosis and the quality of staff and service user relationships is associated with relapse and recovery. This paper describes a feasibility and acceptability study of an intervention to improve staff and service user relationships and outcomes in samples of people with a diagnosis of psychosis living in 24-hour supported accommodation. The intervention involves developing psychological formulations with staff teams to help them understand service users' behaviour and interactions. The project recruited 84 staff and 53 service users across the North West of England. Key outcomes measures included: uptake of the intervention, staff and service user relationships, staff stress, service user symptoms and staff and service user perceptions of acceptability. The paper will present the findings from the study with a focus on the quantitative findings.

Are psycho educational family work appropriate for patients with a first episode psychosis?
Jan Rossberg, University of Oslo, Norway
The main aims of this presentation are twofold: First, to describe the results of family work in an Early Treatment and Identification of Psychosis study (TIPS-study). Second, to describe the results from a qualitative study examining both how the participants experience the different elements of family work and what aspects of the intervention they thought were most effective for recovery.

Methods:
The first sample consists of 301 patients between ages 15 and 65, of whom 147 patients attended multi family group treatment. Outcome was measured by PANSS, duration of psychotic episodes and number and duration of hospitalizations during a five year follow up period. The patients who attended family work where compared with patients or families who refused or were not offered participation. The second sample is a qualitative, explorative study based on digitally recorded in-depth interviews with 12 patients and 14 family members. The interview data was transcribed in a slightly modified verbatim mode, and analysed using systematic text condensation.

Results:
Patients who attended the multi family group treatment in the TiPS-project improved significantly less during the follow up period with regard to PANSS positive, excitative and cognitive symptoms than patients who did not attend. Moreover, non-attenders had significantly shorter duration of psychotic symptoms than attenders during the follow up period.

As it comes to the qualitative studies six themes were experienced as important for the family intervention: alliance, support, anxiety and tension, knowledge and learning, time, and structure. A good relationship between the group leaders and participants was important in preventing drop out. Meeting with other people in the same situation reduced feelings of shame and increased hope for the future. Real life stories were experienced as more important for gaining new knowledge about psychosis than lectures and workshops. However, many patients experienced much anxiety and tension during the meetings. The group format could be demanding for patients immediately after a psychotic episode, and for patients still struggling with distressing psychotic symptoms.

Five themes emerged as important for both patients and family members concerning the effect of the intervention: Insight and acceptance, maturing, coping strategies, improvement of family relations and warning signs. Knowledge about the illness was important but even more important was meeting others in the same situation. To be able to discuss problematic issues in a calm and safe atmosphere made the participants solution oriented and confident. The communication within the family improved and made the family environment calmer.

Conclusions:
Even if family intervention is a well-established treatment for patients with chronic psychoses, our findings suggests that multi family groups are not automatically beneficial for all patients with a first episode psychosis. Adjustment of the program may be necessary with first episode psychosis patients to meet specific needs better. Group leaders need to recognise the patients' level of anxiety before, and during, the intervention, and to consider the different needs of patients and family members regarding when the interventions starts, the group format and the patients' level of psychotic symptoms.

Caregivers' reports of service user violence in psychosis
Juliana Onwumere, Institute of Psychiatry, London, UK
This study investigated caregiver reports of violent acts committed by their relative with psychosis. Carers of those with a recent relapse completed an audi-taped interview of family relations. Seventy-two interview transcripts were assessed for reports of service user-initiated violence.

Half the carer sample (52.9%) reported an incident of service user violence during their interview; 62.2% of these involved violence towards themselves, and 24.3% towards property. Reports of service user violence were associated with carer hostility, emotion-focused coping, and lower self-esteem. Implications for mental health staff and their work with carers will be discussed.

Mental imagery in mood disorders
Christien Slofstra, University of Groningen, the Netherlands
Positive and negative mental images and their connection to depressive symptoms – empirical data and theoretical implications
Gitta Jacob, University of Freiburg; Martina Di Simplicio, Cambridge University, Christien Slofstra, University of Groningen

Negative mental images can occur as ‘flash-backs’ as well as so called ‘flash-forwards’ and they might even be entirely fictional. Recent research has shown that they could be seen as a transdiagnostic feature of a variety of mental disorders (Brewin et al., 2010). Depressed patients in particular seem to suffer from recurrent intrusive images as well as a lack of positive imagery. Data from a large-scale online study on the influence of positive and negative mental images on depressive symptoms in an analogue sample will be discussed and compared to results of a clinically depressed vs. a non-depressed group.

Imagery in Unipolar and Bipolar depression: revealing the mind’s eye?
Angela Rylands, Department of Psychiatry, University of Oxford, UK; Guy Goodwin, Department of Psychiatry, University of Oxford, UK, Emily Holmes, MRC Cognition and Brain Sciences Unit, Cambridge, UK

Experimental psychopathology and neurobiological research both struggle to identify key phenomenology and underlying mechanisms differentiating unipolar from bipolar depression. To date, early diagnosis of Bipolar Disorder is limited by having to rely exclusively on patient report of present or past manic/hypomanic features which are not always easily identified. We have proposed that people with bipolar disorder have increased tendency to use mental imagery, and that mental imagery can act as an “emotional amplifier” of all mood states (Holmes et al., 2008). In line with this, initial observations suggest that both suicidal imagery (Hales et al., 2012) and positive “flashforwards” (Ivins et al., under review) are more compelling and vivid in patients with bipolar disorder compared to those with unipolar disorder. The next step is to move from differences in subjective self-report of imagery to objective tests using experimental tasks, in order to help advance both diagnostic refinement and potential treatment innovation. Imagery measure that could be used in a clinical context are outlined by Pearson et al., 2012. Drawing on this, we will discuss recent data comparing imagery-related measures and tasks between unipolar and bipolar depressed groups, and discuss whether this may contribute to our understanding of affective disorders.

Work on your imagination: Imagery Rescripting as intervention
Emily Holmes, Cambridge University; Maaike Nauta, University of Groningen, Claudi Bockting, University of Groningen

Mental images have been targeted in treatments of Post-Traumatic Stress Disorder (PTSD), using techniques such as Imagery Rescripting (ImRS) and Eye-Movement Desensitisation and Reprocessing (EMDR). As the previous presentations in this symposium have underlined, mood disorders are also associated with disturbances in mental imagery. Therefore, intervention techniques used to target mental imagery may also be effective in mood disorders. Indeed, a pilot study using ImRS in depressed individuals suffering from intrusive images showed promising results (Brewin et al., 2009). Also, stimulating positive mental imagery is a technique that is currently used in preventive cognitive therapy for depression. Reducing intrusive mental imagery may be like reducing one of the symptoms of a syndrome, which may in itself reduce the burden of a depression. However, two other, more structural mechanisms of have also been proposed.

One view on ImRS’s underlying mechanism is that it affects psychopathology by changing key cognitions (Wheatley & Hackmann, 2011), or negative meanings (Arntz, 2012) associated with an image. Using imagery is described as an experiential technique that reduces avoidance towards material that has previously been avoided (Wheatley & Hackmann, 2011), therefore providing access to the maladaptive belief associated with the image, so that these can be modified (Grunert, Weis, Smucker, & Christianson, 2007).

The second underlying mechanism of ImRS proposed is that targeting mental imagery may be a method to change experienced emotions. It is known from experimental studies that negative mental imagery elicits negative emotions and positive mental imagery elicits positive emotions, more so than verbal material (Holmes, Mathews, Mackintosh, & Dagleish, 2008). Reducing negative mental imagery and increasing positive mental imagery may directly reduce the abundance of negative emotions and the lack of positive emotions depressed individuals suffer from.

This presentation tackles the question concerning how and why targeting mental imagery using ImRS in depression may yield beneficial results. The preliminary results from a study in a student population aimed to disentangle these possible mechanisms will be presented, as well as planned future studies investigating these mechanisms in a clinical population.

References
Mental imagery across disorders and their role in excessive behaviour
Rebecca Dugué, University of Freiburg, Department of Clinical Psychology and Psychotherapy; Eva Bareth, University of Freiburg, Department of Clinical Psychology and Psychotherapy, Ulrike Frank, University of Freiburg, Department of Clinical Psychology and Psychotherapy; Bruna Tuschen-Caffier, University of Freiburg, Department of Clinical Psychology and Psychotherapy

Images, being mental representations without a necessary the necessity of a real input stimulus, have been found to play a key role in various psychological mental disorders since they have a strong effect on emotions. So far it has been shown that negative mental images are associated with different mental disorders. Intrusive mental images are known as a central symptom of PTSD; patients with other mental disorders such as depression or social phobia also report high rates of negative mental images. Previous research indicated that in substance abuse not only negative but as well positive mental images might be associated with craving. In this presentation we’ll give an overview of mental imagery in different mental disorders before presenting preliminary data from an two interview study studies on mental images in regard to excessive behaviour in people with (a) alcohol addiction and (b) eating disorders. For this purpose we examine reformed alcoholics, patients with binge eating behaviour as well as and each with a healthy and a patient control group with a semi-structured imagery interview and additional questionnaires. Results on typical contents and further characteristics of mental imagery will be shown with special attention to the role of positive mental images in the context of excessive behaviour. Preliminary data of our first study indicate that reformed alcoholics report in retrospect a higher rate of negative mental images before alcohol consumption in comparison to their healthy controls. While there was no group difference in the frequency of positive mental images before alcohol consumption, the quality of these positive mental images differed significantly: Reformed alcoholics experienced a stronger sense of safety and felt more stimulated by their positive mental images and reported more likely positive images with the main theme social interaction. Both groups reported positive mental images containing achievement and alcohol as a cue, however healthy controls reported more often positive mental images about alcohol as a reward for achievement while reformed alcoholics about alcohol as an amplifier. Further results on typical contents and characteristics of mental imagery will be shown with special attention to the role of positive mental images in the context of excessive behaviour.

Dissemination of CBT in Arab countries: a pilot project on training Libyan clinicians: presentation abstracts
Convenor: Freda McManus, Oxford Cognitive Therapy Centre, UK

An overview of the project: From setting up to clinical outcomes
Taregh Shaban, Oxford and Libya Foundation for Rehabilitation, UK

Broadly, the goal of the CBT training programme delivered to Libyan mental health professionals by OCTC under the auspices of the Libyan Foundation for Rehabilitation was to answer the question: ‘Is training Libyan mental health professionals in CBT a valuable programme that should be rolled out more widely? More specifically:

Does it produce outcomes for patients (of trainees) that are comparable to those found in other psychological services? : Are there any cultural difficulties involved in the use of CBT in a Libyan / Arab / Muslim context? If so, what adaptations might be needed?

Measures
Patient outcome:
GAD-7 (Spitzer et al., 2006). PHQ-9 (Kroenke et al., 2001) and, where appropriate for trauma, IES-R (Weiss & Marmar, 1997)

Cultural factors:
‘Free entry’ qualitative questionnaire to therapists

Research design / analysis

Resources do not permit a full RCT or well-controlled study. This is therefore seen as a real world service evaluation study, with a simple Pre / Post design, with an approach similar to Westbrook & Kirk (2005). Data analysis will include:

Clinical significance analysis for outcomes (Jacobson & Truax, 1991)

Benchmarking outcomes against other services’ outcomes (e.g. national IAPT data)

Simple thematic analysis of ‘cultural’ questionnaire responses

Qualitative feedback: Trainees’ experience
Tarik A. Shembesh, Libyan Foundation for Rehabilitation, UK

Driven by an ethical responsibility to offer the best possible training and subsequently access to evidence based treatments (such as CBT) in Libya, we have tried to take into account the values, culture, and context of trainees and the patients they were to work with.
We hope our work will make a contribution due to the limited available literature and published research in the field – namely cultural competence and applied CBT in different cultural contexts. It is hypothesized that some attempt at cultural adaptations and awareness may facilitate providing a more effective CBT for patients (contextualized in terms of cultural values, language, socioeconomic status and gender.

The pilot project has sought to address some of these issues by delivering the training bilingually, translated by an experienced professional and by providing a co-trainer who is not only an experienced CBT therapist but also shares the same cultural heritage as the trainees (a point highlighted by trainees to be the most valuable in the course).

We considered the growing consensus within the developing field of cultural adaptation by ensuring basic reporting and attempting to follow a process model.

The following models, Ecological Validity Model (Bernal et al., 1995), Cultural Adaptation Process Model (Domenech Rodríguez and Wieling, 2004), Psychotherapy Adaptation and Modification Framework (Hwang, 2006) and Formative Method for Adapting Psychotherapy Model (Hwang, 2009), were explored. The ecological validity model was used and its eight components used to form the bases to create themes to engage trainees and theirs clients to explore the sociocultural context.

**An insider’s story: applying CBT as a trainee in an Arab context**

Fadwa Al Mughairb, University of United Arab Emirates, Al-Ain UAE & Libya Foundation for Rehabilitation, UK

CBT, a comprehensive, practical and structured psychotherapeutic approach. As a trainee, CBT seemed applicable to Arab culture, and did not contradict with any of my beliefs. However, using CBT in a substance abuse rehabilitation facility needed adaptation in different levels. Furthermore, being a female, there were limitations concerning going out with male patients for behavioral experiments.

Through a case study, I will discuss limitations, challenges and adaptations of CBT practice in Arab culture.

**All Aboard the Trans-Canada Express**

Adam S. Radomsky, Concordia University, Canada

**Delivering CBT in videoconference: efficacy and potential mechanisms**

Stéphane Bouchard, Ph.D., Université du Québec en Outaouais, Canada

In a country as vast as Canada, access to evidence-based treatment is a significant challenge. Videoconference technologies can be used to deliver psychotherapies, especially in the form of CBT, where key treatment mechanisms are based on change in cognitions, behaviors and emotions regulation skills. Outcome studies conducted in Canada with panic disorder and post-traumatic stress disorder will be described, as well as results examining the role of motivation, treatment alliance, therapist’s behaviors and telepresence. Results are showing that delivering CBT through telepsychotherapy is as effective as face-to-face. Motivation is an important predictor of treatment success. The quality of the working alliance and therapeutic bond is excellent, most likely not because therapists are putting more efforts in their therapy sessions but because patients forget they are not in the same room with their therapist and feel they are present “in therapy”. The implication for disseminating CBT will be discussed. It will be argued that telemental health is more than just an alternative for rural populations and represent a powerful dissemination tool.

**Social Anxiety Disorder and the Relational Self**

Lynn Alden, University of British Columbia, Canada

One thematic focus of Canadian research is relational functioning. In keeping with that theme, my research addresses the processes that impede relational functioning in individuals with SAD. Some studies suggest that other people perceive socially anxious individuals negatively and therefore like them less. An alternative possibility is that, in their attempts to avoid negative outcomes, socially anxious people fail to convey accurate impressions of themselves and this contributes to their relational difficulties. To compare these explanations, two studies were conducted in which unacquainted individuals (N =104 and 114) participated in brief, round robin, open-ended interactions and then rated each partner and themselves. The ratings were analyzed according to Biesanz’s social accuracy model of interpersonal perception (SAM; Biesanz, 2010), which distinguishes the positivity from the accuracy of social judgments. Results indicated that perceivers did not view socially anxious targets more negatively than non-socially anxious targets but were less able to recognize their unique personality features (Aiken, Human, Alden & Biesanz, 2013). Preliminary research suggests the same patterns also characterize clinical samples with SAD. These findings suggest that it may be beneficial to encourage socially anxious individuals to reveal themselves rather than to change themselves.

**Reducing risk in ambulance workers: Pre-trauma predictors of PTSD and depression**

Jennifer Wild, Anke Ehlers, Francine Bear, Kirsten Smith, Erin Thompson and Miriam Lommen, University of Oxford, UK
Ambulance workers are regularly exposed to trauma and are considered to be a group at risk of developing post-traumatic stress disorder (PTSD) and other psychological problems, such as depression. Previous research has reported rates of PTSD based on self-report data to be about 20% in this group (i.e., Sterud et al., 2006) and probable rates of depression to be as high as 22% (Bennett et al., 2004). As part of a large prospective study investigating predictors of PTSD and depression, we assessed N=443 newly recruited ambulance workers with self-report questionnaires and with the Structured Clinical Interview for DSM-IV (SCID; First et al., 1996) during their first week of paramedic training. Participants completed questionnaires to assess demographic characteristics, personality, coping strategies, cognitions, and social support. They then attended an interview session in which the SCID was administered. A total of 342 participants completed two-year follow-up. Key variables at baseline distinguished between those who would and who would not develop an episode of PTSD or depression by two-year follow-up. Unique predictors for PTSD and depression will be presented as well as possible pathways for early intervention.

You can run but you can’t hide: Intrusive thoughts on six continents
Adam S. Radomsky, Department of Psychology, Concordia University, Canada; Gillian M. Alcolado, Department of Psychology, University of North Carolina at Chapel Hill, United States of America; Jonathan S. Abramowitz, Department of Psychology, University of North Carolina at Chapel Hill, United States of America; Pino Alonso, CIBERSAM, University of Makeni, Sierra Leone; Amparo Belloch, Department of Personality Psychology, University of Valencia, Spain; Martine Bouvard, Department of Psychology, University of Savoie, France; David A. Clark Department of Psychology, University of New Brunswick, Canada; Meredith E. Coles, Department of Psychology, Binghamton University, United States of America; Guy Doron, Department of Psychology, Interdisciplinary Center Herzliya, Israel; Hector Fernández-Álvarez, Aigle Foundation, Buenos Aires, Argentina; Gemma García-Soriano, Department of Personality Psychology, University of Valencia, Spain; Marta Ghisi, Department of General Psychology, University of Padova, Italy; Beatriz Gomez, Aigle Foundation, Buenos Aires, Argentina; Muğan Inozu Department of Psychology, Abant Izzet Baysal University, Turkey; Richard Moulding, Brain and Psychological Sciences Research Centre, Swinburne University of Technology, Australia; Giti Shams, Department of Psychiatry, Tehran University of Medical Science, Iran; Claudio Sica, Department of Human Health Science, University of Macedonia, Greece; WEng Wong Department of Psychology, Chinese University of Hong Kong, Hong Kong

Most cognitive approaches to understanding and treating obsessive-compulsive disorder (OCD) rest on the assumption that nearly everyone experiences unwanted intrusive thoughts, images and impulses from time to time. These theories argue that the intrusions themselves are not problematic, unless they are misinterpreted and/or attempts are made to control them in maladaptive and/or unrealistic ways. Early research has shown unwanted intrusions to be present in the overwhelming majority of participants assessed, although this work was limited in that it took place largely in the US, the UK and other ‘westernized’ or ‘developed’ locations. We employed the International Intrusive Thoughts Interview Schedule (IITIS) to assess the nature and prevalence of intrusions in nonclinical populations, and used it to assess (n = 777) university students at 15 sites in 13 countries across 6 continents. Results demonstrated that nearly all participants (93.6%) reported experiencing at least one intrusion during the previous three months. Doubting intrusions were the most commonly reported category of intrusive thoughts; whereas, repugnant intrusions (e.g., sexual, blasphemous, etc.) were the least commonly reported by participants. These and other results are discussed in terms of an international perspective on understanding and treating OCD.

Open Paper Symposia

Approaching Rewards and Avoiding Fears: New Studies in Learning

Comparisons between learned fear and disgust during a conditioning and extinction procedure
Mark Boschen, Griffith University, Australia; Hayley Thompson, Griffith University, Australia

Emetophobia (fear of vomiting) is a chronic anxiety disorder, associated with significant functional impairment, and reduced quality of life. To date research into effective treatment for emetophobia has been extremely limited, consisting of case studies and a single study with seven participants. Low prevalence rates for the condition have been a major challenge to researchers looking to undertake larger-scale controlled trials of treatments. This study reports on the use of an internet-based intervention for adults with emetophobia.

A cohort of 228 adults self-referred to an online treatment service for emetophobia, which was accessible via web browser, tablet, and smartphone. Treatment consisted of a series of 12 weekly modules consisting of a variety of content such as video and audio recordings, online diaries, quizzes, planned exposure treatments, and relapse prevention.
strategies. Outcome measured emetophobia symptoms and a range of associated measures of psychopathology and other variables. Emetophobia symptoms reduced significantly during the treatment. Associated psychopathology symptoms (depression, anxiety and stress) also reduced significantly. Participants reported significantly increased quality of life across several subdomains. Despite these changes in scores, the internet-based treatment was associated with a comparatively high dropout rate, compared to face-to-face treatment studies.

This is the largest study reported to date on the treatment of emetophobia. Internet delivery of treatment permitted recruitment of a larger sample than has been reported by previous researchers in the area. Although the results are promising, issues such as high dropout rates and the need to conduct follow-up evaluations are important targets for future research. The paper concludes with an introduction to a follow-up controlled trial currently underway in which issues of dropout and follow-up assessments are addressed.

This research has important implications for the treatment of emetophobia. In low prevalence conditions such as fear of vomiting, access to practitioners who have expertise and experience in treatment can be difficult. This study suggests that e-therapy may provide a viable alternative to face-to-face contact in treatment of emetophobia.

Individual Differences in Associative Fear Learning
Femke Gazendam, University of Amsterdam, the Netherlands; Jan H. Kamphuis, University of Amsterdam, the Netherlands; Merel Kindt, University of Amsterdam, the Netherlands

Traditionally, research has focused on the typical response of an average individual (Plomin & Kosslyn, 2001), while psychopathology is by definition ‘abnormal’. Individual variation can be informative to understand the transition of adaptive to maladaptive fear.

In addition, several lines of research suggest that stable individual differences moderate the vulnerability for developing anxiety disorders. Translational research may benefit from including individual dispositions and studying variation in fear learning patterns. We aimed to test how selected stable individual differences in personality may explain variability in fear learning.

Multilevel Growth Curve Modeling (Pinheiro & Bates, 2000) was used to examine how personality traits associated with emotional disorders affects associative fear learning. We comprehensively assessed fear acquisition, retention of acquisition (24 or 48 h later), extinction, reinstatement and generalization of fear, using a differential fear conditioning paradigm. Study 1 included 225 students who participated in one of several fear conditioning studies conducted in our lab, and Study 2 includes a representative sample of adolescents (N = 900). We opted for selected indices of the Multidimensional Personality Questionnaire (MPQ; Tellegen & Waller, 2008). We selected Stress Reaction (SR) and Harm Avoidance (HA) as lower order personality variables of interest, and their higher order factors Negative Emotionality (NEM) and Constraint (CON). Conditioned fear responding was indexed by the startle reflex (study 1 and 2), skin conductance responses and subjective distress ratings (study 2). Our growth curve models tested whether individuals’ imputed learning slopes, start- and endpoint of learning were associated with the personality facets of interest.

Self-reported personality ratings were associated with fear learning parameters. Results indicate that NEM (SR) weakened safety learning. Further, the interaction between NEM (SR) and CON (HA) predicted extinction learning.

The (interaction) effects of personality traits can reveal more complex pathways of (mal)adaptive fear. Deficient fear discrimination and extinction learning may explain how fear reactions evolve into ongoing distress in anxiety disorders. Assessment of individual variation in fear and safety learning may help to identify people at risk for anxiety disorders, or those likely to respond to extinction based treatments (i.e., exposure).

Retraining avoidance tendencies towards conditioned fear cues
Angelos-Miltiadis Krypotos, University of Amsterdam, the Netherlands; Angelos-Miltiadis Krypotos, University of Amsterdam, the Netherlands; Inna Arnaudova, University of Amsterdam, the Netherlands; Marieke Effting, University of Amsterdam, the Netherlands; Merel Kindt, University of Amsterdam, the Netherlands; Tom Beckers, University of Leuven & Universityof Amsterdam, the Netherlands

Cognitive-Behavioral Therapy (CBT) is the dominant therapeutic intervention for anxiety disorders and phobias. Despite its effectiveness, relapse rates for anxiety patients remain high. Here we experimentally test the effects of a non-invasive therapeutic intervention, targeting the retraining of conditioned avoidance tendencies, on the diminishing and return of conditioned fear.

Two groups of participants underwent a fear acquisition procedure in which 2D projections of one neutral geometrical object were paired with shock (CS+), whereas projections of another object were never paired with shock (CS-). Subsequently, both groups completed a fear extinction procedure during which the same objects were presented without shock. Next we retrained the avoidance tendencies of both groups by instructing them to push (avoid) and pull (approach) the CSs with a joystick. Importantly, the contingencies between each CS and the corresponding movement differed between groups. The first group had to primarily pull the CS+ pictures towards them and push the CS- pictures away from them, whereas the reversed contingencies applied for the second group. Finally, we manipulated return of fear for both groups by presenting three unsignaled shocks after retraining.

We present data of subjective and physiological measures collected after the retraining and after the presentation of the unsignaled shocks. Additional avoidance tendencies data collected after the completion of the whole experiment are also presented.
Our study provides both an experimental demonstration of how retraining of action tendencies work, but could also pave the way for introducing action tendencies retraining in CBT.

Our study sheds more light on how action tendencies retraining affects the implicit and explicit attitudes of patients with anxiety disorders towards the anxiety triggering cue(s). This can potentially lead to an improved therapeutic approach towards patients with anxiety disorders.

**Changing automatic behavior through self-monitoring: Does overt change also imply implicit change?**

Joyce Maas, Radboud University Nijmegen, the Netherlands; Joyce Maas, Radboud University Nijmegen, the Netherlands; Mike Rinck, Radboud University Nijmegen, the Netherlands; Ger Keijser, Radboud University Nijmegen, the Netherlands

Self-monitoring of unwanted behavior is a common component of effective cognitive-behavioral therapy. Self-monitoring has often shown to lead to decreases in undesirable behavior. To investigate the underlying mechanisms of these ‘reactive effects’, we investigated whether behavioral changes as a result of self-monitoring were accompanied by changes in explicit and implicit evaluation. For this purpose, monitoring of snack-eating was compared to monitoring of alcohol-drinking, since reactive effects are found absent in alcohol-drinking.

Implicit evaluations (Affective Priming Task), estimated frequency and satisfaction of consumption (Snacks and Drinks Questionnaire) were assessed before and after a 15-day self-monitoring period. Consumption was measured using self-monitoring forms. Participants were randomly assigned to a group that either monitored snack-eating behavior (experimental group) or to a group that monitored alcohol-drinking behavior (control group).

After self-monitoring, consumption only decreased in the experimental group, although both groups estimated their snack-eating frequency to be higher after self-monitoring. Explicit satisfaction of the habit remained the same but self-monitoring did result in a slightly more implicit negative evaluation of the monitored substance in both groups. In both groups, participants were less satisfied with their snack-eating behavior than with their alcohol-drinking behavior.

Self-monitoring reduced snack-eating but not alcohol-drinking. In both groups, self-monitoring appeared to be accompanied by small implicit, but not explicit changes in evaluation. Changes in evaluation apparently do not lead to actual behavioral change on their own. Other factors are expected to be involved as well, such as dissatisfaction at the start of monitoring.

This study aimed to find out why self-monitoring is helpful in most problems, but not in all by investigating the underlying working mechanisms of the reactive effects of self-monitoring. We suggest that dissatisfaction at the start of self-monitoring might play an important role. Self-monitoring might only be helpful when patients are dissatisfied with their own behavior.

**Modification of Approach-Avoidance Tendencies in Alcoholics: An Unusual Success Story**

Mike Rinck, Radboud University Nijmegen, the Netherlands; Eni Becker, Radboud University Nijmegen, the Netherlands; Johannes Lindenmeyer, Salus clinic Lindow & TU Chemnitz; Carolin Eberl, Salus clinic Lindow; Reinout Wiers, University of Amsterdam, the Netherlands

Cognitive biases play an important role in emotional disorders and addictions, and in many studies, cognitive bias modification (CBM) has been found to change these biases and to reduce clinical symptoms. Most of the successful CBM applications have been reported for anxiety disorders, and to some degree, for depression. The modified cognitive biases were mainly attention and interpretation. In contrast, little CBM research has been reported on the modification of automatic approach-avoidance tendencies, and very few studies addressed addictions. This may be unfortunate because there is recent evidence that approach-avoidance modification (AAM) may be particularly helpful in addictions such as alcoholism.

I will review this evidence by presenting four large clinical studies (involving more than 2300 alcohol-dependent patients) in which a simple, PC-based joystick task was used to train automatic alcohol-avoidance tendencies in alcohol-dependent inpatients, in addition to treatment-as-usual. During each training session (between 4 and 12 sessions in total), patients repeatedly pushed pictures of alcoholic drinks away from themselves, and pulled pictures of non-alcoholic drinks closer. In all studies, AAM contributed to significant relapse prevention: Compared to placebo training or treatment-as-usual, relapse rates at one-year follow-up were approx. 10% lower.

I will review these astonishing findings, and I will address additional questions: What is changed by the training? Who profits most from it, and how many training sessions are optimal? How does this AAM compare to a training of attentional bias? How can the training be implemented in everyday practice? And how can it be improved even further? This new alcohol-avoidance training has the potential to improve relapse prevention in alcohol addiction substantially: It is simple, cheap, and effective. No other recent treatment option has been comparably successful.

**Panel Discussions**

**The State of the Science, Practice and Training of CBT in Canada**

Adam S. Radomsky, Concordia University, Canada

The science, practice and training of CBT in Canada have long histories spread out over large distances. This panel will discuss CBT research, CBT services, and CBT training programmes available across Canada’s three most populous provinces.
Québec, Ontario and British Columbia). Further, information about the Canadian Association of Cognitive and Behavioural Therapies – l’Association Canadienne des Thérapies Cognitives et Comportementales (CACBT-ACTCC) will be provided, including details about its history, present and future offerings, and the credentialing of CBT therapists in Canada. Finally, the panel will be asked to comment on the future of CBT in Canada before taking questions from the audience.

**What Procedures for Fostering Personal Development of Trainees in CBT?**
Lucio Sibilia, Sapienza University, Italy

Most psychotherapy schools require that psychotherapy trainees gain a good knowledge of themselves. Also, it is generally supposed that they must have a reliable emotional balance, be able to use their own traits and qualities in working with clients, identify personal limits and take them into account. This requirements are common and largely independent from the theories and the techniques learned during their trainings, but are pursued with a variety of procedures and educational formulas, specific of each school and orientation that crowd today the field of psychotherapy. CBT still has not an agreed set of systematic training procedures or guidelines and still little research can be found able to establish a knowledge base to this purpose. It appears highly questionable to follow the old path, when trainees were required to undergo a “personal therapy”, as research has shown to be completely ineffective. However, a few new approaches have been proposed and developed, which will be discussed in this Panel by seasoned psychotherapy trainers, clinicians and researchers on the basis of current literature and personal experiences.

**Chair:**
Lucio Sibilia, Sapienza University, Roma, Italy, lucio.sibilia@uniroma1.it

**Convenor:**
Stefania Borgo, Centre for Research in Psychotherapy, Roma, Italy, stefania.borgo@uniroma1.it: “Training analysis: a structured method”.

**Other speakers:**
1) Daniel David, Babes-Bolyai University, Cluj-Napoca, Romania, daniel.david@ubbcluj.ro: “Personal development/optimisation versus personal therapy in the training of cognitive therapists. Toward an evidence-based CBT Training”.
2) Tullio Scrimi, Catania University, Catania, Italy, tscrima@tin.it: “Didactic analysis in cognitive therapy. An integrated and complex approach”.
3) Yona Teichman, Tel-Aviv University, Israel, yonat@post.tau.ac.il: “Supervision and beyond”.
4) Hakan Turkcapar, H.Kalyoncu University, Ankara, Turkey, hakanturkcapar@superonline.com: “How can we use supervision for personal development of cognitive therapists?”

Psychotherapy trainers should gain from the discussion on the ways to pursue self-knowledge of trainees, an optimal use of their personal qualities and emotional balance as training goals.

**Special Interest Group**

**Worry, Rumination and Repetitive Thinking**
Giovanni Ruggiero, Studi Cognitivi, Cognitive Psychotherapy School, Italy

Worry, rumination and other kind of repetitive and perseverative thinking styles contribute to both anxiety and depression (Borkovec, Robinson, Pruzinsky, & DePree, 1983; Nolen-Hoeksema, 1991). Empirical research has repeatedly demonstrated that repetitive thinking is involved in risk for anxious and depressive symptoms and episodes (Calmes & Roberts, 2007). In addition, in the model of metacognitive therapy (MCT) by Adrian Wells (2000) the emotional sufferance in generalized anxiety disorder is explained in terms of a secondary emotional problem generated by dysfunctional beliefs that the patient feels over his own worry. Therefore, this group of EABCT members takes the initiative to propose a open interactive SIG Development Symposium on worry, rumination and repetitive thinking. The symposium will be an informal discussion about the present state of the scientific reflection on worry, rumination and repetitive thinking. Dr Antonio Pinto will show the purpose of the SIGs, within the EABCT project < Dr. Giovanni M. Ruggiero will open the symposium reviewing the literature. Prof. Mehmet Sungur will revise the contribution of the MCT to the debate. Dr. Nir Essar will speak about the perspective of “the 7 Dimensions” theory and therapy for worry and rumination.
In addition, all the members of the SIG present in Marrakesh will participate.

**French Language Symposia**

**Avancées cliniques: Programmes de TCC francophones pour les enfants et les adolescents aux problématiques de santé mentale variées**
Julie Leclerc, Université du Québec, Canada
Thérapies d’autogestion des symptômes du syndrome de Gilles de la Tourette (tics et épisodes explosifs) selon un modèle cognitif-comportemental et psychophysiologique adapté aux enfants
Julie Leclerc, Université du Québec à Montréal, Canada
Le syndrome de Gilles de la Tourette (SGT) se définit globalement par la présence de tics moteurs et de tics sonores. Toutefois, le SGT se caractérise par une fluctuation des symptômes et par un profil clinique où les troubles associés abondent. Le taux d’opposition et de conduites agressives est élevé chez les enfants atteints du SGT. Les d’épisodes explosifs (EE) se définissent comme une crise de colère démêlée et incontrôlable, qui se produit de manière soudaine et récurrente. Ils se distinguent par leur intensité et leur profil situationnel. Leclerc et O’Connor présentent deux programmes d’intervention s’adressant aux enfants et visant la diminution des tics et des épisodes explosifs. Ces traitements visent une restructuration cognitive, comportementale et physiologique basée sur un modèle d’autorégulation sensori-motrice. Le modèle théorique, basé sur les études de O’Connor (2002, 2005) auprès d’une clientèle adulte, suggère que l’évaluation des symptômes par analyse fonctionnelle mise sur les déclencheurs situationnels et explore au-delà des déclencheurs externes d’ordre social, environnemental ou attentionnel. Ainsi, l’analyse de l’activité en cours au moment des tics et des épisodes explosifs, et de ce qu’elle représente pour la personne, permet de classifier les situations selon que la probabilité de déclencher le comportement est faible ou élevée. Les deux traitements ont fait l’objet d’études pilotes et sont actuellement en cours de validation. Les résultats d’études de cas montrent une diminution clinique de la fréquence et de l’intensité des comportements cibles.

Programme psychoéducatif pour les parents d’un jeune enfant avec un trouble du spectre de l’autisme (TSA): implantation dans différents milieux francophones
Céline Clément, Université de Strasbourg, France; Annie Paquet, Université du Québec à Trois Rivières, Canada; Jennifer Ilg, Université de Strasbourg, France; Myriam Rousseau, Centre de Réadaptation en Déficience Intellectuelle et en Troubles Envahissants du Développement - Mauricie Centre du Québec, Institut Universitaire, Canada; Aurélie Chaume, Université de Strasbourg, France

Efficacité de l’adaptation française d’un programme d’entraînement aux habiletés parentales pour les parents d’enfant ayant un TDAH
Stephane Haut-Charlier, Université de Strasbourg, France; Sonja Finck, Hôpitaux Universitaires de Strasbourg, France
Le Trouble Déficitaire de l’Attention/Hyperactivité (TDAH) est défini selon deux dimensions symptomatiques : l’inattention et l’impulsivité/hyperactivité. Son expression résulterait d’une interaction complexe entre facteurs neurobiologiques et environnementaux. En réponse aux facteurs neurobiologiques, le traitement pharmacologique est couramment dispensé. Il permet principalement une amélioration de l’attention de l’enfant et ainsi de son fonctionnement scolaire. Néanmoins, il engendre fréquemment des effets secondaires indésirables et n’est pas toujours aidant pour les parents à domicile, ces derniers devant gérer l’effet rebond associé à la fin d’action du traitement. Par ailleurs, parmi les facteurs environnementaux, les pratiques éducatives parentales sont souvent évoquées pour expliquer le développement des manifestations du TDAH et parfois l’émergence de troubles co-occurrents. Dans ces familles, il est fréquemment relevé des pratiques éducatives inéfficaces et incohérentes, avec davantage de comportements parentaux coercitifs (par ex. réprimandes physiques et verbales, menaces). Les enfants, quant à eux, présentent davantage de comportements défisants et désobéissants, ces derniers étant à la fois cause et conséquence des pratiques éducatives inadaptées. En réponse à l’altération de la dynamique familiale, les programmes d’entraînement aux habiletés parentales (PEHP) sont particulièrement pertinents. Selon les principes de la psychoéducation, ils consistent à enseigner aux parents des pratiques éducatives appropriées aux difficultés de leurs enfants afin de diminuer le stress parental, augmenter les comportements adaptés des enfants et restaurer une dynamique familiale positive.
Les analyses statistiques comparant les mesures pré- et post-traitement ont révélé une diminution significative de la fréquence et de l’intensité des comportements perturbateurs des enfants, du stress et des problématiques dépressives rapportés par les parents, ainsi qu’une amélioration significative de la satisfaction conjugale.

Conclusion
Cette étude confirme l’efficacité du PEHP proposé aux parents d’enfants ayant un TDAH au sein d’une population française. Cette perspective thérapeutique offre aux cliniciens un traitement complémentaire ou alternatif à proposer dans le contexte du TDAH. La prochaine étape de notre recherche est d’intégrer les mesures réalisées auprès des parents suivant actuellement le PEHP, ainsi que des mesures de suivi.

Adaptation d’un traitement cognitif comportemental du trouble d’anxiété généralisée (TAG) pour les enfants âgés de 8-12 ans: un protocole à cas unique à niveaux de base multiples

Genevieve Racicot, Université du Québec à Trois-Rivières, Canada; Geneviève Racicot, Clinique d’Intervention sur les Troubles Anxieux, Canada; Patrick Gosselin, Université de Sherbrooke, Canada; Caroline Berthiaume, Hôpital Rivièrev-des-Prairies, Canada; Michel Dugas, Université du Québec en Outaouais, Canada

La plupart des études qui ont évalué l’efficacité des traitements cognitifs comportementaux de l’anxiété chez les enfants utilisent une approche globale de l’anxiété et sont effectuées auprès d’échantillons d’enfants souffrant des différents troubles anxieux. Une thérapie ciblant les processus cognitifs spécifiques impliqués dans le TAG a déjà démontré des résultats positifs auprès des adultes (Dugas et Robichaud, 2007). L’objectif de l’étude est d’évaluer l’efficacité d’une adaptation de cette thérapie auprès de 5 enfants âgés de 8-12 ans présentant un diagnostic primaire de TAG. La version adaptée du traitement pour les enfants vise les mêmes composantes présentées dans le traitement original pour les adultes. Un manuel illustré incluant des personnages fictifs et des métaphores visuelles a été élaboré afin de s’adapter au stade de développement des enfants. Après le traitement, aucun des 5 participants ne présentait les critères du TAG. L’analyse des auto-enregistrements quotidiens ainsi que les analyses pré-post des symptômes rapportés par les enfants et les parents suggèrent une amélioration cliniquement et statistiquement significative. Une amélioration est observée au niveau des processus cognitifs visés par le traitement. Les résultats de cette étude pilote soutiennent l’importance d’élaborer un programme spécifique conçu pour les enfants atteints du TAG. Les auteurs sont actuellement engagés dans l’évaluation du maintien des gains thérapeutiques aux suivis de 3, 6 et 12 mois.

Dépression au féminin, dépression au masculin: apport du modèle cognitivo-comportemental

Martine Bouvard, Université de Savoie, France

Sympôtômes de stress post-traumatique postnataux et influence de variables psychosociales, obstétricales et psychologiques auprès d’un échantillon de femmes rencontrées en service de Protection Maternelle et Infantile – France

Anne Denis, Université de Savoie-Chambéry, France; Martine Bouvard, Université de Savoie, France; Stacey Callahan, Université de Toulouse, France

Contexte : En psychopathologie périnatale, l’accouchement est considéré comme un événement pouvant déclencher des perturbations psychologiques chez les femmes. Depuis quelques années, au-delà du post-partum blues et de la dépression du post-partum, plusieurs auteurs avancent que les femmes peuvent développer un état de stress post-traumatique (ESPT) à la suite d’un accouchement classique. Une seule étude française rapporte actuellement une prévalence du trouble (protocole longitudinal réalisé auprès de 240 femmes rencontrées en maternité de niveau 3). Objectif : Ce projet se propose de ré-évaluer la prévalence du trouble et d’étudier l’influence de plusieurs variables socio-biographiques, gynécologiques / obstétricales et psychologiques (vulnérabilité psychologique et variables psychologiques et relationnelles concomitantes) auprès de femmes rencontrées via des centres de Protection Maternelle et Infantile (PMI). Méthode : Un échantillon de 399 femmes (158 femmes d’origine française et 147 femmes d’origine étrangère) a complété une fiche de renseignements socio-biographiques ainsi que 3 questionnaires : the Impact of Events Scale-Revised (IES-R), the Edinburgh Postnatal Depression Scale (EPDS) and the Multidimensional Scale of Perceived Social Support (MSPSS).
Résultats/Discussion : Les résultats rendront compte d’une seconde prévalence française et proposeront une réflexion quant aux facteurs de risques et de protection du trouble, ceci au regard du public spécifique de PMI.

Première étude de la version francophone de l’Inventaire des Troubles des Conduites Alimentaires version 3

Martine Bouvard, université de Savoie, France; Jean Luc Roulin, université de Savoie, France

En pratique clinique, l’utilisation des versions francophones des questionnaires ou échelles d’évaluation nécessite la vérification des propriétés psychométriques de ces versions.


Deux groupes de sujets, un groupe de patientes présentant un trouble des conduites alimentaires et un groupe de sujets non cliniques ont rempli la version 3 de l’Inventaire des Troubles Alimentaires, l’échelle d’auto-évaluation de l’anorexie mentale (EAT) et le questionnaire de personnalité d’Eysenck abrégé et révisé (EPQR-A).

Les résultats rendront compte d’une première étude des qualités psychométriques de la version francophone de l’EDI-3 sur une population féminine.

Dépression au féminin, dépression au masculin : apport du modèle comportementale et cognitif

Francoise Riquier, cabinet libéral, Lausanne, Switzerland

Deux femmes pour un homme souffrent de dépression, quatre hommes pour une femme meurent par suicide. La différence ne se limite à des chiffres. Elle s’exprime aussi au travers des manifestations cliniques et des conséquences. La différence de vulnérabilité face à la dépression s’explique en partie par des causes neurobiologiques mais aussi par le rôle social attribué et certaines caractéristiques psychologiques contribuant à ce que l’homme et la femme réagissent différemment aux événements de la vie. En suivant le modèle comportemental et cognitif nous soulignerons les particularités comportementales, cognitives et émotionnelles liés au genre qui contribuent à cette différence et aux enjeux dans la thérapie comme par exemple la présence plus marquée de ruminations chez la femme, une expression des émotions distincte avec une tendance plus à l’irritabilité chez l’homme, des particularités dans le mode attributionnel. Ces différences seront retrouvées dans la thérapie. Elles sont présentes dès le début avec déjà une reconnaissance de la souffrance différente chez l’homme que chez la femme.

Désir sexuel chez les femmes avec une psychose chronique

Sylvia Mohr, Hôpitaux Universitaires de Genève, Switzerland; Maria Boucherie, Hôpitaux Universitaires de Genève, Switzerland; Céline Miserez, Université de Genève, Switzerland; Patricia Castellano, Université de Genève, Switzerland; Francesco Bianchi Demicheli, Hôpitaux Universitaires de Genève, Switzerland; Philippe Huguelet, Hôpitaux Universitaires de Genève, Switzerland

Introduction: Le désir sexuel conduit à l’épanouissement personnel. Il peut aussi constituer une source de problèmes importants : contaminations par des agents sexuellement transmissibles, abus, grossesses non désirées. Les pratiques et les désirs sexuels des femmes souffrant de psychose chronique sont mal connues. Le but de cette recherche est de contribuer à combler ce vide.

Méthode: Etude comparative de la sexualité des femmes souffrant de psychose chroniques traitées dans un service ambulatoire de psychiatrie à celle des femmes sans troubles psychiques recrutées au service de gynécologie. L’histoire sexuelle, les comportements et les désirs sont évalués par un entretien structuré et des auto-questionnaires (Evénements Traumatiques durant l’Enfance, Echelle du Désir Sexuel, Index de la Fonction Sexuelle et Multidimensionnel de la Sexualité).

Résultats: Les données recueillies auprès de 39 femmes, âgées en moyenne de 38 ans +/- 8 (18 patientes Vs. 21 contrôles), montrent que les patientes ont bien moins souvent un partenaire sexuel que les contrôle (17% Vs. 81%, X²=16.03, p.000); qu’elles accordent moins d’importance aux relations sentimentales (très importante 56% Vs. 86%, z=-2.29, p.02); qu’elles ont moins fréquemment des pratiques sexuelles solitaires ou avec un partenaire (53% Vs. 95%, X²=6.83, p.01). Cependant, les patientes ont tout autant de désirs sexuels, tant pour des pratiques solitaires que partagées que les contrôles. Les patientes ont bien plus souvent vécu des expériences sexuelles traumatisantes au cours de leur vie que les contrôle (67% Vs. 19%, X²=9.08, p.01). Les patientes ont une moins bonne estime d’elle-même au point de vue sexuel et ont une sexualité plus souvent déterminée par le contexte. Elles sont moins motivées et satisfaites de leur sexualité. Face à la sexualité, elles sont plus anxieuses et déprimées, déprimées et jugées de leur image, et ont plus souvent des relations sexuelles et les contrôles.

Discussion: Malgré une réduction des pratiques sexuelles, les femmes souffrant de psychose chronique ont des désirs sexuels préservés. De plus, la forte prévalence d’expériences sexuelles traumatisantes, les émotions et cognitions négatives, ainsi que les difficultés à gérer les aspects interpersonnels en lien avec la sexualité font de ce domaine une thématique indispensable à considérer dans leurs soins.

Psychopathologies et émotions

Benoit Monie, AFTCC, France
Apport du bilan cognitif et émotionnel avant prise en charge par TCC des patients souffrant de Schizophrénie

Dominique Willard, AFTCC, France; Elodie Peyroux, France ; Charlotte Alexandre, France; Zelda Prost, France ; Yannick Morvan, France

70 à 80 % des patients schizophrènes présentent des troubles cognitifs dès le premier épisode voir même le précédent et ne répondent que très faiblement aux traitements pharmacologiques qui ciblent davantage les symptômes positifs. Ces troubles cognitifs affectent la mémoire, l’attention, la vitesse de traitement et les fonctions exécutives (Medalia & Choi, 2009; Tandon, Nasrallah, & Keshavan, 2009).

De plus, les altérations cognitives que l’on observe dans les troubles schizophréniques n’incluent pas seulement ces dimensions neurophysiologiques, mais aussi les dimensions de la cognition sociale. La cognition sociale désigne l’ensemble des processus impliqués dans les interactions sociales, comme la reconnaissance des émotions faciales, la théorie de l’esprit l’alexithymie et la conscience émotionnelle

La cognition sociale représente donc un médiateur important dans la construction d’une représentation de soi par rapport au milieu social environnant ; une cognition sociale altérée peut donc avoir comme conséquence la production de représentations erronées, de biais d’interprétations et de symptômes psychotiques (van Os, Kenis, & Rutter, 2010).

Les troubles de la cognition sociale dans la schizophrénie sont des facteurs clés des difficultés d’insertion sociale et de fonctionnement dans la vie quotidienne, ils agissent en tant que médiateur entre les déficits neurocognitifs et le retentissement fonctionnel (Fett et al., 2011; Green & Horan, 2010).

En effet, se représenter les états mentaux d’autrui est indispensable pour la régulation des interactions sociales telles que les difficultés à changer de perspective mentale, à avoir des interactions adaptées aux différents contextes sociaux.

L’évaluation de la cognition sociale dans le bilan cognitif devrait être systématique avant l’utilisation de TCC lorsqu’elle vise une prise en charge globale des patients souffrant de schizophrénie. Ainsi, l’apport de la dimension émotionnelle permet d’ajouter un élément non négligeable indispensable à l’efficacité des techniques thérapeutiques et à l’amélioration du patient.

Anxiété sociale et intentionnalité émotionnelle

Vanessa Harsoeot, AFTCC, France

L’anxiété sociale se caractérise par un mécanisme de dérégulation émotionnelle à plusieurs niveaux. Les patients phobiques sociaux souffrent d’une activation inadaptée et intense des émotions de peur et de honte en situation sociale, observée par exemple au niveau physiologique par une hyperréactivité amygdalienne. Cette dérégulation s’accompagne d’une perception déformée des émotions et des intentions de l’autre. Les enfants et adultes anxieux sociaux reconnaîtraient plus difficilement les émotions positives d’un visage et seraient particulièrement sensibles aux émotions négatives. Ce biais de perception négative entraîne également des erreurs de jugement des intentions de l’autre. Or, la reconnaissance de l’intentionnalité émotionnelle constitue une acquisition particulièrement importante, notamment chez l’enfant. Plusieurs études ont en effet montré que les enfants qui sont précis dans la compréhension de l’expérience émotionnelle de l’autre sont aussi ceux qui auront tendance à être plus compétents socialement et mieux acceptés par leurs pairs.

D ans cette présentation, après une description de ce mécanisme de dérégulation émotionnelle observée dans le trouble d’anxiété sociale, nous décrirons le processus de l’intentionnalité émotionnelle et sa relation avec le développement de ce trouble. Dans une perspective développementale, nous présenterons les premiers résultats d’une étude longitudinale mesurant les différences chez les enfants dans leur capacité de jugement de l’intentionnalité en fonction de leur niveau d’anxiété. Enfin, nous en déduirons des propositions thérapeutiques afin de réduire l’impact de cette dysfonction.

Les Emotions dans la depression professionnelle

Marc Willard, AFTCC, France

Les problèmes psychosociaux dans le monde de l’entreprise sont de plus en plus fréquents et de plus en plus graves (1). L’augmentation continue du nombre de suicides au travail, dont les médias se font régulièrement l’écho, en témoigne.

Pourtant, les réponses proposées dans le monde de l’entreprise restent limitées à la gestion du stress, semblant ignorer l’existence de réels troubles de l’humeur d’origine professionnelle (2). Il est vrai que la plupart des intervenants au sein des entreprises n’ont pas de formation psychopathologique.

Il existe d’authentiques dépressions professionnelles qui surviennent suite à des difficultés dans le monde du travail et s’expriment principalement au travail. Elles sont aggravées par l’absence de reconnaissance des troubles émotionnels au sein de l’entreprise.

Ces dépressions représentent la majeure partie des dépenses médicales occasionnées par les problèmes de santé mentale (3).

La sémiologie est spécifique, les éléments de prise en charge et de prévention primaire, sont très différents de ceux du stress professionnel et nécessitent de s’intéresser au rapport affectif développé par rapport au travail.

Notre intervention, après avoir rappelé la sémiologie spécifique des troubles de l’humeur d’origine professionnelle, fera le point sur les aspects de prévention spécifique et sur les éléments de prise en charge (4). Les TCC sont les traitements les plus efficaces en utilisant les aspects comportementaux, cognitifs et émotionnels (5).

La pleine conscience et les émotions : une expérience de groupe MACT
Benoît Monié, AFTCC, France; Yeshé Dionnet; Frédéric Mélinand
L’observation de nos patients anxieux nous montre l’incroyable déconnexion de la réalité dont ils sont victimes. En effet, au cœur de leur épisode anxieux, au moment où ils se sentent angoissés, ils développent alors de manière involontaire tout un ensemble de pensées que nous regroupons sous le terme de « pattern anxieux ». Ces patterns anxieux vont agir sur eux comme une prédiction indiscutable de l’avenir. Bien sûr aucune de ces prédictions ne s’est déjà réalisée et pourtant après plusieurs années de troubles anxieux nos patients continuent à croire en ce discours interne et donc à rester insensible à l’expérience réelle.
C’est précisément ce mécanisme psychopathologique de déconnexion de la réalité du présent que vise la pleine conscience et la thérapie MACT
Depuis plus de 4 ans, nous avons mis en place un groupe à partir des principaux messages contenus dans la psychothérapie MBCT et ACT
La ligne directrice pour cette thérapie de groupe est de rester au maximum dans l’expérientiel direct de l’anxiété pendant la séance et de s’exposer aux émotions.
Dans notre présentation nous évoquerons la spécificité et l’intérêt du MACT, détaillerons chacune des séances et étayerons ce travail au regard de trois recherches dont les résultats statistiques obtenus (ANOVA) révèlent plusieurs améliorations qui ont lieu au cours de la thérapie.
Les deux premières études (Baller, 2011 et Alba, 2012) évaluent les différents axes de la flexibilité psychologique, les symptomologies anxieuses et dépressives, ainsi que la présence d’une symptomatologie générale et la dernière recherche (Dionnet, 2013) étudie l’évolution de la relation du sujet anxieux à ses expériences internes douloureuses au regard des thèmes de la pleine conscience et de l’acceptation.

French Language Open Paper

Communications Libres 1

Programmes de Remédiation Cognitive pour la Schizophrénie
Dalia Nagui Moheieldin, Faculté de Médecine d’Alexandrie Egypte, Egypt; Eric Fakra, Faculté de Médecine de Marseille, Université AIX Marseille, France; Jean-Michel Azorin, Faculté de Médecine de Marseille, Université AIX Marseille, France
Les troubles cognitifs sont parmi les symptômes les plus importants de la schizophrénie. Ils sont parmi les meilleurs prédicteurs du fonctionnement social et professionnel du patient. Les fonctions cognitives peuvent être divisées en cognition pure et cognition sociale. Ils sont tous les deux altérés dans la schizophrénie. Puisque les effets des antipsychotiques sur les fonctions cognitives sont hétérogènes et partiels, le traitement non pharmacologique sous forme de la remédiation cognitive est devenu important pour cibler les déficits cognitifs. Plusieurs programmes de remédiation cognitive sont développés pour améliorer les troubles neurocognitifs et la cognition sociale.
Le but de cette recherche de littérature est de grouper les différents types de programmes et de les classer selon les cibles qu’ils visent montrant les études d’efficacité et les outils d’évaluation utilisés. Alors une recherches utilisant la base de donnée PUBMED a été utilisés pour la collection des articles concernant la remédiation cognitive de la schizophrénie.
En fonction de leurs objectifs, les programmes sont classés en programmes ciblant la cognition pure, programmes ciblant le travail, programmes ciblant la métacognition et la cognition sociale, programmes intégrant la neurocognition et la cognition social et enfin les programmes ciblant l’autonomie. Une description des programmes les plus fréquemment utilisés et les études de validation sont discutées. Les fonctions cognitives sont évaluées avant et après les interventions a l’aide de batterie de tests neuro-psycho-sociale. Un grand nombre d’études de validation, de méta-analyses et d’articles de synthèse ont été réalisées pour tester l’efficacité de ces programmes.
Une gamme de programmes de remédiation cognitive a été élaboré et évalué au cours des 40 dernières années. Ces programmes utilisent une variété de méthodes, telles que des exercices pratiques, des stratégies d’enseignement pour améliorer le fonctionnement cognitif, les stratégies compensatoires visant à réduire les effets des troubles cognitifs, et des discussions de groupe. Les programmes de remédiation cognitive ont été développés dans le but général d’améliorer la cognition et la réduction des effets de la déficience sur pronostic de la maladie. La notion de la cognition sociale et de la métacognition sont très importants concernant le pronostic du fonctionnement du patient et sont interliliés avec les fonctions de la pure neurocognition. Alors les programmes intégrant la remédiation cognitive de la neurocognition et de la cognition sociale parraissent les plus prometteuses.
Pouvoir classer les différents types de programmes de remédiation cognitive peut faciliter le choix du type de programme approprié à chaque patient schizophrène. La comparaison de ses programmes nous permet de tailer des interventions adaptées ciblant les symptômes précis de chaque patient. L’utilisation des context de la TCC est adaptée et réformulée dans plusieurs programmes de remédiation cognitive; montrant l’intégrité entre la TCC et la remédiation cognitive pour la schizophrénie.

**Comportements des enfants ayant un trouble du spectre de l’autisme en garderie : Comparaison avec des enfants neurotypiques**

Naima Fahmi, Université du Québec, Montréal; Naima Fahmi, Université du Québec, Montréal; Myriam Busson, Université du Québec, Montréal; Nathalie Poirier, Université du Québec, Montréal; Sylvie Bernard, Université du Québec, Montréal;

L’intervention comportementale est fréquemment utilisée auprès des enfants d’âge préscolaire ayant un trouble du spectre de l’autisme (TSA). Le milieu de garde joue un rôle important dans la généralisation de leurs habiletés et permet de partager des activités avec des enfants du même âge, d’avoir accès à des modèles de comportements typiques et d’explorer diverses connaissances (Julien-Gauthier, 2008). Cette étude vise à comparer le comportement d’enfants ayant un TSA et d’enfants neurotypiques durant les activités régulières proposées en garderie.

23 enfants présentant un TSA, fréquentant une garderie et ayant bénéficié de l’application d’un programme d’intervention comportementale, ont été comparés à un pair du même sexe ayant un développement typique et fréquentant le même groupe. 51 périodes d’observations directes ont été effectuées lors des activités régulières de la garderie. Les taux de réponse individuels des enfants ont été évalués en fonction de la demande formulée à tous les enfants du groupe. Les résultats indiquent que les enfants typiques présentent un niveau de réussite significativement supérieur (typique : M =85.04% /TSA: M =41.28%). Les enfants ayant un TSA présentent des taux d’émergence, de réussite avec aide, de non-réponse et d’écueil plus élevés. Lorsque les émergences et l’aide sont considérées, le taux de réussite des enfants ayant un TSA rejoint celui des typiques.

L’intégration en garderie est facilitée lorsque l’aide apportée est offerte en considérant les difficultés associées à leur diagnostic et en s’adaptant aux caractéristiques, aux comportements et au niveau de développement de chaque enfant.

**Comportement des enfants ayant un trouble du spectre de l’autisme en garderie : Comment augmenter le taux de réussite.**

Naima Fahmi, Université du Québec, Montréal; Naima Fahmi, Université du Québec, Montréal; Myriam Busson, Université du Québec, Montréal; Nathalie Poirier, Université du Québec, Montréal; Sylvie Bernard, Université du Québec, Montréal;

L’intervention comportementale est fréquemment utilisée auprès des enfants ayant un trouble du spectre de l’autisme (TSA) d’âge préscolaire. Le milieu de garde joue un rôle important lors de la généralisation d’habiletés chez l’enfant et permet de partager des activités avec des enfants de son âge, d’avoir accès à des modèles de comportements typiques et d’explorer diverses connaissances. Cette étude s’intéresse aux comportements des enfants ayant un TSA lors des activités régulières proposées en garderie et vise à décrire leur taux de réponse.

120 périodes d’observations directes ont été effectuées auprès de 40 enfants intégrés en garderie suite à l’application d’un programme d’intervention comportementale. Les taux de réponse (réussite, émergence, réussite avec aide, non-réponse ou échec) des enfants ont été évalués en fonction de la demande formulée à tous les enfants du groupe. Les enfants observés ont un peu plus haut taux d’échec que de non-réponse. Ces résultats vont à l’encontre des études mentionnant que les enfants ayant un TSA se montrent non collaborant et peu motivés à répondre aux stimuli environnementaux. De plus, bien que le taux moyen d’aide apportée à l’enfant par l’intervenant est de 16.25 %, il varie grandement (2.72 % à 29.78 %).

Considérant que tous les enfants avaient des non-réponses, l’aide apportée par les intervenants aurait pu être mieux adaptée aux besoins des enfants. L’intervention comportementale en garderie devrait s’attarder au développement des comportements en émergences puisque lorsqu’ils sont intégrés au répertoire des acquis le taux de succès moyen augmente après de 66 %.

**L’expérience du programme de psycho éducation”PROFAMILLE” au Maroc**

Youssef MOH, Hopital Arrazi de Psychiatrie de Berrechid

le programme PROFAMILLE est un programme psycho éducationnel s’adressant aux familles ayant un membre souffrant de schizophrénie

Ce programme de psychoéducation est un concept moderne puisqu’il a été créé en 1940 par Carol Anderson et Gérard Hogarty et c’est à partir de ce concept qu’a ensuite été créé le programme Profamille en 1987 par Cormier

Le Programme Profamille Évalue et améliore les capacités de coping (capacités à faire face) des aidants. Il réduit les comportements coercitifs et de résignation. En outre, il maintient les liens sociaux et renforce l’humeur

Ce programme étudie les croyances qui possèdent les familles à la base, à l’aide de questionnements. Il est possible ainsi que les croyances dépressogènes diminuent chez les aidants. En effet, les sujets à tendance dépressive évitent le
changement et n’utilisent pas leurs capacités de coping. Ainsi, ce programme vise le travail de la souplesse cognitive des participants et obtient une amélioration de 50% au bout de 14 séances (notamment la dernière version V 3.1) faire utiliser les capacités de coping.

Estime de Soi et Techniques D’affirmation de Soi
ImaneAdali, Service de psychiatrie, Hopital Ibn Nafis, CHU Mohammed VI;
L’équilibre personnel et le bonheur d’une personne dépendent en grande partie de ses capacités relationnelles qui se basent sur l’estime de soi. Avoir de bonnes capacités relationnelles dépend d’un bon niveau d’estime de soi : capacité à s’affirmer, souplesse face aux événements, capacité de décision et respect des autres.

L’atelier se droulera comme suit :
- D’abord faire la connaissance de la présence et de ses attentes de l’atelier.
- Présentation d’un cas clinique sous forme d’un jeu de rôle entre les deux responsables de l’atelier : Mr B.
Mohammed, Âgé de 22 ans, se présentant en consultation TCC pour des problèmes relationnels : il se comportait dans les situations sociales sur le versant agressif.
- Demander aux participants de faire sortir les éléments de l’analyse fonctionnelle.
- Demander aux participants leurs propositions thérapeutiques.
- Présenter le prise en charge sous forme d’un jeu de rôle entre un des responsables de l’atelier et un des participants.
- Présentation brève des différents problèmes d’estime de soi et des techniques d’affirmation de soi.
- A la fin : *distribution au participants du questionnaire d’estime de soi de Cungi avec son interprétation.
*Distribution d’un auto-questionnaire évaluant l’atelier.

Savoir s’affirmer en toutes circonstances, Charly CUNGI.

French Language Roundtable

Approche transculturelle des TCC
Marc Willard, AFTCC, France
Panel Members: Ghanem Amara, Psychiatre Sousse (Tunisie); Jamal Chiboub, AMTCC, Rollon Poinsot, AFTCC

A l’heure de la mondialisation, il n’est plus possible de presenter un modèle psychotherapique immuable et strictement reproductible d’un pays e l’autre. Sans aborder des problemes ethnopsychiatriques, cette table ronde se propose de confronter la pratique de therapeutes et d’enseignants francais, tunisiens et marocains.

Poster session 5 – Adult Mental Health Part 2 and Basic Processes and New Developments

Internalized Sigma and treatment outcome of pharmacoresistant patients with anxiety disorders
Jan Prasko, University Hospital Olomouc, Czech Republic; Monika Cerna, Hospital Olomouc, Czech Republic; Klara Latalova, University Hospital Olomouc, Czech Republic; Daniela Jelenova, University Hospital Olomouc, Czech Republic; Dana Kamaradova, University Hospital Olomouc, Czech Republic; Zuzana Sedlackova, Palacky University Olomouc, Czech Republic

Although several studies have assessed the relationships between stigmatization and treatment outcome of psychotic patients, relative little is known about the role of self-stigmatization and treatment outcome in patients suffering with anxiety disorders. Our study is designed to search for the relation between self-stigmatization and treatment outcome of pharmacotherapy resistant patients suffering with panic disorder, generalized anxiety disorder, social phobia, OCD and PTSD treated in complex program (group cognitive behavioral therapy or psychodynamic group therapy with pharmacotherapy) for anxiety disorders.

72 patients with pharmacoresistant anxiety disorder recommended for in-patient complex therapeutic program (combination of cognitive-behavioral or psychodynamic therapy and pharmacotherapy) were assessed with clinical interview by a psychiatrist and a psychologist to determine an ICD-10 diagnosis and evaluated by ISMI (Internalized Stigma Of Mental Illness), a questionnaire focused on level of self-stigmatization, and by rating scales BAI, BDI, CGI, DES
to determine factors that effects functionality. OCD; as in all psychiatric diseases. Nonetheless some factors can be more effective on functioning of patients. Factors related an unrelated to illness can be effective on functionality in an objective assessment scale CGI, however, is not related to the changes in subjective rating scales such as the BDI, BAI and subjCGI.

Preiliminary results show, that patients with high level of self-stigmatization improved less in complex therapeutic program than patients with low level of self-stigmatization.

Supported by IGA MZ CR NT 11047-4/2010

Self-stigmatization could be very good predictor of therapy outcome

Internet based psychoeducative CBT programme for Bipolar patients treated with thymostabilisers

Klara Latalova, University Hospital Olomouc, Czech Republic; Monika Cerna, University Hospital Olomouc, Czech Republic; Dana Kamaradova, University Hospital Olomouc, Czech Republic; Marie Ociskova, Palacky University Olomouc, Czech Republic; Zuzana Sedlackova, Palacky University Olomouc, Czech Republic; Ales Grambal, University Hospital Olomouc, Czech Republic

Internet based therapy typically involves the interaction between a consumer and therapist via the Internet and incorporates the use of a structured Web-based treatment program for consumers to access in conjunction with therapist assistance.

The purpose of this open study will be to test the efficacy of therapist-assisted internet 12 module 4 month long self-help program based on cognitive behavioral approach (IB-CBT) with the treatment as usual (TAU) for bipolar affective disorder patients who are medicated with thymostabilisers.

Participants who recruit from the patients of the Psychiatric clinic Olomouc at time of start the maintenance pharmacological phase of the treatment of bipolar affective disorder will be randomized to the TAU (treatment as usual) and IB-CBT (12 modules of internet based CBT+ TAU). All participants will complete a clinical diagnostic interview, and a set of questionnaires to assess affective symptoms at four time periods (start of the maintenance treatment period and at follow up: 6 month, 12 month and 24 month. The study will be done in open conditions.

The results from the start of the maintenance treatment period will be present.

Supported by grant IGA MZ ČR NT11047

Internet psychoeducation could be good option to increase compliance in bipolar patients.

The Functions of Worry in Uncontrollable Situations – Perceived Effects of Worry and the Feeling of Being in Control

Simona Stefan, Babes-Bolyai University, Romania; Daniel David, Babes-Bolyai University, Romania

The current study investigated the correspondence between positive beliefs about worry and the actual functions of worry, as they are perceived on the spot, in a stressful, uncontrollable circumstance.

Participants (N = 79) were immersed in a stressful and uncontrollable situation, that of an impromptu speech. Half of the participants were randomly assigned into the experimental condition and were instructed to worry in relation to the forthcoming presentation, while the others were allocated to a mental distraction task condition.

Results showed that, while worrying, individuals did not report the expected effects of worry and did not obtain a higher sense of control. Therefore, even if individuals generally think that worry is beneficial, they do not experience such benefits while worrying.

All in all, the results of the current study indicate that, in uncontrollable situations, worrying is associated with a diminished sense of control and that even if people generally hold positive beliefs about the functions of worry, the supposed effects of worry will not emerge on the spot, offering immediate relief. At least in immediate uncontrollable circumstances, worry does not appear to serve the functions it is believed to serve.

These results provide additional support for the wide-spread clinical practice of disputing patients' beliefs about the utility of worry.

Assessment of Functioning in Patients with Obsessive-Compulsive Disorder

Mehmet Emrah Karadere, Hitit University Research and Training Hospital Psychiatry Clinic, Turkey; Yasir Safak, Ankara DYB Research and Training Hospital Psychiatry Clinic, Turkey; Erkan Kuru, Ankara DYB Research and Training Hospital Psychiatry Clinic, Turkey; Sevgi Dicle Gorkem, Ankara DYB Research and Training Hospital Psychiatry Clinic, Turkey; Mehmet Hakan Turkcapar, Hasan Kalyoncu University Department of Psychology, Turkey

Obsessive-compulsive disorder (OCD) is a chronic, distressing, and disabling illness that influences the family, academic, occupational, and social functioning of patients. Factors related an unrelated to illness can be effective on functionality in OCD, as in all psychiatric diseases. Nonetheless some factors can be more effective on functionality. Our aim in the study is to determine factors that effects functionality.
Ninety patients suffering from OCD and diagnosed according to Diagnostic and Statistical Manual of Mental Disorder-IV criteria attending the our outpatient clinic were assessed by Structured Clinical Interview for DSM Disorder, Clinical Global Impression Scale (CGI), the Yale-Brown Obsessive-Compulsive Scale (YBOCS), Global Assessment of Functioning (GAF) Scale, a socio-demographic questionnaire.

There was a highly strong negative linear correlation between YBOCS scores and GAF scores ($r=-0.925; p<0.001$). When patients were evaluated for socio-demographic characteristics that could affect the functionality; there wasn’t any statically significant difference for all (YBOCS, CGI, GAF) scores about gender, marital status, age, duration of education, occupational status. When patients were evaluated for clinical characteristics that could affect the functionality; there wasn’t any statically significant difference for all scores about duration of OCD and family history, conversely there was statistically significant difference for all scores about comorbidity.

Factors effecting quality of life in OCD patients were observed and poor life quality is found to be related with OCD. In our study we found that impaired functionality is related to high OCD symptom scores and comorbid depression. These findings should be supported with further studies.

The Multidimensional Disgust Scale: Confirmatory factor analysis and relationship with other measures of disgust

Bonifacio Sandín, Universidad Nacional de Educación a Distancia (UNED), Spain; Paloma Chorot, Universidad Nacional de Educación a Distancia (UNED), Spain; Rosa M. Valiente, Universidad Nacional de Educación a Distancia (UNED), Spain; Miguel A. Santed, Universidad Nacional de Educación a Distancia (UNED), Spain; David Pineda, Universidad Nacional de Educación a Distancia (UNED), Spain; Margarita Olmedo, Universidad Nacional de Educación a Distancia (UNED), Spain; Daniel M. Campagne, Universidad Nacional de Educación a Distancia (UNED), Spain

Disgust is a basic and heterogeneous emotion elicited by a wide range of stimuli that may communicate uncleanliness, contamination and the potential for disease. Some theory and empirical-driven classification systems of disgust have stimulated the creation of several self-report instruments for the assessment of disgust sensitivity. However, two main problems of current self-report scales of disgust are that (a) there is not a consensus about the domains of disgust to be assessed, and (b) all self-report scales were developed in the Anglo-Saxon culture. Thus, given the particular relationship of disgust to the individual’s culture, it is desirable to validate self-report instruments of disgust developed in different cultures. The aim of this work was to examine the structure of the Multidimensional Disgust Scale (Escala Multidimensional de Sensibilidad al Asco; EMA) and its relationship with other measures of disgust.

A sample of university students completed the EMA (Sandin et al., 2013), and the Spanish version of the Disgust Scale—Revised (DS-R; Haidt, 2008), the Disgust Propensity and Sensitivity Scale (DPSS-R; van Overveld et al., 2006), the Three-Domain Disgust Scale (TDDS; Tybur et al., 2009), and the PANAS scales (Watson et al., 1988). The EMA is a multidimensional 30-item new measure of disgust which was developed in Spain by Sandin et al. (2013).

Confirmatory factor analysis revealed a six-factor structure of the EMA, which matches to the 6 proposed dimensions of disgust: hygiene (body products), moral, sexual, body envelope transgression, small-animal, and deterioration/disease. Further, we found convergent and discriminant correlations between the EMA domains and other measures of disgust (DS-R, DPSS-R, and TDDS) and emotion (PANAS).

Findings provide support for internal consistency, factorial, convergent and discriminant validity of the EMA, and suggest its potential utility for research and clinical purposes.

Domains of disgust and symptoms of hypochondriasis and health anxiety

Paloma Chorot, Universidad Nacional de Educación a Distancia (UNED), Spain; Miguel A. Santed, Universidad Nacional de Educación a Distancia (UNED), Spain; Rosa M. Valiente, Universidad Nacional de Educación a Distancia (UNED), Spain; Bonifacio Sandín, Universidad Nacional de Educación a Distancia (UNED), Spain; Margarita Olmedo, Universidad Nacional de Educación a Distancia (UNED), Spain; David Pineda, Universidad Nacional de Educación a Distancia (UNED), Spain

Disgust has been associated to a mechanism that protects us against possible contaminants and disease. A number of studies have demonstrated a relationship between disgust and psychiatric symptoms and disorders, especially in relation to some anxiety disorders. However, recent research has suggested that most psychological disorders could be related to disgust experiences, including hypochondriasis and health anxiety. Amplified levels of disgust sensitivity are likely to alert the individual to possible sources of contamination, infection and disease. The aim of the present study was to examine relationships between disgust and measures of hypochondriasis and health symptoms.

A sample of undergraduates completed the Multidimensional Disgust Scale (Escala Multidimensional de Sensibilidad al Asco; EMA; Sandin et al., 2013; see Sandin et al., this congress), and the Spanish version of the Illness Attitudes Scale (IAS; Kelner, 1986), and the PANAS scales (Watson et al., 1988). The IAS is a 29-item scale that assesses psychopathology associated with hypochondriasis and abnormal illness behavior; it includes the following subscales: worry about illness, concern about pain, health habits, hypochondriacal beliefs, thanatophobia, disease phobia, bodily preoccupation, and effects of symptoms.
Nevertheless, our study found very slight indicators of self has been contested; based on Hoffman’s (1982; 2001) theory of empathy development, these reactions were said to be studies have shown that newborns react to the perceived distress of another, the true empathic nature of these reactions sense of the displayed distress, as evident in the hypothesis testing behavior, which increases with age. While for decad that at the age of 6 months, infants display significant concern for another’s distress in a manner that does not s

The human mind is, by nature, relational, since it is partially constituted through its interaction with other minds. In essence, understanding and feeling the emotions and experiences of another individual is part of what it means to be human. In light of the limited research studying empathy in infants prior to their first birthday, our aim was to explore how, if at all, does empathy manifest in in

We found significant association between measures of disgust and the IAS subscales after controlling for demographic variables (age and sex) and negative affectivity. In addition, a series of multiple regressions revealed that specific disgust domains differentially predicted specific kinds of hypochondriacal and abnormal illness behavior symptoms. A main finding of the present study is the strong relationship between domains of disgust and specific measures of hypochondriasis and health anxiety, even when negative affect was controlled. Implications of these findings concerning whether domains of disgust have a causal role in the acquisition and/or maintenance of hypochondriasis and health anxiety are discussed.

**Domains of disgust across the anxiety disorders**

Rosa M. Valiente, Universidad Nacional de Educación a Distancia (UNED), Spain; Miguel A. Santed, Universidad Nacional de Educación a Distancia (UNED), Spain; Bonifacio Sandín, Universidad Nacional de Educación a Distancia (UNED), Spain; David Pineda, Universidad Nacional de Educación a Distancia (UNED), Spain; Margarita Olmedo, Universidad Nacional de Educación a Distancia (UNED), Spain

Research on the emotion of disgust has shown that it is involved in a number of anxiety-based psychological disorders, such as specific phobias (in particular blood-injury and small-animal phobias) and obsessive-compulsive disorder (mainly contamination-based obsessive-compulsive disorder). However, there has yet to be a comprehensive comparison of disgust domains across the anxiety disorders. A sample of participants with a diagnosis of anxiety disorder, representing the six DSM-IV anxiety disorders (i.e., specific phobias, social phobia, panic disorder, generalized anxiety disorder, posttraumatic stress disorder, and obsessive-compulsive disorder), completed the Multidimensional Disgust Scale Scale (Escala Multidimensional de Sensibilidad al Asco; EMA; Sandin et al., 2013), and the Spanish version of the PANAS scales (Watson et al., 1988). The EMA is a 30-item self-report measure that assesses a total of six different dimensions of disgust, i.e., hygiene (body products), moral, sexual, body transgression, small-animals, and deterioration/disease.

Multivariate analyses of variance showed that EMA total scores associated with each anxiety disorder were greater than those of the control group. Relative to other diagnostic groups, specific phobias and obsessive-compulsive disorder (OCD) were associated with greater levels of disgust. In addition, these disorders were particularly related to elevated scores on the hygiene (OCD), small-animals (animal phobia) and body envelope transgression (blood-injection phobia) disgust subscales.

The content of such subscales of disgust imply possible transmission of contaminants and disease, and they correspond to the “core disgust” suggested by Rozin, Haidt and McCauley (2000). The pattern of results remained when negative affectivity was used as covariate (a main risk factor of anxiety disorders). The subscale of sexual disgust was not able to differentiate between individuals with anxiety disorders and the control group, nor between the diagnostic groups. The clinical implications of these findings are discussed.

**Exploring the Path to Empathy**

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The vast majority of infants in this study showed slight to moderate empathic reactions that tended to increase with age; the most significant change occurred between the ages of three and six months, as empathic concern and the urge to comprehend the situation increased from being slight to moderate.

If, according to Hoffman, true other-oriented empathy is not present during the first year of life, one would presume that the mean ratings of empathic concern and hypothesis testing would be low to non-existent. Nonetheless, results indicate that at the age of 6 months, infants display significant concern for another’s distress in a manner that does not significantly differ from that of infants at the age of nine months. Likewise, as early as three months of age, infants attempt to make sense of the displayed distress, as evident in the hypothesis testing behavior, which increases with age. While for decades studies have shown that newborns react to the perceived distress of another, the true empathic nature of these reactions has been contested; based on Hoffman’s (1982; 2001) theory of empathy development, these reactions were said to be self-centered in nature, mainly induced by self-distress in light of perceived distress and lack of self-other differentiation. Nevertheless, our study found very slight indicators of self-distress among participants.
This study contributes to several other pioneering studies in the field of empathy development in infancy, in that it attempted to extend the previous findings of empathic reactions among infants to younger ages. In addition, in an attempt to ascertain the nature of these empathic responses, (i.e. being independent of self-distress and therefore "true, other-oriented" responses), our study has found that infants were not distressed at the sight of another peer’s distress; rather, they tended to show concern and to try to comprehend the situation. Thus, this study adds to a growing body of research revisiting Hoffman’s theory of empathy development, as well as the theories positing empathic reactions as “contagious crying”.

A better understanding of the development of empathy as an innate mechanism rather than an acquired developmental-behavioral skill can improve the overall understanding of human relatedness and the underlying affective and cognitive structures.

Individual cognitive behavior therapy for Japanese patients with social anxiety disorder: preliminary outcomes and their predictors
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Cognitive behavior therapy (CBT) is regarded as an effective treatment for social anxiety disorder (SAD) in Europe and North America. Individual CBT might be acceptable and effective for patients with SAD even in non-Western cultures; therefore, we conducted a feasibility study of individual CBT for SAD in Japanese clinical settings. We also examined the baseline predictors of outcomes associated with receiving CBT. After enrolling in the study, patients received a CBT intervention for 14 weeks. Concomitant medications were permitted if the dose had been stable for at least 4 weeks prior to study entry and remained stable throughout the study. Patients were assessed by the self-rated Liebowitz Social Anxiety Scale at pre-CBT, mid-CBT and post-CBT time points. 20 subjects were received CBT and completed the outcome measures at all assessment points. The mean total score (Mean±SD) on the Liebowitz Social Anxiety Scale improved from 87.0 ± 22.5 to 48.2 ± 25.6 (before CBT to after CBT), and the within-group effect size at the end-point assessment was large (Cohen’s d = 1.72). None of the baseline demographic and clinical variables (gender, age, SAD subtype, duration of SAD, presence of comorbid disorder, length of education, use of medication, and presence of resistance to antidepressants) were significant predictors of outcomes. Our treatment—which comprises a 14-week, individual CBT program—seems feasible and may achieve favorable treatment outcomes for SAD in Japanese clinical settings. Further controlled trials are required in order to address the limitations of this study.

Individual CBT, which was originally developed in Western countries, seems feasible treatment for Japanese SAD patients.

Inhibition of return in a discrimination task: An eye-tracking study
Antje Gerdes, University of Mannheim, Germany; Georg Alpers, University of Mannheim, Germany
Inhibition of return (IOR) refers to a bias against returning the attention to a previously attended location. As a foraging facilitator it is thought to facilitate systematic visual search. In contrast, cognitive theories suggest a hypervigilance towards threatening cues and difficulty for anxious individuals to disengage attention from threat. Combining these two theories, in this experiment the influence of spider fear on the IOR effect was investigated.

A sample of 22 students completed an inhibition of return task including schematic representations of spiders and butterflies as targets and a dot as cue. Eye movements were recorded while participants had to discriminate if the target was a spider or a butterfly. Afterwards they rated the pictures according to their valence and arousal. Reaction time data did not reveal a significant IOR effect but a significant interaction of group and target; spider fearful participants were faster to detect spider targets than butterfly targets. Furthermore, eye-tracking data showed a robust IOR effect independent from the relevance of the stimuli used in the experiment. Interestingly, either outcome is a meaningful contribution to the literature and will help understand the boundary conditions of well documented attentional processes.

Effectiveness of group Cognitie Behavioural Therapy for Panic Disorder: a Multicentre Trial
Marti Santacana, Consorcio Sanitari de Terrassa, Spain; Miriam Morales, Hospital Universitari Mútua de Terrassa, Spain; Marta Doñate, Hospital Universitari Mútua de Terrassa, Spain; Guillem Pailhez, Hospital del Mar, Spain; Albert Bonillo, Universitat Autònoma de Barcelona, Spain; Antoni Bulbena, Hospital del Mar, Spain; Miquel Àngel Fullana, Hospital del Mar, Barcelona, Spain
Panic disorder (PD) is a well-defined syndrome, characterized by recurrent panic attacks and concern about future attacks and their implications. The efficacy (how it works in controlled trials) of individual cognitive-behavioral therapy (CBT) for PD is well established. However, less data are available on group CBT (GCBT) and its effectiveness (how it works in the “real” clinical world). The aim of our study was to evaluate the effectiveness of GCBT for panic disorder. Seventy-four patients diagnosed with panic disorder (with/without agoraphobia) coming from three clinical centers from Barcelona initiated a 10-week GCBT protocol, 59 of them (79.7%) completed the psychological treatment and the two assessments (pre and post intervention) and were included in the study (69.5% women, age range 18-61). Of the 59 patients included in the study, 48 (81.4%) were also receiving pharmacological treatment, that was kept stable for 8 weeks before and during GCBT. GCBT focused on 1) psychoeducation, 2) interoceptive exposure and 3) situational exposure. All
participants were assessed using the Spanish versions of the Panic Disorder Severity Scale-Self Report (PDSS-SR), the Anxiety Sensitivity Index-3 (ASI-3), the Sheehan Disability Inventory (SDI) and the Beck Depression Inventory-2 (BDI-2). A repeated-measure Student’s t-test was used to compare means between pre and post intervention scores. Statistically significant differences (p<0.01) were obtained on all scales administered. The results, in line with previous studies, suggest that GCBT is an effective treatment for panic disorder. Considering these results, dissemination and accessibility of GCBT for panic disorder is encouraged.

Psychological distress among students: Intercultural comparison between German, Chinese and Russian versions of Depression Anxiety Stress Scales

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Adaptations to novel living situations and changed social environments, financial issues and competitive pressure among students have been known to increase university students’ vulnerability to psychological problems. Thus, symptoms of psychological stress, depression and anxiety are common among young university students. Although high prevalence of mental health problems has been found in different student populations around the globe, intercultural differences in psychological distress are not well understood. Therefore, aim of this study was the assessment and comparison of psychological distress among students of different countries and cultural regions.

Symptoms of depression, anxiety and stress are frequently used as indicators for psychological distress. Therefore, translated short versions of Depression Anxiety Stress Scales (DASS-21) were presented to three large student samples in Germany, Russia and China (n = approx. 18,000).

Preliminary data analysis indicates significantly higher psychological distress among German students compared to the Chinese sample for depression (M=4.59, SD=4.54 vs. M=1.56, SD=2.40), anxiety (M=3.02, SD=3.39 vs. M=2.56, SD=2.67) and stress (M=7.46, SD=4.73 vs. M=2.82, SD=3.04). Final data analysis as well as the results of the Russian survey (data assessment is ongoing) will be part of the poster presentation.

Students in China reported significantly lower rates of depression, anxiety and stress compared to people studying in Germany. Further research is needed to specify if these findings indicate intercultural differences in coping-resources concerning the challenges of early adulthood and university education and to clarify which factors (e.g. social system or structure of academic training) contribute most to Chinese students’ perception of being relatively psychologically healthy.

Our study emphasizes intercultural differences in perceived psychological wellbeing and relatively high symptoms of depression and stress among German students. Therefore, cultural sensitivity and particular consideration for student-specific stressors specific could help European psychotherapists improving their therapeutic interventions.

Reliability and validity of the Spanish version of the Panic Disorder Severity Scale-Self Report Version

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The Panic Disorder Severity Scale self-report version (PDSS-SR) has been adapted into several languages, but no psychometric properties are available for the Spanish version of the instrument. The goal of this study was to assess the reliability and validity of the Spanish version of the PDSS-SR.

The Spanish PDSS-SR was administered to 121 psychiatric outpatients (67.7% women, age range 18-69 years) presenting for treatment at three different mental health centers from Barcelona (Spain). Participants had a primary diagnosis of Panic Disorder (11%) or Panic Disorder with Agoraphobia (89%). They completed other self-report measures including the Anxiety Sensitivity Index-3 (ASI-3) and the Beck Depression Inventory-II (BDI-II).

Internal consistency of the PDSS-SR was analyzed with Cronbach’s alpha. Participants completed a second administration of the PDSS-SR one week later and test-retest reliability was assessed using Spearman’s correlation. Convergent and divergent validity of the PDSS-SR were assessed calculating Pearson’s correlations of the PDSS-SR with the ASI-3 and BDI-II respectively.

Cronbach’s alpha was 0.86, showing excellent internal consistency. The PDSS-SR showed good test-retest reliability (r=0.75, p<0.01), moderate convergent validity with the ASI-3 (r=0.46, p<0.01)) and relatively low divergent validity with the BDI-II (r=0.55, p<0.01).

These results are similar to previous analyses on the original English version of the PDSS-SR and on previous adaptations of the instrument to other languages. They suggest that the instrument has excellent internal consistency and test-retest reliability and adequate convergent validity, but needs some refinement in terms of divergent validity.

Having a good psychometric instrument in order to assess the severity of the panic disorder in the everyday clinical practice would implicate being more able to evaluate not only the severity of the disorder but also the clinical evolution of the patients and the effectiveness of our interventions.
Is the cognitive techniques effective in the treatment of schizophrenia? A randomised control trial comparing CBT versus BT

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The literature suggests that CBT combined with medication is more effective than medication treatment alone in decreasing positive symptoms (Halperin et al. 2000, Mann and Chong 2004, Tarrier et al. 2001). But it is not clear which techniques are more effective. This study is a randomised controlled trial which aimed to compare behavioral and cognitive behavioral therapy combined with routine care (medication treatment), and routine care alone in patients with schizophrenia.

The study included 40 outpatients aged between 18 and 65 years from a Mental Health and Illnesses Hospital in Turkey that were diagnosed with schizophrenia according to DSM-IV. The inclusion criteria were the presence of auditory hallucinations or delusions, the absence of alcohol/drug dependence, organic deficit, mental/physical disability. 40 patients were randomly assigned to the groups. 15 patients received routine care plus group BT, 14 patients plus group CBT and 11 patients routine care alone. The group treatment program was conducted for 12 manual based sessions once a week by two therapists. The patients were assessed by a blinded-assessor using SAPS, SANS at pre- and post-treatment, also 3 month follow-up. The data were analyzed using the repeated measures ANOVA.

It was expected that there will be a significant reduction in the severity and frequency of hallucinations and delusions in two treatment group (BT and CBT). It was also expected that CBT group will be attened to be superior to BT group at least in some measures.

Results were discussed in light of the related literature.

Structured, flexible, solution oriented, applicable to large mass therapy sessions and more people who achieved to their aim.

Internet-based CBT for patients with depression in primary and psychiatric care

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Although guided internet-based CBT (iCBT) has been effective for depression in several studies there are few trials where patients have been recruited in clinical settings. The main purpose of this study was to investigate the effect of iCBT for patients in primary and psychiatric care.

A randomised controlled trial (RCT) was conducted to compare the effects of iCBT with an active control group. Seventy-two women and 23 men with mild-moderate depressive symptoms (15-30 on the MADRS-S) were included. The patients were recruited in primary and psychiatric care and a diagnostic in vivo SCID I and II – interview was conducted by a psychologist before inclusion to establish the diagnostic status of each patient. The sample contained patients diagnosed with Major Depression (MDD), Dysthymia, MDD in partial remission and Depressive Disorder NOS. They were randomly assigned to either iCBT or to an active control condition in which only general information about depression were given. Both groups received e-mail support from a clinical psychologist during treatment. Post-treatment SCID-interviews were conducted and follow-up questionnaires were completed after 6, 12 and 24 months.

The within group effect size (pre-post) for the iCBT group was 1.13 (d). Preliminary results indicate that significantly more patients in the iCBT had attained full remission compared to the information group at post-treatment. Follow-up data are still being collected and a complete data analysis is yet to be conducted. iCBT had a large effect in patients recruited within public health care, and the effect size seems equivalent to published RCT:s using non-clinical samples.

The results support the use and further development of iCBT for depression in primary and psychiatric care.

Is body image related to the egosyntonicity of symptoms in patients with Eating Disorders?

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Although it is assumed that Eating Disorder (ED) symptoms are egosyntonic, patients with ED also report recurrent and Unwanted Intrusive Thoughts, images, and/or impulses, with contents related to their eating and dieting concerns (UIT-EDs). The aim of the present study was to analyze to what extent Body Image (BI) dimensions predict the egosyntonicity/dystonicity of UIT-EDs in ED.

Ninety-eight patients (Anorexia Nervosa=36; Bulimia Nervosa=16; EDNOS =46) (mean age was =7.19 years (SD=9.59); mean BM=18.72 (SD=2.87)) fulfilled the the Egosyntonicity and Egodystonicity of UIT-ED (Belloch et al., 2012) and the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash, 2004). Significant relationships between Egosyntonicity-rationality of UIT-ED and MBSRQ-Overweight Preoccupation were found, while Egodystonicity-irrationality of UIT-ED was associated with MBSRQ-Appearance Evaluation (p<.001). MBSRQ- Overweight Preoccupation predicted the Egodystonicity-rationality of UIT-ED (R² = .15; B = .39; t= 2.48; p<.02), whereas MBSRQ-Appearance Evaluation and Body-Satisfaction predicted the Egodystonicity- irrationality of UIT-ED (R² = .28; B= .53;
We evaluate the veracity of a proposed distinction between two hypothetical dimensions of ruminative tendency, which

Don't start what you can’t stop: Differentiating individual differences in ruminative onset and

Differences in sex, comorbidity, family history and history of treatment among patients with early

Emotion in Motion: Assessing and modifying attentional bias in complex and dynamic

Differences in sex, comorbidity, family history and history of treatment among patients with early onset versus late onset panic disorder

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distinction between early and late age of onset seems to have clinical, etiological and therapeutic implications in mental disorders, including anxiety disorders. The average age of onset of panic disorder (PD) is 24 years, but cases with early (i.e., before 20 years) are common and this has been related to different clinical features GOAL: To assess the relationship between early versus late age of onset of PD and different socio-demographic and clinical features.

Participants: 159 patients (33.3% male) presenting for assessment and treatment between 2008 and 2010 at the Anxiety Unit (Barcelona, Spain) with a main diagnosis of PD. Statistical analyses: We compared participants with early-onset (€20) versus late-onset (€20) as regards to gender ratio, presence of agoraphobia, comorbidity, history of treatment and family psychiatric history using Chi-squared tests.

Forty-six patients (29.5%) exhibited early onset. There were no significant differences in gender ratio (p = 0.9), presence of agoraphobia (p = 0.41), comorbidity (p = 0.52), history of treatment (p = 0.74) and family psychiatry history (p = 0.5).

PD patients with early versus late-onset do not differ in most sociodemographic and clinical characteristics. It may not be necessary to include variations in CBT for PD among patients with early-onset versus late-onset.

Emotion in Motion: Assessing and modifying attentional bias in complex and dynamic environments

Ben Grafton, University of Western Australia, Australia; Lies Notenbaert, University of Western Australia, Australia; Colin MacLeod, University of Western Australia, Australia

Cognitive theories propose that an attentional preference for negative information plays a key role in the development of anxiety vulnerability. There is now a wealth of evidence demonstrating that elevated susceptibility to experience intense anxiety is associated with an attentional bias to negative information. More recently, investigators have established the causal status of this association by showing that the modification of negative attentional bias can serve to alter anxiety responses to a stressor. Of course, the capacity of such attentional bias modification (ABM) procedures to alter real-world anxiety will be maximised by ensuring the facets of attentional selectivity targeted for modification are most similar to those that operate in real-world settings. When considering the clinical impressions of how attentional selectivity operates in real-world environments, there is a striking contrast between how such attentional processing has been assessed and modified within the laboratory. The former is characterised by stimuli that operate within a dynamic environment, and the latter by stimuli that operate within a static environment. Thus, there is potential value in developing laboratory procedures that can assess and modify such dynamic attentional processing.

In this study, we report the development of a novel ABM procedure in which we introduce motion into complex displays. Specifically, participants were required to scan for and track a target stimulus embedded among an array of distractor stimuli which moved around the screen.

The findings reveal that our ABM procedure was indeed capable of assessing and modifying naturalistic styles of dynamic attention, and that such modification was particularly effective in attenuating anxiety reactivity to a laboratory stressor. Implications for the field of attentional bias modification will be discussed, with emphasis on the need for for the development of novel ABM procedures that can more powerfully modify attention bias.

There is growing evidence demonstrating that ABM procedures can therapeutically remediate the symptoms of emotional disorders (MacLeod & Mathews, 2012). The present research represents an important next step in the development of ABM procedures that may potentially serve as an everyday therapeutic tool for clinician’s in the treatment of emotional pathology.

Don’t start what you can’t stop: Differentiating individual differences in ruminative onset and

ruminative persistence, and their contributions to dysphoria

Ben Grafton, University of Western Australia, Australia; Colin MacLeod, University of Western Australia, Australia

We evaluate the veracity of a proposed distinction between two hypothetical dimensions of ruminative tendency, which plausibly represent dissociable facets of dispositional rumination, and whose interactive influence may make a particularly strong contribution to dysphoria. These dimensions are ruminative onset, the probability of experiencing ruminative symptoms when feeling upset, and ruminative persistence, the continuation of ruminative symptoms, once initiated.
Participants were 350 undergraduate psychology students (mean age = 20.1 years, SD = 6; female = 63%) who were asked three questions about each of the ruminative symptoms that comprise the RRS. They were first asked the original RRS question, concerning the degree to which they experience ruminative symptoms when feeling upset. They were then asked two additional questions about each ruminative symptom. One question assessed the probability that they would experience each ruminative symptom when feeling upset (ruminative onset), and the other assessed how long each ruminative symptom tended to persist once initiated (ruminative persistence).

Regression analyses revealed that both ruminative onset and ruminative persistence scores predicted independent variance in conventional RRS scores, indicating that they represent dissociable dimensions of ruminative disposition. Furthermore, as hypothesised, the interaction between these two facets of rumination did indeed make the greatest contribution to the prediction of variance in dysphoria, as assessed using the Beck Depression Inventory II (BDI-II). Ruminative onset and ruminative persistence do represent dissociable facets of ruminative disposition, and the interactive influence of ruminative onset and perseveration represents a particularly powerful predictor of dysphoria.

The present findings highlight the potential clinical importance of assessing these two hypothetical dimensional of ruminative tendency, such as, the improved identification of individuals at risk of developing clinical levels of dysphoria.

**Re-training Approach-Avoidance Tendencies by means of a General Positivity Training**
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In recent years, research extensively focused on the modification of cognitive biases found in various emotional disorders.

We developed an embodied cognitive bias modification (CBM)-training, modifying action tendencies to emotional pictures. During this approach-avoidance training participants react to diverse categories of positively and negatively valenced pictures, by pushing and pulling a joystick. Depending on the movement, the picture size increases or decreases, respectively creating an approach or avoidance impression. In a first study, we trained healthy students either on compatible trials, thus to approach positive and avoid negative pictures (Positivity Training; PT), or on incompatible trials, to approach negative and avoid positive pictures (Negativity Training; NT). Results showed that a pre-existing positivity bias (faster reactions on compatible than incompatible trials) could not be strengthened in the PT-group, but reversed into a negativity bias in the NT-group. This effect transferred to an attentional bias. The training, however, did neither affect mood after the training nor emotional vulnerability to stress. Arguing that it might be more difficult to further strengthen an already strong, pre-existing (positivity) bias than to reverse it, the PT still might affect approach-avoidance tendencies in individuals showing no, or a less pronounced positivity bias. In study 2, we therefore investigated the effectiveness of the PT in dysphoric and non-dysphoric students in a negative mood. Compared to a sham-training, the PT strengthened a positivity bias in both samples. Moreover, it reduced emotional vulnerability in dysphoric students, with the PT-group being less stressed by an anagram stress-task than the sham-training group.

**Cognitive Bias Modification, a Function of Learning or Priming**
Helen Standage, University of Essex, UK

The Cognitive Bias Modification (CBM) paradigm has been used extensively to examine the influence that processing bias has on affective experience. With respect to scenario-based CBM, systematic presentation of large numbers of positively or negatively toned vignettes has been shown to modify the manner in which participants interpret subsequent novel ambiguous information. Furthermore this successful shift in interpretation bias has frequently been reported as impacting upon emotional vulnerability. However, a frequent question that has arisen in past research is whether CBM is based on learning or priming. This experiment attempts to distinguish between priming versus learning mechanisms by drawing on the predictions of the Adaptive Control of Thought (ACT*) framework of learning (Anderson, 1983, 1987). The ACT* identifies three components found to strengthen learning but not priming (practice, participation in the learning task and feedback).

Participants in the “learning condition” received 100 training scenarios involving a word fragment task with feedback. Participants in the “priming condition” received 10 training scenarios with no word fragment task and no feedback. Induction of an interpretation bias was significantly greater for participants in the learning compared to the priming condition. However changes in emotional vulnerability were comparable across the learning and priming groups. The results suggest that that the cognitive machinery underpinning a bias modification is indeed learning. However, subsequent affective changes appear to depend upon a priming rather than learning mechanism. The experiment adds further insight into the cognitive mechanisms that underpin the success of CBT and other cognitive therapies.

**The Predictive Value of Experiences Related to War/Combat Exposure for Post-Traumatic Stress Disorder (PTSD) Symptoms: A Study With Portuguese Colonial War Veterans**
Teresa Carvalho, CINEICC, University of Coimbra, Portugal; Marina Cunha, CINEICC, University of Coimbra, Portugal; José Pinto-Gouveia, CINEICC, University of Coimbra, Portugal

Little is known about associations between post-traumatic stress disorder (PTSD) symptoms and variables related to Portuguese Colonial war/combat exposure in veterans. This study aims to explore this relationship.
The present research has clinical implications for the cognitive treatment of individuals with OCD. Results will be discussed in terms of therapy effects related to overvalued ideas and their impact on treatment response (F(1, 90) = 201.86, p < .001, eta = .69). Preliminary analyses demonstrate that having a lower degree of conviction towards obsessions has a significantly positive impact on treatment response (F(1, 90) = 201.86, p < .001, eta = .69). Results will be discussed in terms of therapy effects related to overvalued ideas. The present research has clinical implications for the cognitive treatment of individuals with OCD and overvalued ideas.

A sample of 650 general Portuguese Colonial War veterans was collected. In this group we identified two non-clinical subgroups with and without war-related PTSD (n = 118 and n = 532, respectively). PTSD was assessed by self-report instruments according to DSM-IV-TR diagnostic criteria. A clinical sample of 40 war veterans with PTSD assessed by a structured diagnostic interview was also recruited. All participants completed a battery of self-report questionnaires addressing PTSD symptoms (PCL-M) and variables in study (missions time, missions number, severity of exposure to stereotyped situations of Portuguese Colonial War and consequent emotional distress, exposure to repeated stressors resulting from the war-zone environment, perceived threat, peritraumatic dissociation and deployment social support). We found significant correlations between PTSD symptoms and the severity of the exposure to war/collaborations, consequent emotional distress, exposure to stressors in war-zone environment, combat and non-combat threats, altered awareness and desrealization. Statistically significant differences were also found for these variables between the two non-clinical subgroups, with PTSD veterans presenting higher scores. Non differences were found between the PTSD non-clinical subgroup and the clinical group. Hierarchical multiple regression showed that predictor variables produced a significant model accounting for 58.00% of the variance in PTSD symptoms. Data corroborate results found in previous studies (King, King, Gudanowski, & Vreven, 1995; King, King, Foy, Keane, & Fairbank 1999).

Understanding the nature of PTSD in large population of Portuguese Colonial War veterans, particularly their predictors, will maximize the results of prevention and treatment and promote de public health.

A cognitive-behavioral program for clinical perfectionism in an academic setting: pilot study results

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The self-evaluative component of perfectionism can be construed as a discrepancy between actual and ideal standards. This construct is usually linked with psychological distress and some mental disorders (e.g., depression). In spite of a growing research on the treatment of perfectionism, few studies have applied a psychoeducational strategy with university students, a well-known risk population. Hence, this study seeks to evaluate the impact of a psychoeducational intervention (PI) on students.

PI involved five weekly group sessions. Measures of perfectionism (discrepancy) and psychological distress (anxiety and depression symptoms) were taken on the initial week, the fifth week, and three months after the completion of PI. We expect an improvement on those variables at the end of the program. Follow-up data are not available yet, so analyses yield only two-points. PARTICIPANTS: 17 students out of 31 (24 females, 7 males, mean age 29, sd 11) completed PI. No statistical differences were met on clinical and socio-demographical variables in dropout-completion group. Significant differences were found at pre-post PI for both perfectionism and clinical measures [Discrepancy = t (13)= 5.15, p < .0001; Depression = t (13)=5.56, p < .0001; State-anxiety = t (13)= 4.10, p < .001; Trait-anxiety = t (11)=3.21, p < .01]. Effect sizes (d) were large for all variables (from .88 to 2.99).

Should data at follow up confirm this trend, we will design a new controlled intervention.

Obsessive-compulsive disorder: efficacy of inference-based therapy

Magali Purcell Lalonde, Fernand-Seguin Research Center, Canada; Magali Purcell Lalonde, Fernand-Seguin Research Center, Canada; Marie-Eve St-Pierre Delorme, Fernand-Seguin Research Center, Canada; Valérie Perreault, Fernand-Seguin Research Center, Canada; Kieron O’Connor, Fernand-Seguin Research Center, Canada

Obsessive-compulsive disorder (OCD) is one of the most prevalent anxiety disorders, affecting between 2 and 3% of the North American population. This psychological disorder poses many therapeutic challenges. The literature demonstrates that approximately 25% of individuals suffering from OCD refuse to participate in recognized treatments such as Exposure and Response Prevention and approximately 20% drop out of treatment prematurely because they report it being too anxiety-provoking. Inference-Based Therapy (IBT) was developed in response to criticisms addressed to conventional treatments for OCD. Inferential confusion, a central concept addressed in IBT, is defined as a confusion between reality and possibility, where the person with OCD persists in his/her obsessional belief despite sense information to the contrary. Many studies have demonstrated a moderate to high association between inferential confusion and OCD symptoms. Preliminary results show that IBT’s effectiveness is comparable to CBT, but is more effective to treat individuals with overvalued ideas or a high degree of conviction towards obsessions. In the present study, 91 participants completed the 20-week IBT therapy program at the Fernand-Seguin Research Center in Montreal.

Preliminary analyses demonstrate that having a lower degree of conviction towards obsessions has a significantly positive impact on treatment response (F(1,90) = 201.86, p < .001, eta = .69). Results will be discussed in terms of therapy effects related to overvalued ideas. The present research has clinical implications for the cognitive treatment of individuals with OCD and overvalued ideas.
Temperament factors influence attentional bias in social perception
Nina M. Pintzinger, University of Vienna, Austria; Daniela M. Pfabigan, University of Vienna, Austria; Nadine Schueller, University of Vienna, Austria; Ilse Kryspin-Exner, University of Vienna, Austria
So far, biased attentional processes have been mainly investigated as correlates of psychiatric symptomatology. Therefore, the aim of the present study was to examine whether attentional biases are also present in healthy samples and whether information processing is influenced by two temperament factors, avoidance and approach temperament.
141 students (89 women) participated in this study. The two temperament factors were indirectly assessed administering the NEO-FFI (neuroticism and extraversion), the PANAS (actual feelings and emotions) and the BIS/BAS-scale (temperament). According to Mauer & Borkenau (2007), a principal component analysis was calculated to derive the two temperament factors. To measure early attentional processes a dot-probe task with pictures of complex neutral, pleasant and unpleasant social situations was administered. In order to capture orienting as well as sustained attention, pictures were presented for 100 ms and 500 ms. Indices for attentional biases were calculated based on reaction times.
In trials capturing processes related to sustained attention, participants low on approach temperament showed higher difficulties in disengaging from unpleasant social situations than participants high on this trait. No differences between participants scoring high and low on avoidance temperament could be observed. We found that attentional biases are also present in healthy participants; therefore we conclude that they should not only be considered as symptoms of psychopathology, but also as correlates of personality traits. So far, attentional biases have primarily been considered as correlates of depression and anxiety disorders. If they can also be considered as correlates of personality traits, changes in attentional biases could serve as an indicator for therapy outcome in a broader range of CBT studies.

Impact of motivation in an inference-based therapy for OCD
Marie-Eve Delorme, Fernand-Seguin Research Center, Canada; Magali Purcell Lalonde, Fernand-Seguin Research Center, Canada;
Kieron O’Connor, Fernand-Seguin Research Center, Canada
Inference-based therapy (IBT) is a cognitive therapy program developed in response to criticisms addressed to conventional treatments for obsessive-compulsive disorder (OCD). Indeed, the literature demonstrates that approximately 25% of individuals suffering from OCD refuse to participate in recognized treatments such as Exposure and Response Prevention and approximately 20% drop out of treatment prematurely because they report it being too anxiety-provoking. It has been established that motivation is a crucial factor in the effectiveness of psychotherapy. Despite the fact that motivation is directly related to treatment adherence and therapeutic gains, few studies have addressed its role in OCD treatment.
Ninety one participants completed the 20-week IBT therapy program at the Fernand-Seguin Research Center in Montreal. A correlation of $r = .22$ was found between motivation and anxiety measures and $r = .26$ between motivation and depression measures. Also, repeated measure ANOVAs demonstrated a higher dropout rate among participants with overvalued ideas ($F (1,54) = 4.10, p < .05$).
This study has implications for the treatment of OCD involving overvalued ideas and motivation. The present research has clinical implications for the cognitive treatment of OCD involving overvalued ideas.

The roles of state-like self-focus to depressed mood and problem solving
Masaki Mori, The University of Tokyo, Japan; Keisuke Takano, Nihon University, Japan; Yoshihiko Tanno, The University of Tokyo, Japan
Previous studies have suggested that self-focused attention has a maladaptive aspect that exacerbates depressed mood and hinders problem solving, whereas it has also an adaptive aspect associated with facilitation of self-regulation or enhanced problem solving. To distinguish adaptivity from maladaptivity, researchers have investigated mainly qualitative differences of self-focus. However, the timing when focusing on self is also important to consider the roles of self-focus. In the present study, we hypothesized that state-like self-focus previous to problem-solving behavior promotes problem-solving progress through enhanced self-regulation, whereas self-focus concurrent with problem-solving behavior inhibits progress through heightened depressed mood.
The Day Reconstruction Method was administered to undergraduate and graduate students ($N = 50$). The participants reconstructed previous day in sequential episodes, and rated state-like self-focus score and depressed mood in each episode. They were also asked whether each episode was problem-solving episode or not, and to rate problem-solving progress.
Multilevel modeling showed that concurrent self-focus significantly associated with depressed mood ($B = .10, p < .01$) and inhibited problem-solving progress ($B = -.01, p < .05$), whereas previous self-focus weakly associated with subsequent depressed mood ($B = .04, p < .05$) and had no significant effect on the progress ($B = .00, n.s.$).
The results regarding concurrent self-focus are consistent with our hypothesis. However, self-focus in previous episode had no effect on subsequent problem-solving progress. Because previous self-focus had a significant association with subsequent depressed mood that can impair problem solving, the positive function of previous self-focus was possibly canceled out.
Intervention to improve problem-solving ability is effective for treatment of various psychological maladjustments. Previous researchers have suggested that suppression of a maladaptive type of self-focus (e.g. rumination) is effective for
this intervention. In addition to this proposal, the results of the present study suggest that the timing of self-focus is also important. When individuals are trying to solve problem, suppression of self-focus likely contributes to effective problem solving.

Comparing the role of washing and non-washing behaviour on the reduction of mental contamination
Ryotaro Ishikawa, Chiba University, Japan; Osamu Kobori, Chiba University, Japan; Eiji Shimizu, Chiba University, Japan
Mental contamination is the experience of contamination-related feelings of dirtiness despite the absence of direct physical contact with a contaminant. This paper investigated whether feelings of mental contamination are reduced by neutralisation behaviours such as hand washing.
49 female participants were split into the experimental group (n = 24; asked to wash their hands and gargle with water after participating in the Dirty Kiss task, used to evoke mental contamination) and control group (n = 25; asked to wait without engaging in any behaviour after the Dirty Kiss task). Indices of mental contamination (feeling of dirtiness, urge to wash, and negative emotions) were measured before, immediately after, 5 min after, and 20 min after it was evoked. The indices of mental contamination did not significantly differ between the experimental and control groups at any point, even after controlling for anxiety, depression, and fear of physical contamination. However, in both group, the indices of mental contamination at immediately after Dirty Kiss task were significantly decreased at Post 1 (5 min after Dirty kiss task). The present study demonstrated that washing behaviours no more effective than waiting to reduce mental contamination in the short term.
Mental contamination would decrease appreciably during the first 5 min post exposure to inducing mental contamination, regardless of whether participants engaged in washing behaviours or not. It is possible that a habituation effect can occur if a person does not attempt to wash after mental contamination.

Development of the Exposure to Combat Severity Scale of the Combat Experiences Questionnaire (QEC)
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Combat exposure has a negative impact on individuals’ physical and mental health, being an important risk factor for Post-traumatic Stress Disorder (PTSD). This study aimed to develop the first section (Section A) of a new self-report measure, the Combat Experiences Questionnaire (CEQ) and investigate its psychometric properties on Portuguese Colonial War veterans. This independent scale assesses the severity of exposure to objective and typical combat situations. To analyze suitability and comprehensibility a 23 items pool was completed by 30 veterans. Its structure was explored through the Rach model in a sample of 708 veterans, as well as its divergent ability. Test-retest reliability was assessed in a subset of 112 participants who answered the questionnaire three weeks later. In order to assess discriminant capacity, a clinical group of veterans with PTSD (N = 40) and a non-clinical group without PTSD (N = 47) were established based on a structured diagnostic interview. All the subjects completed the QEC, the PTSD Checklist-Military, the Beck Depression Inventory and the Anxiety and Stress Scales of DASS-21.
Results suggest that the 23 items correspond to a single component structure that, after aggregation of certain response categories, presents an adequate fit to the data. The QEC reveals excellent test-retest reliability and significant correlations with PTSD, depression, anxiety and stress symptoms. It shows a good capacity to discriminate between veterans with and without PTSD symptoms.
Section A of the QEC was found to be valid and reliable. Future studies should confirm these results.
Since combat exposure is an important risk factor associated with psychopathology developed by war veterans (particularly PTSD), QEC future application to the Portuguese Colonial War veterans will enable a more complete clinical assessment and a consequent maximization of therapeutic gains.

The effect of emotion regulation difficulties and interpersonal problems on negative mood in youth
Seda Sapmaz, Ege University, Turkeu; Serap Tekinsav Sütcü, Ege Univesity, Turkey
Personal factors such as emotion regulation and interpersonal problems have been increasingly studied across the variety of psychological problems. Accordingly new treatments have been developed specifically target these areas. Understanding the patients’ difficulties such as emotion regulation and interpersonal relationship is crucial to not only reduce the symptom but also establish the therapeutic alliance. This study aims to investigate the effect of interpersonal problems and emotional regulation, as personal difficulty factors, on negative mood (depression, anxiety, stress) in youth. Approximately four-hundred undergraduate students participated in the study. In the present study, it was used Depression Anxiety Stress Scale 42 (DASS) to assess negative mood. In addition to DASS, participants completed the Grat and Roemer’s Difficulties in Emotion Regulation Scale and Inventory of Interpersonal Problems. The data were analyzed using the regression analysis. A regression analysis was used to examine the relationships between difficulties in emotion regulation, interpersonal relation and negative mood.
Positive general beliefs and cognitive appraisal dimensions as a buffer against depression in unemployed aged over 45 years

Maruta Ludane, University of Latvia, Latvia; Ieva Bite, University of Latvia, Latvia

The aim of this study is to expand the stress – cognitive vulnerability model of depression into cognitive resources direction. Instead of assessing only vulnerability factors, in this study the role of positive cognitions which might serve as a resource after facing such critical life event as job loss were assessed.

It is tested how such personal beliefs as Coping Self-efficacy (CSE) (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) and General (Dalbert et al., 1987) and Personal Belief in Just world (PBJW) (Dalbert, 1999) and cognitive appraisal dimensions (challenge, loss, threat and reversibility) play in the development of depressive symptoms after job loss. The impact of these cognitive factors is compared with situational and socio demographic factors: length of unemployment, age, income and relationship status.

Results from a sample of 209 unemployed people aged over 45 years show that all positive cognitions: Coping Self-efficacy (-0.50; p < 0.01), Personal (-0.34; p < 0.01) and General (-0.31; p < 0.01) Belief in Just world; Challenge (-0.31; p < 0.01) and Reversibility (-0.32; p < 0.01) cognitive appraisal dimensions are statistically significantly (reversely) related to depression. Coping Self-efficacy being the strongest predictor of depressive symptoms even comparing to socio demographic variables and such cognitive appraisal dimensions as Loss and Threat.

Results deepen the understanding of mechanism how cognitions interact with characteristics of such critical incidents as job loss influencing development of depression.

The study has practical implications, as it shows the importance of strengthening positive cognitions after facing such events as job loss.

Approach- Avoidance Tendencies towards Dominant and Submissive Emotional Faces in Social Anxiety

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Socially anxious individuals were found to automatically avoid social cues such as emotional facial expressions, that convey feedback about other peoples’ reactions to them. Avoiding these cues is problematic: it prevents them to experience positive feedback from others that would disconfirm their fears of being disliked. A factor that may influence avoidance of emotional facial expressions is perceived dominance and submissiveness in social situations. The present study investigates whether submissiveness and dominance cause different approach- avoidance tendencies towards emotional faces in high and low socially anxious individuals.

Pictures of emotional faces (happy, angry, neutral) in a dominant and submissive posture were used as stimuli in an approach- avoidance task (AAT; Heuer, Rinck, & Becker 2007). The results presented here refer to the first part of the testing period. Twenty-five low socially anxious and seven high socially anxious individuals participated in this timeframe in the study. A significant 3- way interaction of status, emotion, and response direction was found (F = 24.717, p <0.00). In line with expectations, dominant angry faces were faster pushed than pulled, and faster pushed than dominant happy faces. Dominant happy faces were faster pulled than pushed, and faster pulled than both dominant and submissive angry faces. Contrary to expectations, submissive smiling faces were faster pushed than pulled. No significant group differences emerged at this stage of the testing phase.

The perception of dominance and submissiveness influences approach- avoidance tendencies towards emotional faces. The results of this study advance our knowledge about automatic approach-avoidance tendencies in social anxiety disorder and give insights into implicit cognitive processes that are targeted in CBT.

Introducing a new paradigm in experimental pain research: can fear-avoidance beliefs be formed through evaluative conditioning?

Robert Sielski, Philipps-University of Marburg, Germany; Winfried Rief, Philipps-University of Marburg, Germany; Julia Anna Glombiewski, Philipps-University of Marburg, Germany

Fear-avoidance beliefs (FABs) have been shown to be important in the development and maintenance of chronic pain. Little is known about the mechanisms lying behind the acquisition of FABs. The aim of this study is to develop a new experimental paradigm that allows inducing and manipulating FABs in healthy individuals and pain patients to reach deeper knowledge of their acquisition.
Evaluate conditioning (EC) refers to the transfer of valence of positively/negatively affected stimuli (USs) to neutral stimuli (CSs) due to their co-occurrence. EC effects are assessed indirectly via the Affective Priming Task (APT). As FABs represent negative attitudes toward movements, we investigated EC effects in a pain-free sample (n = 40; 70% female; mean age 22.6 ± 2.9) by pairing neutrally rated pictures from the Photographic Series of Daily Activities (PHODA; CS) with negatively affected words (USs). To our knowledge, no study has investigated the acquisition of FABs in an EC-APT-paradigm yet. We expect to induce FABs by manipulating valences of PHODA pictures.

First, the applicability of PHODA pictures was explored online. 121 students (74% female; mean age 22.8 ± 2.8) and 21 CLBP patients (100% female; mean age 48.7 ± 7.8) rated valences of PHODA pictures. 74% were rated as "not at all" or "little harmful" by students whereas patients rated all pictures as "harmful" or "very harmful". In the experimental study, results in the APT indicated proof for an implicit negative shift of valence for CS+.

The presented EC-APT-paradigm is a promising experimental design to investigate relevant factors in the development of FABs. Implications for subsequent experiments and clinical interventions to reduce FABs in CLBP patients are discussed. As FABs have an important influence on the development and maintenance of chronic pain, results could give a better understanding for clinicians (CBT) about how to treat effectively chronic low back pain patients regarding their FABs or how to deal with acute LBP patients so as to they don’t develop strong FABs. Further clinical implications are possible.

Changes of picturing of ‘selves’ of Social Anxiety Disorders
Yasuko Tanaka, Chiba University, Japan

Social Anxiety Disorder (SAD) has a tempting concept of ‘self’s’, fearing of social or performing situation in which embarrassment may occur (American Psychiatric Association, 2000) and how they might be perceived from others with the self-focused attention. On this study two cases of effects on picturing one-selves would be reported.

Main intervention of the first case would be discussed with the audio visual-feedback session and how the self-focused attention of picturing oneself and the changes are reported. On the second case, the dropping the safety behaviors and the ‘processing of a self of as social object’ (Clark & Wells, 1995) had changed the perceiving through the figure of the Draw-A-Person test (DAP; Machover, 1952) are reported.

On the first case the audio visual-feedback had a impact and the scale of Liebowitz Social Anxiety Scale (L-SAS; Lievowitz, Heimberg, Sciner & Hope, 1999) had dropped to 3 from the 62 points and on the second case the L-SAS had dropped to 47 from 85 points.

On the first case the audio visual-feedback had an impact and the scale of Liebowitz Social Anxiety Scale (L-SAS; Lievowitz, Heimberg, Sciner & Hope, 1999) had dropped to 3 from the 62 points and on the second case the L-SAS had dropped to 47 from 85 points. Changes picturing of ‘self’s’ had an effect from the Cognitive Behavioral Therapies and in the future research the potential of imagery such Koslyn’s Spontaneous use of Imagery Questionnaire might be a good tool for high imagery users.

The potential implications for clinical practice of CBT would be SAD and Depression and how it is hard to keep just in the protocol, although it also helps my practice to treat the clients.

Unwanted intrusive thoughts in OCD and ED patients: which variables predict the experienced disruption?
Gemma García-Soriano, Universitat de València, Spain; Amparo Belloch, Universitat de València, Spain; Maria Roncero, Universitat de València, Spain; Conxa Perpiñá, Universitat de València, Spain

Unwanted clinically relevant intrusive thoughts images or impulses (UIT) are described as any distinct, identifiable cognitive event that is unwanted, unintended, recurrent, disrupt the ongoing activity, and is difficult to control (Clark, 2005). The aim of this study is to analyze which variables predict the disruption caused by the most disturbing intrusion in two clinical samples experiencing UIT: obsessive-compulsive disorder (OCD) and eating disorder (ED) patients.

Seventy-nine OCD and 177 ED patients chose their most upsetting UIT and appraised it using a self-report instrument (INPIOS and INPIAS respectively).

A series of separate hierarchical multiple regression analyses were conducted for each sample using UIT disruption score as DV, and introducing appraisals, emotional reactions and control strategies in steps 1-3 respectively. For the OCD sample, the regression model predicted a 39.3% of the OIT disruption variance, with difficulty controlling the thought, importance of controlling the thought, and intolerance to uncertainty entering in the final equation. For the ED sample, a 47.2% of the EIT disruption variance was explained, with difficulty controlling the thought, importance of the thought and negative emotional reaction entering as significant individual predictors.

A similar percentage of the UIT disruption variance was predicted in both samples, with only one variable, Importance of controlling the thought, explaining both samples variance. Control importance and intolerance to uncertainty emerged as relevant in predicting UIT disruption only in OCD patients, while importance of the thought and negative emotional reactions predicted UIT disruption in ED patients. Supported by MICINN (PSI2010-18340 & PSI2009-10957). Knowing the variables that predict the disruption caused by unwanted intrusive thoughts will help clinicians to have a better psychopathological definition of OCD and ED patients, and points out the relevance of working on specific dysfunctional beliefs and appraisals about thoughts and thought control not only with OCD but also in ED patients.
Change in acceptance and action-orientation after online CBT for anxiety and worrying in a Swedish student health center

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Internet-delivered CBT has been proved to be effective for a wide range of psychiatric conditions, but trials tend to focus on a single diagnosis which might hamper implementation in routine care. A total of 40 patients where recruited at a student health care center and received one of two different Internet-delivered CBT/ACT treatments, one focusing on anxiety (N=27) and the other on excessive worrying (N=13). The patients had a wide range of psychiatric diagnoses and the main outcome focus was on acceptance and action-orientation as measured by AAQ-II before and after treatment. The treatment lasted for 8-10 weeks, was given either at spring or fall 2012, and therapist contact was provided by personnel at the student health care center under supervision from a psychologist who had developed the program.

A pooled within-group effect size of Cohen's d=1.44 was found for the time factor. The anxiety focused treatment program had an effect size of Cohen's d=1.36 and the AAQ-II-score was elevated (higher is better) from a mean of 32.1, 95% CI [28.5, 35.7] to 46.7, 95% CI [41.9, 51.5]. For the worry focused treatment program the within-group effect size was Cohen's d=1.80 and the AAQ-II-score at pre-treatment was 34.1, 95% CI [31.0, 37.2] and at post-test 46.2, 95% CI [41.3, 51.0]. Missing follow-up data (N=5) was imputed using last-observation carried forward.

A heightened level of acceptance and action-orientation was found after the treatment compared to pre-treatment measures for both the anxiety- and worry-focused treatments. There are several weaknesses of the present trial, most notably the small sample, the heavy reliance on a self-report questionnaire for measuring acceptance and the absence of a control condition.

Exploring the buffer role of Self-compassion and Decentering in Borderline Personality Disorder

Julieta Azevedo, Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal

Several studies have shown that shame memories, poor attachments and lack of memories of warmth and safeness, are related to the development of borderline symptomatology (Paris, 2008). This type of experiences and specifically shame feelings have a significant impact on emotional vulnerability, behavioral dysregulation and self-identity, key features on PBP (Linehan, 2008; Castilho, 2011). Recent studies reveal that borderline patients show low levels of self-compassion and the presence of hatred self (a form more toxic of self-criticism) predicts the possibility of occurrence of self-harm, in these patients (Castilho, 2011). The current study pretends to explore the impact of shameful and traumatic events in borderline symptomatology and comprehend the contribution of self-compassion and decentering on their maintenance. The objective of this study is to examine the relationship between measures of shame memories, self-compassion, decentering and borderline symptoms and their severity. We also intend to investigate a mediator model in which it is predicted that the self-compassion and decentering mediates the association between shame memories and borderline symptomatology. The sample was constituted by 30 outpatients diagnosed with Borderline Personality Disorder, identified by clinicians, and it was collected in two Hospitals of Coimbra region and some private offices. We used structured interviews to diagnose BPQ and other possible comorbidities (BPDSI-IV, SCID-I & II).

We expected that more severe borderline symptomatology will be associated positively with higher impact of stressful/traumatic events, trauma related shame and internal shame as well. We also expect that memories of warmth and safeness in childhood are associated with lower borderline symptomatology, working as a protector factor. When individuals score lower in memories of warmth and safeness, and have traumatic shame events, we predict that higher scores of self-compassion and decentering may decrease the impact of those negative events on borderline pathology. This will be presented at the time of the congress, because the study is still in progress. This study will give information about some critical factors, that seem to have a big impact in the development of borderline symptomatology. If we understand which factors work as boosters and which ones work as protectors, we can apply these in to the clinical practice, by promoting skills that protect and help the subject dealing with the negative effect of traumatic and shamefull events in the past.

The effects of Attention Bias Modification Training on avoidance behavior

Mike Rinck, Radboud University Nijmegen, The Netherlands; Muriel Hagenaars, Radboud University Nijmegen, The Netherlands

Research on the relationship between attentional biases and action tendencies in response to threat stimuli has often focused on subjective reports of anxiety symptoms. However, automatic behavioral responses such as avoidance movements - a defensive response to threatening stimuli - has received less attention. Moreover, it is unclear whether attentional biases have causal effects on automatic avoidance behavior. Therefore, we studied whether an experimentally trained attentional bias towards angry faces (social threat) causes automatic avoidance of these faces. To answer this question, we used Attention Bias Modification (ABM) towards angry faces and away from smiling faces. In addition, this study investigated whether individual differences in behavior could be explained by social anxiety measures, state-trait anxiety and negative life event traumas.
Female students (N=150) from Radboud University Nijmegen (The Netherlands) were randomly assigned to a positive training, negative training or placebo training. Subsequently, they were presented with smiling, neutral, and angry faces of males and females while their automatic responses (approach/avoidance) were measured by means of the Approach Avoidance Task (AAT). Furthermore, the Liebowitz Social Anxiety Scale (LSAS), State-Trait Anxiety Inventory (STAI), and the Negative Life-Events Trauma Questionnaire (NLETQ) were administered.

Results are currently being analyzed. It is hypothesized that ABM towards angry faces will result in increased automatic avoidance in response to social threats. Moreover, higher scores on social anxiety measures, state-trait anxiety, and negative life event traumas are hypothesized to be associated with increased behavioral avoidance.

The results of the study will be discussed.

A better understanding of the automatic behavioral response to threat might generate relevant clinical applications which can be used for the treatment of anxiety disorders. If our findings demonstrate that ABM towards angry faces increases automatic threat responses such as avoidance, the logical next step would be to examine whether training away from angry faces will decrease automatic threat responses. This training could for example be used for the treatment of individuals with social anxiety disorders, who are found to have an attentional bias towards angry faces.

Symptoms of perinatal depression in women and men: longitudinal study
Diana Zande, University of Latvia, Latvia; Sandra Sebre, University of Latvia

The objective of this longitudinal study was to examine symptoms of depression in mothers and fathers during the perinatal period in Latvian sample.

A sample of women (n=145) and their partners (n=145) were recruited during the 3rd pregnancy trimester and have completed Edinburgh Postnatal Depression Scale (EPDS, Cox, Holden, & Sagovsky, 1987) and The Gotland Male Depression Scale (GMDS, Zierau, Bille, Rutz, & Bech, 2002) at three points of time: in the 3rd pregnancy trimester, 3 months and 6 months after the childbirth.

23 % of mothers and 12 % of fathers showed >10 points at EPDS; 16 % of mothers and 6 % of fathers showed > 15 points at GMDS at third trimester of pregnancy. 21 % of mothers and 10 % of fathers showed >10 points at EPDS and 13 % of mothers and 5 % of fathers showed >15 points at GMDS three months after childbirth. 21 % of mothers and 8 % of fathers showed >10 points on the EPDS; 12 % of mothers and 6 % of fathers showed > 15 points on the GMDS six months after childbirth. Strong correlations were found between symptoms of depression in mothers and fathers at all points of time. High percent of mothers and fathers show increased level of symptoms of depression at all three points of time. These results are consistent with recent metaanalytical findings.

Emotional memories, compassion and empathy and its role in social safeness
Cláudia Sintra Vieira, University of Coimbra, Portugal; Paula Castilho, University of Coimbra, Portugal

Compassion perceived as the ability to being touched by the suffering of others, maintaining an attitude that doesn’t criticize, kindness, tolerance, acceptance and the desire to reduce the suffering of others, has emerged as one of the important constructs present in studies of mental health, psychotherapy as well as associated with other concepts such as empathy (MacBeth & Gumley, 2012; Castilho, P. & Pinto-Gouveia, 2011). This corresponds to the ability to put ourselves in another’s position and update us on their experiences, which is a major component of compassion. Many studies have shown that just like compassion, empathy is related to happiness and can act as be protection from various negative psychological conditions, such as fear, anger, jealousy and revenge (Gilbert, 2005, 2010; Neff, 2003a; Mongrain, & Chin Shapira, 2011). We also know that the presence of attachment security promotes skills and empathic responses and compassionate towards others (Collins & Feeney, 2000; Gillath et. al. 2005). This current study explores the relation between warmth memories, compassion, empathy and social safeness. Furthermore, we want to investigate the mediator effect of compassion and empathy on the relationship between warmth memories in infancy and social safeness.

A battery of self-report instruments measuring the variables in study was administered to 300 participants from the general community population.

The results, if confirmed, showed that these constructs are key to social safeness and connection. The study is still under investigation, however at the time of the congress it will already be completed. In order to understand the idiosyncrasies of each patient is important first of all to understand the development of certain cognitive and behavioral patterns. Therefore, studying the general population will be an added value for exploring how these processes develop but also how we can promote therapeutically compassion, empathy and social safeness in patients with mental disorders.

Effectiveness of Group Cognitive Behavioral Therapy for Obsessive-Compulsive Personality Disorder
Diana Polo-Rangel, CST, Spain; Cristina Enero, CST Spain; Anna Soler, CST, Spain; Sara Cardona, CST, Spain; Elena Flores, CST, Spain; Mireia Ribas, CST, Spain; Roser Guillamat, CST, Spain

Even thought Obsessive-Compulsive Personality Disorder (OCPD) is present in approximately 7.9% of general population1, few studies have evaluated the effectiveness of Group Cognitive-Behavioral Therapy (G-CBT) in those patients. The present study aim to investigate G-CBT effectiveness across the following outcome measures: pre-post treatment assessment comparisons and treatment discharge.
Participants were 92 adult out-patients (51.1% male) with an average age of 42.64 years (sd= 8.02) who met DSM-IV-TR criteria for OCPD. G-CBT consisted of up to 12 members and 10 sessions of 60 min each. Patients were evaluated pre and post treatment with the following questionnaires: Beck depression inventory (BDI), State-Trait Anxiety Inventory (STAI), Multidimensional Perfectionism Scale (MPS), State trait Anger Expression inventory-2 (STAXI-2), Rosenberg Self-Esteem Scale (RSES) and Grambrill and Richey Assertion Inventory (GRAI).

Considered criteria for recovered patients was to achieve a significant enough clinical improvement as to be discharged and don’t need to re-consult in the year after treatment completion.

Statistical analysis was performed using the Statistical Package of Social Sciences (SPSS 18.0). Statistically significant differences (p<0.05) were found between all pre-post treatment measures: BDI, STAI, GRAI, RSES and MPS. Recovery frequency was 59.8% (n=55).

Considering OCPD prevalence and preliminary results it might be, therefore, important to implement G-CBT for OCPD in public mental health services. The results suggest that G-CBT for OCPD is effective to improve depressive, anxiety and anger symptoms, self-esteem, assertion and perfectionism as well as recovery frequency at 1-year. However, this study presents methodological limitations (lack of control group, follow-up absence) so more research in this direction would be necessary.

Considering OCPD prevalence and preliminary results it might be, therefore, important to implement G-CBT for OCPD in public mental health services.

Changes in Obsessive Compulsive Personality Disorder core symptoms after Group Cognitive-Behavioral Therapy

Elena Flores-Márquez, Consorci Sanitari de Terrassa, Spain; Sara Cardona, Consorci Sanitari de Terrassa, Spain; Cristina Enero, Consorci Sanitari de Terrassa, Spain; Anna Fargas, Consorci Sanitari de Terrassa, Spain; Diana Polo-Rangel, Consorci Sanitari de Terrassa, Spain; Anna Soler, Consorci Sanitari de Terrassa, Spain.

As currently formulated in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), essential features of obsessive compulsive personality disorder (OCPD) include preoccupation with details and rules; self-limiting perfectionism; excessive devotion to work and productivity; over conscientiousness; retention of worn out or worthless items; reluctance to delegate tasks and works; miserliness toward self and others; rigidity and stubbornness. The "Mini-Inventario de rasgos Anacasticos de la Personalidad" second version (MIRAP-2, Ramos) and the "Inventario de rasgos de personalidad obsesiva" (Vallejo) are two available tools to assess OCPD’s main features. On this way, the target of this study was to assess Group Cognitive-Behavioral Therapy (G-CBT) therapeutic effectiveness in changing OCPD’s nuclear symptoms.

Thirty patients diagnosed with OCPD agreed to take part in the study. All participants were assessed using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Each CBT group consisted of approximately 10 patients who completed 10 one-hour sessions. For pre and post treatment assessment, the following questionnaires were used: MIRAP-2 and the "Inventario de rasgos de personalidad obsesiva". Statistical analysis was performed using the Statistical Package of Social Sciences (SPSS18.0).

Statistically significant differences (p<0.05) were found between pre-post measures in both assessment tests.

The results suggest that G-CBT is effective to improve some of OCPD’s nuclear symptoms. Besides, this data question the diagnostic stability of OCPD as others recent studies point. However, our study presents methodological limitations so more research in this direction will be necessary.

Considering OCPD prevalence and preliminary results it might be, therefore, important to implement G-CBT for OCPD in public mental health services.

Effects of a 9 week-Mindfulness-, Self-Compassion- and Loving Kindness Meditation Programme on Patients with Chronic Depression

Johannes Graser, Goethe University Frankfurt, Germany; Volkmar Höfling, Goethe University Frankfurt, Germany; Charlotte Wesslau, Goethe University Frankfurt, Germany; Ulrich Stangier, Goethe University Frankfurt, Germany.

Established mindfulness interventions such as MBSR and MBCT have proven successful in reducing symptoms in acute (Hofmann, Sawyer, Witt & Oh, 2010) and chronic (Bahnhofer, Crane, Hargus, Amarasinghe, Winder & Williams, 2009) depression. Little research has been conducted on further meditation and mindfulness practices such as Loving Kindness Meditation and Self-Compassion practices. As depression is associated with self-criticism (Murphy, Nierenberg, Monson, Laird, Sobol & Leighton, 2002) Loving Kindness Meditation and Self-Compassion practices could be a useful tool for reducing depressive symptoms as these techniques foster a more benevolent and therefore adaptive way to relate to oneself (eg. Frederickson, Cohn, Coffey, Pek & Finkel, 2008; Neff & Germer, 2013).

In an outpatient clinic a pilot trial using these techniques on patients suffering from chronic depression is currently conducted.

A nine week programme in a group setting with n=11 patients suffering from chronic depression (dysthymia or major depression for at least 2 years without sufficient recovery) is currently being executed. We hold eight weekly 2-hour group therapy sessions where the meditation techniques are learned and a 4-hour retreat, which was recently held (Session 5) to deepen the practice. To introduce the patients to the practice of meditation we used basic mindfulness exercises such as...
focusing on breath, sounds and body sensations and subsequently introduced Self-Compassion and Loving Kindness exercises. We also collect data from a waiting control group which will receive the treatment afterwards.

The following constructs are measured pre/post and 3 months after the treatment:

Depressivity, Self-Compassion, Mindfulness, Rumination, Self-Esteem, Emotion Regulation Styles (Suppression, Reappraisal, Acceptance) and Dysfunctional Atitudes. The results will be presented on the poster at the conference.

The outcomes of the study will be discussed on the final poster at the conference, since at this point in time (Session 5) it is too early to discuss the effects of the treatment. The following issue, however, can already be pointed out. Especially in the beginning of the therapy for some of the patients the practice of the basic mindfulness exercises seems to be easier than the Self-Compassion and Loving Kindness exercises. In some patients the latter led to a self-criticizing reaction like "I don't deserve compassion". This phenomenon is also mentioned by Gilbert (2010) and is an important issue we address in the weekly sessions.

If this trial shows a positive effect of Self-Compassion and Loving Kindness exercises in patients suffering from chronic depression the therapeutic options for the therapy of chronic depression could be extended.

The Self and Other Scale: a second step toward its French validation in patients with depression

Adriano Zanello, HUG Department of Mental Health and Psychiatry, Switzerland; Sandra Huri, HUG Department of Mental Health and Psychiatry, Switzerland; Jean-Pierre Bacchetta, HUG Department of Mental Health and Psychiatry, Switzerland

The Self and Other Scale (SOS) is a short self-administered instrument assessing Insecure and Engulfed Self construction dimensions. In the present study we examined further its psychometric properties.

Thirty-two patients middle age patients with mood disorders were administered the SOS as well measures of psychiatric symptoms (MADRS, HAMA, BSI), of clinical outcome (HONOS, GAF), of attachment style (Collins) and personality (BFI)

Significant correlations between the two SOS dimensions and symptomatology were found: a) the Insecure Self was associated to MARDs (r=0.56, p<.001), to Anxiety-BSI (r=0.58, p<.001) and to Psychotism (r=0.42, p<.017) and b) the Engulfed Self is associated to Obsession-Compulsion-BSI (r=0.38, p<.03) and to Paranoid-BSI (r=0.38, p<.03). No other correlation reached statistical significance.

In patients with mood disorders the Insecure and Engulfed Self dimensions were more strongly related to psychiatry symptoms than to similar constructs (e.g. attachment, and personality dimensions). Self construction seems to be unrelated to social functioning.

Individual cognitive behavioral therapy for Japanese patients with social anxiety disorder: preliminary outcomes and their predictors

Naoki Yoshinaga, Chiba University, Japan; Satoshi Matsuki, Chiba University, Japan; Osamu Kobori, Chiba University, Japan; Eiji Shimizu, Chiba University, Chiba, Japan

Cognitive behavior therapy (CBT) is regarded as an effective treatment for social anxiety disorder (SAD) in Europe and North America. Individual CBT might be acceptable and effective for patients with SAD even in non-Western cultures; therefore, we conducted a feasibility study of individual CBT for SAD in Japanese clinical settings. We also examined the baseline predictors of outcomes associated with receiving CBT.

After enrolling in the study, patients received a CBT intervention for 14 weeks. Concomitant medications were permitted if the dose had been stable for at least 4 weeks prior to study entry and remained stable throughout the study. Patients were assessed by the self-rated Liebowitz Social Anxiety Scale at pre-CBT, mid-CBT and post-CBT time points.

20 subjects were received CBT and completed the outcome measures at all assessment points. The mean total score (Mean±SD) on the Liebowitz Social Anxiety Scale improved from 87.0 ± 22.5 to 48.2 ± 25.6 (before CBT to after CBT), and the within-group effect size at the end-point assessment was large (Cohen’s d = 1.72). None of the baseline demographic and clinical variables (gender, age, SAD subtype, duration of SAD, presence of comorbid disorder, length of education, use of medication, and presence of resistance to antidepressants) were significant predictors of outcomes.

Our treatment—which comprises a 14-week, individual CBT program—seems feasible and may achieve favorable treatment outcomes for SAD in Japanese clinical settings. We found no significant pretreatment predictor of the outcomes.

CBT developed in Western cultures may be effective for Japanese SAD patients.

Does metacognition make a unique contribution to hypochondriacal symptoms in addition to neuroticism, illness cognition and somatosensory amplification?

Robin Bailey, UClan & University of Manchester, UK; Adrian Wells, University of Manchester, UK

Somatosensory amplification (e.g. Barsky, 1992), illness cognition (e.g. Salkovskis & Warwick, 1986) and neuroticism (e.g. Noyes et al 2003) have all been linked to health anxiety. The first two factors are disorder specific, however neuroticism is a general vulnerability connected to a range of disorders. In the metacognitive model, (Wells 2009) beliefs about thinking have been implicated in the development of psychopathologies, but little is known about the contribution of individual differences in metacognition to health anxiety specifically.

A cross-sectional design was employed with convenience sampling used for participant selection. Participants (N=351) completed a questionnaire battery and the following hypotheses were tested: (1)metacognition will show a significant positive correlation with health anxiety and (2) the relationship between metacognition and health anxiety will remain
significant after controlling for variables normally associated with health anxiety, i.e., neuroticism, somatosensory amplification and illness cognition. Hierarchical multiple regression analysis were run to test hypotheses and determine the best independent metacognitive predictors.

The results supported each of the hypotheses and revealed three independent metacognitive predictors of hypochondriasis: "negative metacognitive beliefs about uncontrollability and danger", "beliefs about the need for thought control" and "cognitive confidence". These findings are consistent with the proposal that metacognition may have a role in health anxiety, and it demonstrates the predictive potential of specific metacognitions over and above other established correlates of symptoms. As a result, future research would be helpful to better clarify the role of metacognition in the development and maintenance of health anxiety.

Does adding Imagery rescripting to CBT treatment, for those with OCD, with images that relate to traumatic memories, reduce distress and images

Colette Kearns, Dublin, Ireland

CBT has been proven as the psychological treatment of choice for OCD. However a large proportion of clients do not achieve improvement or dropout of treatment. The group of clients who present with images are seen as a group which may be more difficult to treat and may need some added interventions. Speckens et al (2007) found 81% of an inpatient sample with OCD have images and 2/3 relate directly to traumatic memories. The question being answered is; does adding imagery rescripting to CBT treatment reduce distress and images for those whose images relate to traumatic memories? This is a single case design of 3 clients with OCD where images relate directly to traumatic memories. All 3 have a 'fear of harming' others OCD. CBT Treatment A involved ERP and the Salkovskis model (1999) over 8 sessions. CBT treatment B was imagery rescripting of the format from Arntz & Weertmann (1999) over 4 sessions. Measures were done weekly of distress, image frequency and YBOCs rating.

CBT treatment as usual was associated with a moderate improvement in distress, image frequency and YBOCs for all 3 clients. Imagery rescripting was associated with a continued improvement on all ratings to levels that would indicate recovery. The improvements were maintained in follow up. The conclusions are that the combinations of treatments are a successful total package of treatment.

The number here was small. There was one subtype involved only, suggesting this could not be generalised to other groups. A question might be; would continued CBT up to 12 sessions have yielded similar results?

A recommendation would be to test out this format of treatment with a larger group. A recommendation is that adding imagery intervention for those with OCD images should become regular clinical practice.

Cognitive behavioural group therapy for depression in a naturalistic setting

Morten Hvenegaard Pedersen, Copenhagen University Hospital, Denmark; Jeanne Molin, Copenhagen University Hospital, Denmark; Stine Bjerrum Moeller, Copenhagen University Hospital, Denmark

Group CBT is an effective treatment of depression, however, one third of patients does not respond satisfactorily (McDermut et al, 2001). Residual symptoms following treatment is a common problem as 30-50% of remitted patients present residual symptoms by the end of treatment (Kennedy & Paykel, 2004). Rumination, a process of recurrent negative thinking and dwelling on negative affect, is a common residual symptom (Riso et al, 2003; Kim et al, 2012). Rumination has been evidenced as a crucial vulnerability to depression (Smith & Alloy, 2009), predicting the onset, severity and duration of future depression (Nolen-Hoeksema, 2000).

The study investigated the effect of a standard manualized group CBT treatment for depression in a naturalistic clinical setting. We hypothesised that standard CBT for depression only had a moderate effect, and that depression and rumination co-correlated calling attention to the usefulness of including a direct focus on rumination in the treatment of depression.

The study is longitudinal comparing the participants before and after a 12-weeks group treatment in a psychiatric outpatient service receiving 200-250 patients with depression per year. Participants, N = 50, were diagnosed with depression by a psychiatrist and symptoms were assessed with Major Depression Inventory, WHO-5 well-being scale and Ruminative Response Scale.

44 patients completed treatment. Data is not yet analyzed, but will be presented at the conference. ANOVA test for mean comparisons, correlations and regression analysis will be used. Results will be discussed in relation to contemporary research on rumination and depression and conclusions regarding clinical implications will be highlighted.

Potential clinical implications are evidence suggesting that CBT for depression should target rumination in order to eliviate depressed symptoms.

Initial Validation of the Italian Version of the Anxiety Sensitivity Index-3 (ASI-3): Factor Structure, Reliability and Validity in Community and Clinical Samples

Andrea Pozza, Miller Institute for Behavioural and Cognitive Therapies, Italy; Davide Dèttore, Department of Health Sciences, University of Florence, Italy
Anxiety Sensitivity (AS), the fear of arousal-related sensations, is a risk factor for the development of Anxiety Disorders, particularly Panic Disorder (PD). The Anxiety Sensitivity Index-3 (ASI-3) is an 18-item measure developed to assess AS, based on the most commonly replicated factor solution, consisting of Physical Concerns (for example the belief that palpitations lead to a cardiac arrest), Social Concerns (the belief that publicly observable anxiety reactions will elicit social refusal) and Cognitive Concerns (the belief that cognitive difficulties lead to insanity). The current study presents the initial validation of the Italian version of the ASI-3 in a community sample and in a group of patients with a primary diagnosis of PD or other Anxiety Disorders.

The Italian version of the ASI-3 and the State and Trait Anxiety Inventory-form Y were administered to 407 individuals from the general population and to 35 patients with a primary diagnosis of PD or other Anxiety Disorders. Exploratory and confirmatory factor analyses supported the three dimensions of AS in the community sample. All the three dimensions of the ASI-3 showed good reliability (Cronbach’s Alphas ranging from 0.80 to 0.90). Concurrent validity was supported as the ASI-3 dimensions strongly correlated with state and trait anxiety measures. The dimensions clearly differentiated anxious patients from non-clinical controls.

The ASI-3 shows good psychometric properties and it seems to be a promising measure for the research on the development and treatment of Anxiety Disorders.

Future research is required to investigate which dimensions of the measure could be related to specific Anxiety Disorders.

In search of the trauma memory: A meta-analysis of functional neuroimaging studies of symptom provocation in Posttraumatic Stress Disorder (PTSD)

Gudrun Sartory, University of Wuppertal, Germany; Jan Cwik, University of Wuppertal, Germany; Helge Knuppertz, University of Wuppertal, Germany; Benjamin Schürholt, University of Wuppertal, Germany; Ralf Schulze, University of Wuppertal, Germany

Notwithstanding some discrepancy between results from neuroimaging studies of symptom provocation in posttraumatic stress disorder (PTSD), there is broad agreement as to the neural circuit underlying this disorder. It is thought to be characterized by an exaggerated amygdalar and decreased medial prefrontal activation to which the elevated anxiety state and concomitant inadequate emotional regulation are attributed. However, the proposed circuit falls short of accounting for the main symptom, unique among anxiety disorders to PTSD, namely, reexperiencing the precipitating event in the form of recurrent, distressing images and recollections.

Coordinate-based meta-analyses employing ES-SDM (Effect Size Signed Differential Mapping) were carried out on 19 studies with 274 PTSD patients. Thirteen of the studies included 145 trauma-exposed control participants. Compared to controls and the neutral condition, PTSD patients showed significant activation of the mid-line retrosplenial cortex and precuneus in response to trauma-related stimuli. These areas have been implicated in self-referential processing and salient autobiographical memory. PTSD patients also evidenced hyperactivation of the anterior cingulate gyrus and bilateral amygdala to trauma-relevant, compared to neutral, stimuli. Patients showed significantly less activation than controls in sensory association areas such as the bilateral temporal gyri and extrastriate area which may indicate that the patients’ attention was diverted from the presented stimuli by being focused on the elicited trauma memory.

Being involved in associative learning and priming, the retrosplenial cortex may have an important function in relation to trauma memory, in particular, the intrusive reexperiencing of the traumatic event.

The results suggest that exposure to the traumatic event may be beneficial to PTSD.

Do individual differences in Heart Rate Variability predict the emotional impact of life events? A prospective study

Joana Duarte, University of Coimbra, Portugal; Joana Duarte; José Pinto-Gouveia, University of Coimbra, Portugal

The capacity to regulate emotions is vital to social functioning (Eisenberg, 2001) and mental health (Gross & Munoz, 1995). Emotion regulation depends critically on an individual’s ability to adjust physiological arousal on a momentary basis (Gross, 1998). A key system involved in the generation of this physiological arousal is the autonomic nervous system (ANS). The ANS is subdivided into sympathetic nervous system (SNS) and parasympathetic nervous system (PNS) that often interact antagonistically to produce varying degrees of physiological arousal. A flexible ANS allows for rapid modulation of physiological and emotional states in accordance with situational demands. The ease with which an individual can transition between high and low arousal states is dependent on the ability of the ANS to rapidly vary heart rate. The heart rate variability (HRV) is a measure of the continuous interplay between sympathetic and parasympathetic influences on heart rate that yields information about autonomic flexibility and thereby represents the capacity for regulated emotional responding. Individual differences in HRV have been associated with differences in emotion regulation (Melzig et al., 2009; Ruiz-Padial et al., 2003; Thayer and Brosschot, 2005) and with psychopathology (e.g., Bernston & Cacioppo, 2007). The aim of this study is to explore whether the individual differences on the levels of HRV would prospectively predict the impact of positive and negative minor life events. In addition to HRV, we will also explore the role of self-compassion and coping styles.

A sample of university students will complete self-report measures at Time 1 and Time 2 (one month later), assessing the variables in study, namely self-compassion, coping styles, positive and negative affect, depression, anxiety and stress and life events, and their resting HRV will be measured.
It is expected individuals with higher HRV will report less impact of negative life events, as a result of their regulated emotional responding. The same pattern is expected for individuals high on self-compassion and rational coping style. Heart rate variability is an accessible research tool, and an objective measure of regulated emotional responding, that can increase the understanding of emotion in social and psychopathological processes.

Research supports the utility of HRV as a noninvasive, objective index of the brain’s capacity for emotional regulation. As regulated emotional responding plays a central role in mental health, incorporating HRV in research designs can deepen our understanding of the neurobiology of psychological disorders which has clear clinical implications. Also, HRV can be used as a reliable and objective measure of the effectiveness of several interventions.

A meta-analysis of the effectiveness of reappraisal and acceptance in experimental studies: Implications for the cognitive-behavioral framework
Silviu Matu, Babeş-Bolyai University, Romania; Daniel David, Babeş-Bolyai University, Romania

Three recent meta-analytic studies compared the effectiveness of different emotion regulation strategies in experimental studies, but they do not offer clinically informative responses regarding the effectiveness of reappraisal and acceptance, as these analyses either do not take into account both strategies (Augustine & Hemenover, 2009), strategies are not conceptualized in accordance to clinical perspective (Webb et al., 2012) or relevant comparisons for the effectiveness of these strategies are not reported (Kohl et al., 2012). In this meta-analysis, we compare the effectiveness of reappraisal and acceptance in experimental settings and try to overcome the limitations of previous analysis by taking a clinical perspective in defining the two strategies, and comparing effectiveness both with control group and between strategies.

PsychInfo and PubMed searches were performed using “emotion regulation”, and “reappraisal” or “acceptance” as words in title or abstract. Only studies published in English language peer-reviewed journals, that manipulated reappraisal and/or acceptance, and contrasted them with other emotion regulation strategies, were included. Twenty five studies met our inclusion criteria, and 267 Cohen’s d effect sizes were calculated for five categories of outcomes: self-reported emotions, physiological reactivity, and behavioral, cognitive, and attitudinal measures.

We found a small overall effect size when comparing reappraisal with no instruction (d=0.40) and medium overall effect sizes compared to acceptance (d=0.68) and suppression (d=0.65). For acceptance, we found a small and not significant effect size in comparison to control (d=0.30), and a negative and not significant effect size in comparison to suppression (d=-0.07). Several moderators of these effects were tested, but none explained data heterogeneity. Detailed comparisons on specific outcomes are reported.

Our results are similar to other meta-analytical studies who also found small to medium effect sizes in the case of reappraisal. Yet, results on the effectiveness of acceptance are contrasting, and might be due to more rigorous comparisons in our study, with control and separated other emotion regulation strategies. Limitations, such as unexplained heterogeneity for some comparisons, and implications for cognitive-behavioral framework are discussed.

Our results suggest that further explorations are needed to understand in which conditions and what other mechanisms are required to be present so that putatively adaptive emotion regulation strategies could alter negative affect.

Attention bias modification in fear of snakes and fear of spiders
Xijia Luo, Radboud University Nijmegen, The Netherlands; Anja Barth, Radboud University Nijmegen, The Netherlands; Lea Rengers, Radboud University Nijmegen, The Netherlands; Eni Becker, Radboud University Nijmegen, The Netherlands; Mike Rinck, Radboud University Nijmegen, The Netherlands

Attention Bias Modification (ABM) is used to manipulate attention biases in anxiety disorders, in order to reduce clinical symptoms of anxiety. So far, ABM has been successful in social anxiety disorder and generalised anxiety disorder, but not in spider phobia. The question addressed in the current studies is whether ABM may be more successful in other specific phobias than spider phobia. In the first study, a modified dot-probe task was used to train early attentional vigilance away from snake pictures or towards them, in students varying in fear of snakes. The expected effect of the training on attention was found. The training effect also extended to fear-related behaviour: Participants whose attention had been trained away from snakes kept a smaller distance to a real snake in a Behavioural Avoidance Test, and they showed lower physiological arousal during the test. The same attentional bias training was used in the second study, this time with spider pictures and participants varying in fear of spiders. The data of this study are still being analysed. The results will reveal more about the effects of ABM on different types of specific phobias.

Saturday 28th September – morning session

Keynote Addresses
Compassion Focused Therapy and the Fear of Compassion
Paul Gilbert, University of Derby, UK
This talk will give a brief overview of the origins and nature of Compassion Focused Therapy. One of CFT key aims is to increase affiliative positive emotion to self and others. The talk will outline how these emotions evolved to become are powerful regulators threat processing and emotional reacting, affiliative emotion is strongly linked to well-being. However, this talk will also draw attention to recent research that shows that many people with mental health problems can have a fear and resistance to this affiliative and compassion based positive affect. This has major implications for threat regulation. This talk will explore current research on this difficulty and how to address it in therapy.

Prevention of couple distress and child behavioral problems
Kurt Hallhweg, University of Braunschweig, Germany
The quality of family life is fundamental to the well-being of the community. The stability of the family has a pervasive influence on the psychological, social, economic and cultural well being of children, parents, and society. Many significant health, social, and economic problems are linked to the breakdown of family relationships. In industrialized western countries approximately 45% of marriages will end in divorce. And in approximately 70% of the divorces, children are involved with negative consequences for their future well-being. Not only do children experience their parents’ divorce, but they also witness parental conflict and distress as well as the lack of a warm positive relationship with parents, insecure attachment, and harsh, inflexible and inconsistent discipline tactics. These are risk factors for a range of poor child outcomes including depression, withdrawal, conduct disorder, poor social competence, health problems, and academic underachievement. Strengthening couple, parenting, and family skills has the potential to improve the quality of life and health status of children, our future generation. Two main areas of prevention have been used this goal: couple interventions and parenting training. Over the last 30 years, many clinical trials have demonstrated the efficacy and effectiveness of couple interventions and parenting training programs to prevent family distress and child behavior problems. In this paper, the state of the art of the effectiveness of family prevention will be summarized. However, while there is convincing evidence for the effectiveness, the impact of these programs on a public health level is questionable. Therefore the most important question for the next ten years is: Are we ready to disseminate our effective interventions to the public? This paper describes necessary to disseminate a public health model of couple therapy and prevention. E.g., do we have sufficient knowledge of risk and protective factors? Are there “ready to use” resources (e.g., treatment manuals, psycho-educational materials)? Are there effective training and supervision programs available? Do strategies exist that help to build sustainability? And: Do we have continuous quality control measures to monitor the ongoing implementation of the interventions?

Is there anything we can learn from "sufism" to enhance awareness and understanding?
Mehmet Sungur, Medical Faculty of Marmara University, Istanbul
One problem confronting psychiatric practices is that they lack a theoretical framework adequate to provide meaning for its clients. Frequently it also fails to provide a meaning for its practitioners. Eastern disciplines do focus on meaning but they employ a strategy in which the use of intellect and reason is neither central nor basic to the process. On the other hand, modern Westeners need technical means specific to their time and culture. This is where the sufī enters the picture.
Sufism is not only some mystical religion. It is a science in that it presents a particular body of knowledge, contains certain principles and has specific aims and results. The "sema" ceremony in the Mevlevi tradition symbolizes deserting the ego, finding the truth and returning from spiritual journey as a man who has reached maturity. Underlying all our activities are purposes that give meaning and direction to our efforts. If the purpose is removed the activities may cease as in the case of whirling dervishes who would not be able to turn continuously without an ultimate purpose. Sufis ask about the purpose of human life and psychologists ask about the purpose of their interventions. If reducing mental suffering and enhancing mental health are the main goals in psychiatry; we deal well with the first part of our goal but what steps can we take further to enhance mental health? Our contemporary scientific knowledge has little to say about meaning itself, except to suggest that humans impose meaning; they do not discover it. According to the sufi approach the purpose of human life may be outside the perceptual spectrum of the ordinary person and the goal of sufism is to widen that spectrum and thus providing sight and awareness. Sufism states that automatic thinking, conditioned associations and indoctrinated values limit human perception and receptivity. Psychiatry has recognized the existence of ‘anomie’, an ‘illness’ of meaninglessness, of alienation or estrangement from one’s fellows. One obstacle to relatedness and closeness is the concept of ‘opposites’. When things are seen as opposites, people chose only one of them (either the good or the bad, either the pain or pleasure). According to Sufis when one recognizes poison in nectar and nectar in poison, that is the time when death (estrangement) and life (relatedness) becomes one. Opposites merge and they no longer need to remain opposites. Sufis believe that God turns people from one feeling to another and teaches by means of opposites, so that we learn we have two wings to fly, not one. And as we are gifted with two wings, why crawl through life? People crawl because they suffer and complain about pain but before the pleasure there will be pain. Should we base our lives only on ‘feeling good’ or should we base our lives on ‘feeling everything’?

Thérapie Comportementale et Cognitive et Neurosciences : le défi du 21é siècle
Jean Cottraux, University of Lyon
Depuis ses origines la Thérapie Cognitive et Comportementale (TCC) est fondée sur des modèles neuroscientifiques. Le développement des neurosciences cognitives a donné un nouvel essor à sa recherche fondamentale. Des modifications stables ont été objectivées par l’imagerie cérébrale (PET, SECT, fMRI et MEG) avant et après traitement chez les répondeurs à la TCC. Ces vingt dernières années, six troubles ont été explorés : le trouble obsessionnel compulsif, l’anxiété sociale, les phobies spécifiques, la dépression, le stress post-traumatique et le trouble de personnalité borderline. Les travaux comparant les répondeurs aux traitements pharmacologiques et à la TCC suggèrent que les modifications fonctionnelles sont voisines. Néanmoins il n’est pas possible de tirer des conclusions étiologiques définitives de ces corrélations. Les nouvelles technologies nous lancent un triple défi:
Il devient possible d’enregistrer des séances de TCC. Les résultats d’une étude pilote récente avec la MEG seront présentés. Elles permettent d’aborder d’une manière nouvelle l’inconscient cognitif et d’étudier son fonctionnement au cours des processus psychologiques, psychopathologiques et psychothérapeutiques. Les résultats obtenus et les orientations futures seront envisagés.
Elles aident à mieux comprendre les bases neurobiologiques des facteurs préventifs mis au jour par la psychologie positive, en particulier l’optimisme.

In Congress Workshops

The Application of Dialectical Behavior Therapy to the Treatment of Eating Disorders
Feyza Bayraktar, Bogazici University, Instanbul
Dialectical Behavior Therapy has been developed for chronically suicidal patients with Borderline Personality Disorder (BPD) by Marsha Linehan. In her book published in 1993, she emphasized that DBT may be an appropriate treatment strategy for different cases including patients with Axis II symptoms. Recent studies have found that the strategies in DBT have been also effective in the treatment of eating disorders. It has been revealed that DBT is an extended approach related to widely-used evidence-based therapies such as Cognitive Behavior Therapy and Interpersonal Therapy which are especially used for eating disorders treatment. The study revealed that 20 sessions of DBT skills training is effective in terms of decreasing eating disorders symptoms among bulimia nervosa and binge eating disorders patients. Therefore, researchers and specialists have been interested in application of DBT to eating disorders treatment. One of the most important aspects regarding increased attention to DBT for ED treatment is that DBT mainly focuses on interpersonal issues and emotion regulation which were observed as prevalent difficulties for ED patients. Besides, DBT is an effective therapeutic intervention for ED patients with Axis I or II comorbidities. Due to presence of strategies relating to emotion regulation skills, DBT helps patients deal with mood-dependent behavior. The main dialectic dilemma of DBT is acceptance and change. Thus, the main treatment goal in DBT in eating disorders treatment is to help patients to maintain balance in life-threatening situations and their interpersonal relationships and teach taking control of one’s own attention while eating. The strategies of DBT related to acceptance are mainly distress tolerance and mindfulness. Their functions are based on skill enhancement and strengthening coping strategies in order to accept reality.

Key Learning Objectives
1. Participants of this training will learn how DBT is effective for Binge eating disorder and Bulimia Nervosa.
2. Participants will learn how to use DBT skills (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance) for eating disorders patients through instructions, case examples and videotaped therapy sessions
3. Participants will learn the limitations and the differences between Cognitive Behavior Therapy and Dialectical Behavior Therapy in the treatment of eating disorders.

Training Modalities
Didactic and experiential

Workshop Leader
Feyza Bayraktar, Ph.D. is a part-time faculty member at Bogazici University and she is one of the few psychologists working in the field of eating disorders and obesity in Turkey. She works with eating disorders patients in private practice. Her recent research topics are DBT for eating disorders patients and cultural integration of cbt for eating disorders. She is the founder and the president of Association of Eating Disorders in Turkey.

Key references

Implications for everyday clinical practice
DBT skills can be more effective for some eating disorders patients who have difficulty mainly in emotion regulation, interpersonal skills and distress tolerance to accept reality.

Back to the Future with BCT: Learning the Basics of Behavioural Couples Therapy
Andre Geel, Central and North London NHS Foundation Trust, UK

Behavioural Couples Therapy (BCT) has been cited by the United Kingdom’s National Institute for Clinical Excellence (NICE) as the only reliable, evidence-based form of Couples Therapy for use in the treatment of Drug and Alcohol Addictions both within the National Health Service and by independent providers. The workshop will give a practical introduction to the basics of this well-established form of treatment as developed by O’Farrell and Falls-Stewart.

Key Learning Objective

Understand the basics of BCT including its principles and method. An introduction to the manual itself. How to assess appropriateness for BCT. The four stages of the treatment programme: How to engage the couple in therapy, how to manage and control the substance use, how to work with the relationship to support abstinence, how to maintain recovery in the future. Participants will learn the basics of conducting a therapy session and how to apply this in their own practice.

Training Modalities

Lecture - didactic - discussion and role plays to gain practical experience of this model.

Workshop Leaders

Andre Geel is a Consultant Clinical Psychologist in Addictions at Central and North West London NHS Foundation Trust in London, UK. He has worked in Addictions and Mental Health for some 22 years and was recently Chair of the Faculty of Addictions at the British Psychological Society.

Key references


Implications for everyday clinical practice

This will provide clinicians with a unique skill in helping them treat addictions and forms a useful and complementary approach to current CBT models - most of whom focus on individual rather than couples treatment.

Cognitive Therapy for Schizophrenic Patients

Tullio Scrimalli, University of Catania, Italy

Schizophrenia is the central problem in the sciences of mind, not only for its etiological, psychopathological, and clinical aspects, but also because of its implications for therapy and rehabilitation.

Keeping in mind the burden of suffering this condition entails for patient and family, as well as its enormous social costs, it is clear why schizophrenia is one of the most important challenges for psychiatry, clinical psychology, psychotherapy, and rehabilitation today. When faced with this dramatic and complex reality, one is forced to admit the persistent backwardness in scientific knowledge regarding the dynamics of this disorder and, above all, the lack of a systematic and satisfying treatment.

During the workshop the Author will illustrate and demonstrate how to put in practice a new therapeutical and rehabilitative approach to the schizophrenic patient.


Key Learning Objectives

The key learning Objectives belong with:

Crisis intervention

A complex approach to the topic of medication

Multimodal assessment of the patients

Multimodal assessment of the Family

Self control, Biofeedback and Mindfulness

Managing and Treating Hallucinations

Analyzing and Curing the Delusional Process

Neuropsychological assessment and Rehabilitation

Treating Negative Symptoms

Social Skill Training

Work and Social Reinstatement

Monitorizing the warning signs and avoiding any relapses

Analyzing and Changing the Self-Narrative

Training Modalities

The training modalities includes some different components such as:

- Didactic: the illustration of a new cognitive approach to schizophrenia and its therapy

- Experiential: how to use some new methods coming from Applied Psychophysiology for assessing the Family process

- Role play: a family interacting with a psychotic member will be the focus of a role play

Workshop Leader

Psychiatrist, Psychologist, Psychotherapist Tullio Scrimalli (www.tullioscrimali.it) teaches both at University of Catania (Italy) and at ALETEIA International, European School of Cognitive Therapy School (www.aleteiainternational.it ) of which he is founder and Director.

Laura Wante and Eva Vandevivere, Ghent University, Belgium.

The aim of the present workshop is to present and discuss a cognitive-behavioral program for depressed children. Although interventions focusing on the biological aspects or on the social and family system have promising results, childhood treatment of depression has been most heavily influenced by cognitive and behavioral models (Kazdin & Weisz, 1998). These models are derived from Beck's hypotheses on the existence of a 'cognitive triad', conceptualized as latent schemata guiding a person's information processing (Beck, 1967). Others are based on the revised theoretical assumption on the existence of a 'depressive attributional style', described by Abramson, Seligman, and Teasdale (1978). There is evidence that these cognitive features of depression can be found in children as well (Laurent & Stark, 1993; Stark, Schmidt, & Joiner, 1996). According to Garber (1992) the sense of self, future and causality develops around 8 years old and children at this age begin to make negative self-evaluations. Outcome studies in adults thus far have shown beneficial effects of cognitive behavioral therapy, based on Beck's cognitive theory (Haaga & Beck, 1992; Hollon, Shelton, & Davis, 1993). These promising results stimulated the development of adjusted cognitive behavioral programs for children and adolescents. Considerable evidence has been found to suggest the effectiveness of cognitive-behavioral treatments (CBT) on depression for children and adolescents (Kaslow & Thompson, 1998; Kazdin & Weisz, 1998; De Cuyper, De Backer, Timbremont, Braet, 2002). In this workshop the theory and rationale behind 'Taking action', and program details of this cognitive-behavioral intervention for the treatment of childhood depression will be presented. The main focus will be on improving emotion-regulation strategies, problem-solving abilities and cognitive restructuring in children with depression. The program of 'Taking action' is based on the 'Action treatment for depressed youth' as developed by Kevin Stark and Philip Kendall (1996). The importance of the therapeutic relationship will be highlighted and the key elements of the 'Taking Action' treatment will be discussed here. The program is published as a manual and parts out of this manual will be illustrated.

Key Learning Objectives

Participants will have knowledge on:

- How to build a strong therapeutic relationship and motivate children towards therapy
- Adaptive emotion regulation strategies, problem solving abilities and cognitive restructuring and how to teach these skills to children;
- How to use the 'Taking Action' protocol and a detailed description of the steps one can take to treat childhood depression

Training Modalities

Didactic instruction, group discussion, video, and role-play.

Workshop Leaders

Laura Wante, is clinical psychologist and PhD student in the Department of Developmental, Personality, and Social Psychology at Ghent University in Belgium. She studies depression in early adolescents. Her research focuses on the relationship between emotion regulation and cognitive control processes and its role in depression. Moreover, Laura is a therapist in the Ghent University Child Mental Health Center.

Eva Vandevivere is clinical psychologist and PhD student in the Department of Developmental, Personality, and Social Psychology at Ghent University in Belgium. She studies attachment in early adolescents. Her research focuses on temperamental differences and parenting in explaining the development of individual differences in attachment representations. Moreover, Eva is a therapist in the Ghent University Child Mental Health Center.

Key references


Implications for everyday clinical practice: 'Taking action' is an effective cognitive-behavioral treatment protocol that can be used in everyday practice. Past research already indicated that the 'Taking Action' treatment protocol significantly reduces depressive symptoms and significantly improves self-esteem of depressed youngsters.

A Cognitive Psychophysiological Treatment for Tourette Syndrome and Tic Disorders: Adults and Children Therapy
Kieron O’Connor and Julie Leclerc, Fernand-Seguin Research Centre, Montreal and University of Quebec in Montreal

This workshop presents a cognitive behaviour therapy package suitable for managing three Tourette spectrum disorders: Tourette syndrome (TS), tics and habit disorders. Although the program draws on existing techniques such as relaxation and habit reversal, it is based on a cognitive-psychophysiological model which emphasizes regulation of sensori-motor activation, management of emotions linked with frustrated action, and cognitive and meta-cognitive restructuring of perfectionist style of planning action in high risk (tic/habit) situations.

The treatment has been adapted for children with TS (tics and explosive outbursts). Different issues related with intervention in children will be addressed as well as the main steps of the therapy.

Key Learning Objectives
- The principal objective of this therapeutic and skills based workshop is to become familiar with the stages of a cognitive behavioural management program for tic disorders in children and in adults. Overall learning objectives are: to understand the psychological characteristics of Tourette syndrome and their impact on tic onset; employing functional analysis to reveal psychological profiles for evaluating triggers in tic disorders; awareness of how negative and positive reinforcement maintain the tic cycle.

Training Modalities
- The workshop will have a didactic part to ensure the understanding of the theoretical model and to get a common vocabulary. In parallel, examples of exercises, videos and case studies illustrate the application of the program step by step together with findings from recent clinical studies.
- The workshop will be led in English but questions, examples and cases discussion can also take place in French, as the bilingual stream of the congress.

Workshop Leaders
- Dr O’Connor is director of the OCD Spectrum Study Centre at Fernand-Seguin Research Centre (CRFS) and professor at Department of Psychiatry, University of Montreal. He has developed and validated the package for treatment of tics and habit disorders.
- Dr Leclerc is professor at Department of psychology, University of Quebec at Montreal and an associated researcher at CRFS. She specializes in the evaluation and treatment of children with Tourette’s syndrome (tics and explosive outbursts).

Recommended readings:

Implications for everyday clinical practice
- During the workshop, participants will be sensitized to Tourette spectrum assessment strategies, and the main steps of treatment: awareness training, discrimination exercises, constructing high and low risk profiles, cognitive behavioural restructuring of activation, emotional regulation, controlling overpreparation and overactivity in style of action, meta-cognitive aspects of anticipation and relapse prevention. The presenters will offer a formulated therapy model that focuses on an individualized situational and contextual assessment that the clinician uses during the intervention.

La Dépression au Travail
Marc Willard, Strasbourg, France

Les problèmes psychosociaux dans le monde de l’entreprise sont de plus en plus fréquents et de plus en plus graves. L’augmentation continue du nombre de suicides au travail, dont les modias se font régulièrement l’écho, en témoigne.

Pourtant, les réponses proposées dans le monde de l’entreprise restent limitées à la gestion du stress, semblant ignorer l’existence de réels troubles de l’humeur d’origine professionnelle. Il est vrai que la plupart des intervenants au sein des entreprises n’ont pas de formation psychiatrique.

Il existe d’authentiques dépressions professionnelles qui surviennent suite à des difficultés dans le monde du travail et s’expriment principalement au travail.

Ces dépressions représentent la majeure partie des dépenses médicales occasionnées par les problèmes de santé mentale. La dépression des dirigeants d’entreprise, souvent méconnue, est un facteur causal de certaines faillites.

La sémiologie est spécifique, les éléments de prise en charge et de prévention primaire, sont très différents de ceux du stress professionnel.

De la même façon, le cadre législatif est surprenant. La dépression n’existe pas dans le tableau des maladies.
professionnelles, et sa reconnaissance hors tableau est difficile, avec en particulier, une absence de présomption d’origine. Au contraire, le suicide est désormais fréquemment reconnu comme accident du travail.

Notre intervention, après avoir rappelé la sémiologie spécifique des troubles de l’humeur d’origine professionnelle, fera le point sur les aspects de prévention spécifique et sur les éléments de prise en charge.

Objectives:
Reconnaitre la dépression au travail.
Maitriser les aspects législatifs
Place des formations dans l’entreprise
Intérêt des TCC

Training Modalities:
La formation sera avant tout didactique. Des situations spécifiques seront travaillées sous forme de jeux de rôles.

Implications:
La prise en charge des dépressions professionnelles est méconnue. Elle nécessite la mise en place de formations spécifiques pour les dirigeants d’entreprises.

La psychothérapie basée sur les TCC doit s’appuyer, pour être efficace, sur une bonne connaissance du monde de l’entreprise.

Références:
(4) Raffaëlin F., Raffaëlin-Bodin C., Travail et dépression, L’encéphale, 2008, 34, 4, p. 434-439
(6) Willard M., Soigner la dépression professionnelle avec les TCC, Elsevier (sous presse)

Workshop Leader:
Le Docteur Marc Willard est psychiatre et expert judiciaire près la Cour d’Appel de Colmar. Il enseigne les TCC à la faculté de psychologie de Strasbourg et à la faculté de médecine de Sousse (Tunisie). Il est administrateur de l’AFTCC et superviseur. En plus de son activité clinique il dirige un cabinet de conseil aux entreprises pour les problèmes psychosociaux.

Réussir à Surmonter la Douleur Chronique: une demi-journée d’introduction des Interventions TCC validées pour la Traiteement de la Douleur
Helen Macdonald, Université de Sheffield, Royaume Uni

La douleur chronique affecte un nombre important de personnes, et jusqu’à 7% de la population en général peut avoir un état de douleur à long terme. La majorité des personnes en Europe souffrant de douleur chronique ont moins de 65 ans. En plus de la misère personnelle vécue en cas de douleur répétitive ou constante, il y a des difficultés professionnelles, financières, sociales et interpersonnelles qui se produisent en raison de la douleur persistante. La douleur chronique peut se produire en raison d’une blessure, d’une maladie ou d’une chirurgie, ou pour aucune raison connue. Les personnes atteintes de douleur à long terme ont souvent subi de multiples traitements physiques, sans succès, avant d’être adressé pour des thérapies psychologiques.

Cet atelier d’une demi-journée vise à améliorer les connaissances et compétences nécessaires pour travailler avec des personnes qui souffrent de douleur chronique, grâce à des interventions TCC fondées sur des preuves. Il y aura une brève présentation de l’historique et le contexte, ainsi que la base de données concernant l’utilisation TCC. Il y aura des occasions de pratiquer les compétences qui traitent de l’impact de la douleur persistante.

L’atelier comprendra des présentations, discussions, jeux de rôles, des exercices pratiques et des possibilités de feedback.

Objectifs:
1. Pour améliorer la compréhension pratique de la base de données concernant l’utilisation CBT avec des personnes qui souffrent de douleur chronique.
2. Pour introduire des méthodes pour évaluer l’impact de la douleur chronique sur la qualité de vie et aider les gens avec une douleur persistante à comprendre leur condition.
3. Pour améliorer les connaissances et les compétences pratiques dans la prestation des interventions en matière de gestion de la douleur chronique

Modalités de formation:
L'atelier comprendra des présentations, discussions, jeux de rôles, des exercices pratiques et des possibilités de feedback.

Implications:
Cet atelier vise à améliorer les connaissances et compétences nécessaires pour travailler avec des personnes qui souffrent de douleur chronique, grâce à des interventions TCC fondées sur des preuves.
Il y aura des occasions de découvrir et pratiquer les compétences au cours de l’atelier.

Références:
including people with OCD. Types of thought is against your values. We believe that these types of belief have particular relevance in understanding particular combined contributions of thought variance (total 44.5%). Thus, the degree to which people report obsessive thoughts is predicted by the unique and thus these constructs only partially overlap. Importantly, the interaction between the two accounted for a additional 12.5%. When the order was reversed, thought completing the scale. After controlling for age and gender (4.5%), ego fusion and measures of mood were administered online to a community sample (N = 138, aged 20-382 undergraduates, 318 mothers and 288 fathers. Correlations between parents and offspring’s NJREs were comparable to correlations for both OC beliefs and symptoms. A series of hierarchical multiple regression analyses highlighted that fathers’ NJREs predicted OC symptomatology in their sons even when controlling for parents’ anxiety symptoms and their level of OC-related beliefs. This father-son relationship generally also emerged for single OC symptom dimensions. On the contrary, none of the parents’ psychological variables predicted OC symptoms in daughters. The possible role of NJREs as a marker of OCD is discussed.

**Ego-dystonicity: Still relevant to our understanding of obsessions?**
Suba Thanayalingam, Institute of Psychiatry, Kings College London; Daisy Gibbs, Institute of Psychiatry, Kings College London, Daniel Tewkesbury, Institute of Psychiatry, Kings College London; Nicola Wright, Newcastle University; Sarah Laing, Newcastle University

The notion that many obsessions are ego-dystonic is well established in the classic and now historical descriptions of OCD, in diagnostic criteria, and in many cognitive models. This attribute of obsessions refers to the fact that the thoughts are at odds or against the value system of the person. Although some measures of OCD-relevant or OCD-specific cognitions contain items that reflect this notion, there have been relatively few measures that attempt to directly measure it as a distinct construct. Wright, Ward, Laing and Freeston (2006) constructed a brief six-item measure that taps the core features of ego-dystonicity. The measure, together with measures of obsessive-compulsive symptoms, thought-action fusion and measures of mood were administered online to a community sample (N = 138, aged 20-65, mean age = 34, 62% female). Participants first identified a personally relevant ego-dystonic thought and then referred to this thought while completing the scale. After controlling for age and gender (4.5%), ego-dystonicity accounted for 20.6% for the variance, and then thought-action fusion (three subscales measuring moral TAF, likelihood TAF and impulsivity TAF) accounted for an additional 12.5%. When the order was reversed, thought-action fusion accounted for 23.3% and ego-dystonicity accounted for 9.8%; thus these constructs only partially overlap. Importantly, the interaction between the two accounted for a further 7% of the variance (total 44.5%). Thus, the degree to which people report obsessive thoughts is predicted by the unique and combined contributions of thought-action fusion, ego-dystonicity and their interaction. This suggests that believing that thoughts can cause things to happen and/or be morally equivalent to an action is potentiated by also believing that your thought is against your values. We believe that these types of belief have particular relevance in understanding particular types of intrusive thoughts, especially those involving a sexual or violent content. We will briefly present the clinical thinking behind an on-going study that will compare thoughts of a sexual content reported by different groups of people, including people with OCD and people with a history of sexual offences.
Thought Action Fusion beliefs and OCD symptoms in a multi-ethnic and multi-religious community sample from Malaysia
Siti Hazlina Alias, Newcastle University and Universiti Teknologi MARA, Malaysia; Patrick Rosenkrantz, Newcastle University, UK, Salina Abdul Aziz, Hospital Kuala Lumpur, Malaysia; Mark Freeston, University of Newcastle, UK
While cognitive models of OCD are well developed and researched in Europe, the Americas and Australasia, they are relatively less studied in Asia. This study examines Thought Action Fusion (TAF) among young, educated and religious Malaysians. The sample (N = 586) was predominantly Muslim (65%) with significant groups of Buddhists (11%), Hindus (10%) and Christians (12%). They were predominantly ethnic Malay (61%), with smaller groups of Chinese (17%) and Indian (13%). They were recruited through HEIs and completed questionnaire measures on-line or in-person. Results show that as predicted, Moral TAF, Likelihood TAF and Impulsivity TAF together accounted for 30% of variance in a measure of obsessions (OCI obsessions subscale). When entered first, they all accounted for significant variance, but when entered last, only Likelihood TAF accounted for unique variance. Next, the relationships between religiosity and spirituality and obsessions were examined. In this sample the direct effects showed higher spirituality (but not religiosity) was a weak negative predictor of OCD symptoms. In both cases there were significant indirect paths through likelihood TAF. Religion but not conservative religious beliefs or identification with a heritage or mainstream cultures moderated the relationships. This study extends knowledge of cognitive models by showing that TAF predicts obsessions in a young, educated Malaysian sample. It raises interesting questions about the complex relationships between religion, spirituality and OCD where there are already some inconsistent findings in the literature. The implications and challenges are discussed for future research in samples of mixed religious profiles.

Imaging methods and their potential for treatment improvement
Andrea Reinecke, University of Oxford, UK

Fronto-limbic microstructure and structural connectivity in patients remitted from major depression
Jennifer Arnold, Radboud University Nijmegen Medical Centre, The Netherlands; Anne Speckens, Radboud University Nijmegen Medical Centre, The Netherlands; Indira Tendolkar, Radboud University Nijmegen Medical Centre, The Netherlands
Previous research has suggested that abnormalities within the amygdala and prefrontal cortex (PFC) may underlie major depressive disorder (MDD). The contribution of microstructural alterations within these regions in adult MDD is still equivocal. Therefore, seventeen middle-aged medication-free remitted MDD patients and 21 matched never-depressed control subjects underwent structural magnetic resonance imaging (MRI) and diffusion tensor imaging (DTI). Despite comparable amygdala volumes, remitted MDD patients revealed decreased mean diffusivity (MD) and increased fractional anisotropy (FA) within the left amygdala, which may be interpreted as greater cell density and increased number of fibers, respectively. Furthermore, the MDD patients showed increased connectivity from the left amygdala to the parahippocampal gyrus, the hippocampus and the putamen. Taken together, the current DTI study showed that abnormal microstructure and connectivity of the amygdala and mPFC might be key factors in the pathophysiology of MDD that may account for functional changes. But it is not clear whether the altered structural connectivity is cause or consequence of the initial and preceding depressive episode(s).

The Temporal Unfolding of Emotional Face Processing in Social Anxiety: A MEG Study
Avi Goldstein, Bar Ilan University, Israel; Eva Gilboa-Schechtman, Bar Ilan University, Israel
The processing of emotional facial expressions (EFEs) is a crucial aspect of social functioning. Behavioral and eye tracking studies of EFE processing in social anxiety point to a pattern of initial vigilance as well as a difficulty disengaging from emotional stimuli. In addition, fMRI studies consistently show that, compared to healthy controls (HCs), individuals with social anxiety disorder (SAD) present hyper-activation of limbic structures when viewing threatening faces. However, due to the limited temporal resolution of behavioral and fMRI studies, it is unclear whether this unusual pattern of EFE processing in SAD stems from an increased sensitivity to threat EFEs (as indicated by a greater activation of limbic and facial-processing areas), a deficient attentional control (i.e. a difficulty to inhibit the processing of threat, as indicated by an enhanced activation of frontal areas) or both. To address this question we used magnetoencephalography (MEG), which provides excellent temporal and good spatial resolution.
We investigated the temporal unfolding of neural activity of the insula (IN, involved in emotional decoding), the fusiform gyrus (FG, specialized in face-processing), and the dorsolateral prefrontal cortex (DLPFC, involved in executive functions and cognitive control). We predicted that: (a) SADs will show an early FG over-activation (compared to HCs), in accord with the initial vigilance found in behavioral studies; (b) SADs will show a later over-activation in the DLPFC (compared to HCs), in accord with behavioral findings of difficulty in disengagement from threatening faces; (c) SADs will show greater IN activation (compared to HCs), especially for threatening faces, as found in fMRI studies. We presented 12 SADs and 12 HCs with 50 male and female arrogant, angry, happy, submissive and neutral faces during a MEG scan. Participants performed a gender categorization task involving 500 trials, using a whole-head 248 magnetometers MEG with a sampling rate of 1000Hz.
Contrary to our prediction, we found an early underactivation, followed by a later overactivation of FG in SAD. Specifically, SADs, as compared to HCs, showed a decreased early activation (130-200ms), followed by increased activation later in processing (200-500ms) in the right FG. We also found no support for an increase activation of the IN in SADs compared to HCs. Consistent with our prediction, we found an early (200-300) underactivation followed by a later (300-800) overactivation of right DLPFC in SADs as compared to HCs. We interpret our findings as consistent with the low spatial frequency (LSF) vs. high spatial frequency (HSF) account of EFE processing in SADs. LSF information is processed quickly and is important for decoding emotions while HSF information is processed more slowly and extracts details important for decoding emotions while HSF information is processed more slowly and extracts details important for identity and age recognition. Individuals with SAD may utilize LSF more heavily at the initial stages of EFE processing, therefore resulting in reduced early activation in FG. The over-activation of frontal cortical areas in SADs in late stages of processing appears to be related to increased cognitive control efforts. Taken together, our results suggest that the pattern of face processing in SAD is related to a difficulty to control attention.

The effects of acute fluoxetine on emotional processing in healthy and clinically depressed adults and adolescents

Robert Chapman, University of Oxford; Susannah Murphy, University of Oxford, Anthony James, University of Oxford; Catherine Harmer, University of Oxford

Antidepressants have acute effects on emotional processing and cognitive bias in clinical and non-clinical adult groups. Increasingly, the selective serotonin reuptake inhibitor (SSRI) fluoxetine is used to treat adolescent depression, but reports of increased anxiety and suicidality early in treatment have led to widespread concern regarding its safety. Despite a critical need to understand these responses, the mechanisms of drug action in this age group are not well characterised. This series of studies investigates for the first time the acute effects of fluoxetine on emotional processing in healthy and clinical populations, using a combination of psychopharmacological, behavioural and neuroimaging approaches. The aim is to achieve a greater understanding of the mechanisms underlying early fluoxetine action in depressed adolescents, as well as to validate the use of experimental tools tapping into the early effects of antidepressants in the prognostic assessment of initial treatment outcomes. Study 1 investigates the early effects of fluoxetine on emotional processing in healthy young adults (18-21 years). 35 participants were randomised to receive a single dose of fluoxetine vs. placebo and tested using a battery of emotional tasks. Fluoxetine decreased negative bias, targeting in particular the processing of facial displays of anger. Participants in the fluoxetine group were less accurate at identifying angry faces, showed a trend to be slower to identify this emotion, and misclassified fewer faces as displaying anger. In line with the decreased processing of anger-related stimuli, fluoxetine also abolished the emotion-potentiated startle effect seen in the placebo group. These findings not only corroborate previous evidence obtained with adults that SSRIs act early to remediate negative biases, but may also help explain why fluoxetine is an effective antidepressant for adolescents. Irritability is one of the core symptoms of adolescent depression, being a distinctive symptom that differentiates this disorder from adult depression. In study 2 we validate a paradigm for assessing anxiety-related automatic biases. One of the main issues surrounding the prescription of antidepressants in adolescents is the possibility that this agent may increase anxiety early in treatment. 51 healthy adults (21-27 years) were included to test the influence of anxiety on the prioritisation of threatening stimuli over positive or neutral cues. Using a Continuous Flash Suppression (CFS) task, it was verified that higher anxiety levels were associated with an increased relative speed to detect fear in comparison to happiness. These findings show that this task may be sensitive to the effects of anxiety in the initial access of threatening information to awareness. In study 3, our goal was to investigate the acute effects of fluoxetine on emotional processing and underlying neural circuitry in depressed adolescents recently prescribed antidepressants. Participants were randomised to receive a single dose of fluoxetine vs. placebo and tested using both neuroimaging and emotional tasks previously shown to be sensitive to anxiety-related biases and acute antidepressant administration. It is hoped that these experiments will help clarify the neural and neuropsychological mechanisms underlying early antidepressant action, and ultimately assist the development of more effective prognosis tools and drug treatments for adolescent depression.

Neural processing in panic disorder and the early effects of cognitive-behaviour therapy

Catherine Harmer, University of Oxford, UK

Although cognitive-behaviour therapy (CBT), a first-line treatment for emotional disorders, is reasonably effective, the problem remains that not all patients sufficiently and sustainably benefit from treatment, that interventions are long and cost-intensive, and that access to treatment is difficult. In recent years, this unsatisfying status quo has inspired a line of research that aims to precisely explore the cognitive and neural mechanisms underlying the development of emotional disorders and treatment efficacy to then use this knowledge to individually tailor and logically improve interventions, based on their key effects. In this talk, a line of research will be presented that addresses the neural correlates of emotional information processing in patients with panic disorder and the effect of brief exposure-based CBT on these parameters. Panic attacks are caused by misinterpretation of normal physical symptoms in a catastrophic way. It is postulated that the underlying neural basis is a hypersensitivity of limbic regions including the amygdala, combined with impaired inhibitory input from the prefrontal cortex (PFC). Study 1 tested this hypothesis, comparing 20 patients with panic disorder (PD) and 20 healthy controls (HC) using functional MRI. They were presented with eight blocks of aversive pictures and instructed to either maintain or down-regulate the elicited negative affect. Volunteers were trained to use reappraisal as a strategy of down-regulation. FMRI data processing was carried out using FSL. ROI signal extraction was carried out for brain areas
identified as relevant in emotion regulation in earlier research. Results show that when maintaining negative affect (vs. down-regulating), activity in the left amygdala was increased in PD. Surprisingly, PD also showed an increase in activation in prefrontal areas such as the right dorsomedial PFC, the left dorsal anterior cingulate cortex, and the left lateral. When down-regulating negative affect (vs. maintaining), both PD and HC showed increased activity in the prefrontal areas. In Study 2, we tested the hypothesis that brief, exposure-based CBT reduces limbic hypersensitivity and increase in PFC activity to threat stimuli in patients with PD, using the same MRI paradigm. Four sessions of CBT led to a decrease in activity in the left amygdala, the right dorsomedial PFC, and the left lateral PFC in 15 treated compared to 15 waiting list patients. Taken together, these findings challenge assumptions that increased negative reactivity in PD may be caused by insufficient allocation of prefrontal resources to down-regulate limbic areas and instead suggest insufficiencies in limbic-prefrontal connectivity.

The pervasiveness of shame and self-criticism across different populations: The importance of developing self-compassion
José Pinto-Gouveia, CINEICC Cognitive-Behavioral Research Centre, University of Coimbra, Portugal

The impact of shame memories on psychopathology in adolescence: The mediator role of shame
Marcela Matos, CINEICC-Cognitive-Behavioral Research Centre, University of Coimbra, Portugal; Daniela Faria, ISMT, Coimbra, Portugal, Sofia Zagalo, ISMT, Coimbra, Portugal

Little is known about the relationships among shame memories, shame, and psychopathological symptoms in adolescence. This study examined the associations among these variables in this developmental period and tested a mediator model in which shame feelings (external and internal shame) were predicted to be mediators between shame memories traumatic and centrality features and depressive and anxiety symptoms. Participants were 354 adolescents, who completed measures of shame traumatic memory, centrality of shame memory, external shame, internal shame and depression and anxiety symptoms. Path analysis results indicated that current feelings of external and internal shame fully mediated the effect of centrality of shame memory on depression and anxiety symptoms and partially mediated the effect of shame traumatic memory on these psychopathological indicators. These results highlight the role of external and internal shame on how shame experiences that become traumatic and central memories to self-identity impact on psychopathology, validating the biopsychosocial model of shame in adolescence. Moreover, this study may contribute to develop clinical assessment and intervention with adolescents.

Early memories of shame and of lack of safeness and warmth and depression: The mediator effect of internal shame
José Pinto-Gouveia, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal; Cristina Duarte, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra, Portugal

Even though increasing theoretical and empirical evidence support the association between early memories of shame and lack of safeness and warmth and current shame feelings and depression, it is unclear whether shame serves as a mediator between such early memories and depressive symptoms. This study explored the pathways among these variables testing whether current shame feelings (external and internal shame) would be mediators between shame traumatic memory, centrality of shame memory, early memories of warmth and safeness and depressive symptoms. Participants (N = 178) recalled an early shame experience and completed self-report instruments measuring centrality and traumatic characteristics of the shame memory, early memories of warmth and safeness, external and internal shame and depressive symptoms. Path analyses results revealed that current feelings of external shame, despite highly linked to internal shame, did not significantly predict depression. Key in this study was the finding that internal shame fully mediated the relationship between shame traumatic memory, centrality of shame memory, and early memories of warmth and safeness and depression. Bootstrap methods confirmed the significance of these indirect effects. Shame memory variables and positive affiliative memories explained 33% of the variance in external shame and 32% in internal shame. Internal shame accounted for 44% of depression variance. These findings shed light on the importance of internalizing early shame and lack of safeness memories into a sense of self as globally self-condemning, key in vulnerability to experience depressive symptoms. These assumptions offer insight towards a more complex conceptual model about these relationships, which might be incorporated into already existent and evolutionary based approaches about shame and depression.

Feeling safe, active or afraid? The role of the tripartite system of affect regulation on the development of self-criticism and self-compassion
Paula Castilho, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra; José Pinto-Gouveia, CINEICC – Cognitive-Behavioral Research Centre, University of Coimbra
Recent developments in neuroscience and neurophysiology in the study of emotion have been showing that there are three distinct but interactive affect regulation systems, functioning in homeostasis. Also, several studies showed that early experiences characterized by poor attachment, absence of care, hostility and criticism by parental figures are especially important for the development of self-criticism and self-compassion. Although the role of early experiences on the development of self-criticism and self-compassion has already been shown, there are no studies to our knowledge that explored the role of emotional development on this relation.

The present study explores the impact of the tripartite affect regulation system and of emotional memories on the development of self-criticism and self-compassion, in a sample of 315 psychiatric patients (DSM-IV-TR, APA, 2002). Results showed, on one hand, that emotional memories of parental care are associated with the development of feelings of safety and warmth associated with the soothing system. On the other hand, negative emotional memories (parental criticism, control and subordination) were positively correlated with the threat/defense system (external shame), as expected.

The threat/defense system was negatively correlated with the two types of positive affect, suggesting that high levels of threat are associated with lower levels of both active and safe feelings. Path analysis results suggested that early negative experiences function as activating cues of negative affect (anxiety, anger, shame). This can be explained by the fact that, whether consciously or unconsciously, these experiences are emotionally textured and that by becoming conditioned emotional memories over-stimulate psychophysiological patterns of threat/defense which contributes for the internalization of this script into the self-to-self relation. In other words, it is the lack of positive affect (feelings of care and warmth), that associated with early negative experiences, that promotes the development of self-criticism and, by contrast, the underdevelopment of self-reassurance and self-compassion. Overall, these results have important implications for therapeutic contexts.

The pervasiveness of shame and self-criticism across different populations: The importance of developing self-compassion

Difficulties with emotions and emotion regulation characterize more than 75% of the diagnostic categories of psychopathology in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000). The pervasiveness of emotion dysregulation in some cases, such as Borderline Personality Disorder (BPD), suggests that emotion regulatory difficulties lie at the heart of many psychopathological symptoms and may be a key to their treatment. Emotion regulation can be defined as the processes that serve to decrease, maintain, or increase one or more aspects of emotion. Individuals with mental disorders often display an overreliance on and rigidity of dysfunctional emotion regulation strategies that maintain symptoms and disrupt functioning. In contrast, adaptive emotion regulation requires flexible, context-sensitive modulation of emotion in order to meet longer term personal goals.

One of the most harmful emotional experiences is shame. Shame is associated with a global punitive judgment of the self, which results in an intense emotional response and a desire to withdraw and hide. Shame has been found to be a key vulnerability factor for the development of several psychopathological symptoms, such as anxiety, depression, paranoia, non-suicidal self-injury behaviours, low self-esteem, interpersonal difficulties and social phobia (e.g., Gilbert, 2000; Gilbert et al., 2010; Hedman, Ström, Stünkel & Mörterberg, 2013; Kim, Thibodeau, & Jorgensen, 2011; Pinto-Gouveia et al., 2012; Rüscher et al., 2007).

Empirical studies have been suggesting that patients with BPD differ from patients with other disorders because, although they share a common negative emotionality, they present severe affective instability (e.g., Conklin, Bradley, & Western, 2006). In addition, it has been suggested that shame is central to individuals with BPD (e.g., Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004).

Taken together these theoretical considerations and empirical findings, this study set out to assess shame-proneness (internal shame), external shame, several emotion regulation processes and depressive and anxious symptoms in patients with BDP, as compared to patients with social phobia and healthy subjects. We chose to compare BPD patients with patients with social phobia as these latter are likely to be shame-prone because of fears of humiliation and devaluation, which are core features of the disorder.

A sample of 191 subjects was recruited for this study. Seventy-three (n = 73) patients with a borderline personality disorder diagnosis were compared with patients with social phobia (n = 69) and normal controls (n = 49), regarding self-reported shame and emotion regulation processes.

Significant differences were found in all self-report measures between the clinical samples and the non-clinical sample. Also, patients with BPD, when compared with patients with social phobia, showed significantly higher levels of depression, anxiety, dissociation, shame and lower self-compassion and mindfulness.

Conclusions

As expected, shame and emotion dysregulation are prevalent features of psychiatric patients. The main finding of this study, however, was that patients with BPD scored higher in internal and external shame, showed more difficulties in emotion regulation, and more depression and anxiety, than patients with social phobia and healthy subjects. This finding is in accordance with the clinical experience of shame and emotion dysregulation being core features of borderline personality disorder.

Prevention of child behavior problems and couple distress: long-term outcomes

Robert McMahon, Simon Fraser University, Canada
Ten Year Follow-up of a Randomized Controlled Trial of Triple P Group for Parent and Child Variables

Jasmin Hannig-Hofer, TU Braunschweig, Germany; Daniela Hoss, TU Braunschweig, Germany; Wolfgang Schulz, TU Braunschweig, Germany; Tanja Zimmermann, TU Braunschweig, Germany

Parent training is a major intervention for preventing behavior problems in childhood. The aim of the paper is to analyze the ten-year efficacy of the Triple P parent group training as a universal prevention strategy from the perspective of mothers and fathers. At pre, 17 preschools were recruited for participation. Based on their respective preschool, families were either randomly assigned to a Triple P group parent training or a control group. The efficacy was analysed with a At the follow-up’s up to 4 years later, most of the significant post-treatment changes were maintained. Mothers reported a significant reduction in dysfunctional parenting (PS), child behavior problems (CBCL), and in their psychological distress (DASS), while their relationship satisfaction (ADAS) improved. Currently, a 10-year follow-up is conducted and by July 2013, 240 families will be re-interviewed (retention rate from the 4-year follow-up 95%). Results on the 10-year efficacy will be presented and implications for the prevention of mental health problems and limitations of the study will be discussed.

Long-term Prevention of Conduct Disorder: Young Adult Outcomes of the Fast Track Project

Conduct Problems Prevention Research Group

Children who engage in early starting conduct problem behaviors during the preschool and early school-age periods are at significant risk for negative outcomes in adolescence and adulthood, including serious conduct problems and criminal behavior, alcohol and other drug use, school dropout, risky sexual activity, and other behavior disorders (e.g., depression). Furthermore, these individuals cost society from 3.2 to 5.5 million dollars each, in incarceration, adjudication, treatment, and costs to victims. Treatments, which have tended to be relatively brief and narrowly focused, have had limited success in altering the negative life course trajectories of these highest-risk children. Increasingly, attention is being focused on prevention as a more developmentally appropriate means of intervention.

Fast Track is a comprehensive, multisite intervention trial that is designed to prevent serious and chronic conduct problems. It is a collaborative project that is being carried out by the Conduct Problems Prevention Research Group (CPPRG; K. Bierman, J. Coie, K. Dodge, M. Greenberg, J. Lochman, R. McMahon, & E. Pinderhughes) at four sites in the United States. The Fast Track intervention was based on a developmental model of conduct problems that posited the interaction of multiple influences (child characteristics, the family, school, peer group, and neighborhood) on the development of antisocial behavior. The intervention began in first grade and continued through tenth grade. The elementary-school phase of the intervention is unique in combining targeted interventions (parent training, home visiting, child social skills training, child friendship enhancement, and academic tutoring) for the highest-risk children with a universal intervention directed to the promotion of social and emotional competence for all children in the intervention schools.

The high-risk sample consists of 891 children who were selected at school entry on the basis of high levels of conduct problems at both home and school during the kindergarten year. Children were randomly assigned (with school as the unit of randomization) to receive the Fast Track intervention (n=445) or services as usual in the schools (n=446). There is a normative community comparison sample as well (n=387). The high-risk sample is comprised of approximately equal numbers of African-American and White children, 69% of whom are boys. The families were from urban, semi-urban, and rural areas. More than half of the children in the high-risk sample lived with a single parent and were low in socioeconomic status. The universal component of the intervention was administered in almost 200 classrooms to all children, with a comparable number of classrooms serving as controls. The sample was followed annually from kindergarten through 2 years post-high school (approximately age 20) and then again at age 25.

This presentation will provide a brief overview of the conceptual basis of the intervention model, description of the intervention components, and a brief summary of the findings through elementary and middle school. Emphasis will be placed on presentation of recent findings during late adolescence and young adulthood (through age 25) concerning criminal activity (arrests and self-reported criminal behavior), substance use, and externalizing psychopathology.

Predicting Long-term Risk for Divorce Using Non-parametric Conditional Survival Trees

Kurt Hahlweg, TU Braunschweig; Soeren Kliem, TU Braunschweig, Brian Baucom, University of Utah

For both men and women alike, stable and intimate long-term relationships are one of the central aims and most important relationships in adult life. However, divorce rates in Western countries are high (currently between 35 and 50 %), and thus often interfere with this personal goal. Relationship distress and dissolution also have negative impacts on individual’s mental and physical health, their quality of life and professional productivity. Children affected by parental divorce are more prone to elevated levels of psychopathology, and to experience separation and divorce themselves.

Preventing divorce and its negative consequences has been a central aim in intimate relationship research. Empirically, one very important predictor of relationship dissolution is the level of emotional arousal spouses experience during problem discussions. Fundamental frequency (f0) is a vocal index of emotional arousal based on the human voice. Higher levels of f0 are perceivable as heightened voice pitch and have been linked to a number of unwanted relationship outcomes like dysfunctional communication behavior, or less remembrance of couple-relationship education (CRE) programs in the long run. However, its association with long-term relationship stability has not been investigated yet.

For the study at hand, several well-established predictors of relationship stability like psychophysiological arousal, spousal communication behavior, psychopathology, and initial relationship satisfaction, and f0 were simultaneously considered.
using non-parametric conditional survival trees. For this purpose, 136 spouses from N = 68 couples who had participated in EPL [Ein Partnerschaftliches Lernprogramm], a German CRE in the early to mid-nineties. 11 years later, participants were interviewed via telephone and asked for information on relationship stability, relationship satisfaction, and remembrance of the training. 32.5 % of these couples were by then divorced or separated. Predictive analyses revealed that the only predictor emerging significant for divorce in men was diastolic blood pressure. For women, only f0 range was significantly associated with divorce 11 years later. These findings support the importance of conflict-related emotional arousal for intimate relationship stability. Future research should examine effortful and involuntary aspects of emotional arousal and their potential different influences on relationships functioning and stability.

New developments in understanding and treating bipolar disorder
Steven Jones, Lancaster University, UK

The role of volition in the biology of bipolar disorder: Biological rhythm stabilisation as an example
Greg Murray, Swinburne University, Australia

Bipolar disorder (BD) is commonly viewed from a dualistic perspective, with ‘psychological’ and ‘biological’ elements considered separate components of the condition’s aetiology, presentation and treatment. Current research and theory in cognitive neuroscience strongly questions this old dichotomy. Here, we use the example of biological rhythm stabilisation (recognised in consensus treatment guidelines as part of best clinical practice) to exemplify that the fundamental biology of BD is partly modifiable in the moment by volitional (chosen) behaviour. Indeed, the human system has been adapted exactly for the purpose of permitting such ‘loopy’ interactions between environment, body and intention. By educating clinicians and patients about embodied cognition, we encourage a more sophisticated understanding of the nature of BD and thereby support recovery-oriented behaviours in people with BD.

Bipolar Disorder is often described as a two edged sword; a qualitative study to understand the positive edge
Fiona Lobban, Lancaster University, UK

Bipolar disorder can have a devastating effect on many people’s lives – including those with the diagnosis and those who care about them. However, there is growing evidence that aspects of bipolar experiences are also highly valued by some people. Understanding the experience of positive aspects of bipolar will help us to understand ambivalence to current treatment and to develop new interventions that minimise the negative impacts, whilst recognising and potentially retaining some of the positive ones.

This presentation will explore how participants with a diagnosis of bipolar disorder experienced and made sense of what they took to be positive about this condition. In order to achieve this, Interpretative Phenomenological Analysis was used in the collection and analysis of data from 10 individuals.

Positive aspects were numerous, highly valued and participants welcomed the opportunity to discuss them. Three important themes emerged: 1) The direct positive impact of bipolar experiences on everyday life (including amplification of perceptions, experiences and internal states), enhanced abilities and more intense human connectionedness; 2) Lucky to be bipolar- the sense of having been given a special gift with some sympathy for those who never experienced this ; 3)The relationship between the self and bipolar experiences. These themes highlight the need to invite people to talk about the positive aspects of their bipolar experiences as well as the difficulties they face. They help us to understand treatment ambivalence and raise important questions about how we define disorder.

Assessment of Quality of Life in Bipolar Disorder: Optimizing Mixed Methods to Capture Tricky Constructs
Erin Michalak, Lancaster University, UK

Objectives: There is growing recognition that symptom ratings alone are insufficient to measure outcomes in bipolar disorder (BD), and quality of life (QoL) has been proposed as an important separable construct. However, there is no disorder-specific measure of QoL in BD. This study therefore reports on the development of a measure designed for this purpose.

Methods: We conducted a 4-year mixed-method program of research to develop a scale that could function as an outcome tool in clinical trials, research and clinical care. Item generation involved a qualitative investigation of individuals with BD, family members and relevant experts (Study 1, N = 52), and literature review. Item reduction analyses involved an impact method analysis with patients (Study 2, N = 28), a large field sample (Study 3, N = 225, including a repeated measures subset [n = 93]) and a final intensive item reduction study with patients and field experts (Study 4, N = 31).

Results: A 56-item, 14 domain measure (the QoL BD) was developed and tested for psychometric properties. Internal reliability of subscales are excellent, test-retest reliability appropriate, and correlations with external measures consistent with theory. Exploratory factor analyses suggested adequate correspondence between the instrument’s latent and surface structure. Analysis of sensitivity to change suggested that the QoL BD explains additional variance over and above field standard generic QoL measures. Field testing suggests that the QoL BD meets the urgent need for a disorder-specific measure of quality of life in BD.
Conclusions: The latent structure of the instrument awaits confirmation in an independent sample, and further research is needed to investigate its sensitivity to putative moderators of QoL in this complex condition. However, our research has already demonstrated that this new measure has potential as a tool for outcome research and clinical practice.

Recovery-Informed Therapy for Bipolar Disorder: The Results of an RCT
Steven Jones, Lancaster University, UK
Recovery in mental health typically involves individual personal change in which the development of a new sense of self can lead to the establishment of a fulfilling and meaningful life, whether or not symptoms are present. Individuals’ perspectives on recovery in bipolar disorder (BD) are important but have received little attention from researchers. To date recovery approaches amongst mental health consumers have not yet significantly influenced care delivery in bipolar disorder. This is reflected in the current lack of structured psychological interventions with a specific recovery focus. In this context the presentation will report on the development of a new intervention (Recovery focused CBT; RFCBT) for bipolar disorder. We have recently completed an RCT evaluation of RFCBT with 68 participants followed up for up to 15 months. The talk will provide information on acceptability data as well as clinical and recovery outcomes from this trial.

Implementing Family-Focused Therapy in Community Settings
David Miklowitz, University of California at Los Angeles, USA
Randomized trial evidence suggests that combining pharmacotherapy with psychoeducation leads to better outcomes of bipolar disorder (BD) over 1-2 year periods than pharmacotherapy alone. Psychoeducation, now considered an evidence-based treatment (EBT), has been operationalized in a number of ways, ranging from brief methods of teaching patients to identify early warning signs of recurrence, to models focused on social rhythm regularity and adherence with medications, to models that incorporate education and skill training with patients and family members. Family-focused therapy (FFT) has been shown in a number of trials to improve the trajectory of mood symptoms and reduce relapses of BD. However, FFT has not been implemented in community settings by clinicians who (a) see more complex bipolar patients than are typically seen in trials; (b) are less familiar with the bipolar syndrome or (c) have been practicing modalities that emphasize different treatment mechanisms. In the present study, we used a Community Partnered Participatory Research approach to engage clinicians and administrators at three community mental health centers (CMHCs) that treat lower SES, urban, ethnically diverse patients. We discuss factors that made implementation of FFT difficult, factors that enhanced uptake of FFT, and initial data on therapist fidelity in CMHCs. We also present data from a qualitative analysis of clinician focus groups. A number of themes emerged from these groups about implementing EBTowards in general: practical challenges such as the time and effort required to learn EBTowards well, defining the ‘core’ components of the EBTowards which should not be modified, and defining when there is ‘drift’ from the model; patient problems such as noncompliance, comorbid substance abuse or chronic mood instability; or rigidity of those treatment models that do not allow clinicians to adapt the EBTowards to individual patients’ needs. Successful EBTowards were described as those that adopt a social approach for both patients and clinicians, allow for clinicians to creatively engage patients and, where necessary, implement elements of other EBTowards; provide greater clarity for providers to understand how to implement the treatment in step by step fashion, through regular monitoring and supervision.

Virtual reality and augmented reality exposure therapy: from laboratory studies to clinical controlled trials
Katharina Meyerbröker, University of Amsterdam, the Netherlands

Participants’ preferences about In Vivo Exposure versus Augmented Reality Exposure for the Treatment of Small Animal Phobia
M.Ángeles Perez-Ara, Universidad Jaume I; Cristina Botella, Universidad Jaume I, Juana Bretón-López, Universidad Jaume I; Soledad Quero, Universidad Jaume I;
Currently, the treatment of choice for specific phobias is in vivo exposure (IVE). However, low treatment acceptance and high dropout rates have been documented (e.g., Choy, Fyer & Lipsitz, 2007; García-Palacios, Botella, Hoffman & Fabregat, 2007). Augmented Reality Exposure (ARE) has proved its effectiveness to treat cockroach phobia (Botella et al., 2005; 2010). The patients’ preferences could be relevant for enhancing treatment acceptability and adherence. The aim of this work is to compare, in a controlled study, the patients’ preferences of two treatment conditions at post-treatment. Sixty-three participants (54 had cockroach phobia and 9 spider phobia) were randomly assigned to each condition: IVE (N=31) and ARE (N=32). They received “one-session treatment”, following Ost’s guidelines. After the treatment, the participants were given a brief demonstration of the alternative treatment. Then, they completed the Treatment Preferences Questionnaire (Lapszynski, 2010) reporting their preferences about the exposure component. Considering the treatment condition, results showed a clear preference for the treatment received in terms of choice, efficacy, utility, logic, and recommendable. However, participants in both groups considered IVE more aversive than ARE. Regardless of the condition, although no statistical differences were found in terms of choice, the participants showed a significant preference for IVE in terms of efficacy and utility. However, they still found IVE significant more aversive. Results derived from this study can provide relevant information about the use of AR to increase the effectiveness of a clinical intervention according to the Axis II of the American Psychological Association (APA, 1995).
Virtual reality can now be used with patients suffering from complex anxiety disorders: findings with OCD and GAD
Stephane Bouchard, Université du Québec en Outaouais, Canada
Using virtual reality (VR) to conduct exposure with patients suffering from phobias has been shown to be as effective as in vivo exposure and one study with social anxiety disorder revealed it is more efficient for therapists. But what CBT therapists need are VR applications that would allow conducting exposure to situations and stimuli that are difficult or challenging for therapists to access, recreate or control. This is especially the case with obsessive-compulsive disorder (OCD) and generalized anxiety disorder (GAD).

The presentation will provide an overview of VR scenarios currently used in exposure with patients suffering from post-traumatic stress disorder and recent experimental research on VR for OCD. Three clinical studies will be described to show that: (a) VR is a tool that can elicit sufficient anxiety to conduct exposure with OCD patients, (b) pilot data are supporting the use of a new treatment protocol where exposure to OCD stimuli are presented only in VR, and (c) even the broad range of sources of worries found in GAD patients are amenable to exposure using a handful of VR scenarios.

The first study revealed that an immersion in a dirty virtual public toilet can effectively induce anxiety in normal control and significantly more in OCD patients. This finding was followed by a pilot study using a single-case design with multiple baselines across subjects where OCD patients were treated with a CBT protocol where all exposure session were conducted in VR. The last study reports on the comparison between physiological and emotional response to GAD patients to exposure scenarios that were either: (a) based on their idiosyncratic worry themes and repeated in imagination, (b) generic scenarios developed by therapists based on past experience with GAD patients and repeated in imagination, or (c) the same generic scenarios as in “b” but experienced while immersed in virtual reality.

Together, these results show that clinical use of VR to conduct exposure in CBT is moving from the relatively simple cases of specific phobias to more complex (e.g., OCD) and challenging (e.g., GAD) cases of anxiety disorders. The discussion will address potential mechanisms to explain why exposure to unrealistic, generic and artificial stimuli can lead to actual behavioral, physiological and cognitive changes in patients.

Serious Games: New ways for Engaging Patients in Exposure Treatment
Cristina Botella; Juana Maria Bretón; Jean-Marie Burkhardt; Rosa Baños; Mariano Alcañiz,
In vivo exposure (IVE) is an effective technique; however, some patients do not accept IVE and the treatment itself is associated with a high drop-out rate (Choy et al., 2007). Information and Communication Technologies such as Virtual Reality (VR) and Augmented Reality (AR) have been identified as an effective option and as useful tools to resolve some of the drawbacks associated to IVE (Botella et al., 2005; 2010). However, new ways that offer the possibility to increase engagement and motivation in the therapeutic process are still needed. Indeed, one of the main reasons for treatment failure is lack of patient motivation (Öst & Ollendick, 2001). A possible action could be the introduction of serious games to support therapeutic objectives. The aim of this paper is to present and evaluate an AR serious game for the treatment of small animal phobia, from both the patient and the therapist perspectives. In this study, 26 participants (sub-clinical population) played the Catch Me game. The results show that the Catch Me game significantly increases the knowledge of participants about the feared animal, and significantly reduces their anxiety level. Moreover, the participants enjoyed the game, felt the VR animals relatively present in the environment and fairly real. Finally, the therapists perceived the game as being a useful therapeutic tool. These findings support the usefulness of finding new ways to conduct exposure and open-up opportunities to use serious games for apply exposure in a population that requires special care as children.

Enhancing Exposure Therapy in Specific Phobia: Experiments in Virtual Reality
Youssef Shibain, University of Regensburg; Johanna Brütting, University of Würzburg, Paul Pauli, University of Würzburg
Although exposure in vivo and the recently explored exposure in Virtual Reality (VR) have been verified as effective tools to treat phobic fear, the mechanisms underlying exposure therapy are still not fully understood. Exposure in Virtual Reality is particularly suitable to control specific aspects of exposure therapy while exposing the patients to an ecological valid and fear inducing situations. Within VR, self reported fear as well as physiological and behavioral responses could be measured with minimal confounding artifacts. This presentation focuses on two studies investigating the enhancement of exposure therapy of spider phobia in VR. The first one compared exposure in one context with exposure in several contexts. Multiple context exposure (MCE) resulted in a reduced renewal of fear when the virtual spider was presented in a new context. Furthermore the effect of MCE generalized to a behavior test in vivo. The second study investigated the influence of caffeine administered orally prior to the exposure therapy. Preliminary analyses indicate that the caffeine did not influence the outcome of the therapy. Overall these studies demonstrate the applicability of VR exposure to investigate the process of exposure therapy and to proof options to enhance treatment efficacy. The presented results may be used in outpatient clinics to enhance treatment. Further studies are necessary to generalize the effects to other anxiety disorders.

The therapeutic alliance in virtual reality exposure therapy in patients with panic disorder and agoraphobia
Nexhmedin Morina, Universityof Amsterdam; Paul Emmelkamp, University of Amsterdam,
Recent research has supported the efficacy of Virtual Reality Exposure Therapy (VRET) as an effective treatment for panic disorder and agoraphobia. The current presentation will focus on the relationship between attachment, therapeutic alliance and therapy outcome in VRET. Our findings are based on a randomized controlled trial with 55 patients with panic disorder and agoraphobia who were randomly assigned to receive either (a) VRET in combination with cognitive therapy or (b) exposure in vivo in combination with cognitive therapy or (c) a waiting list control group. Patients received a total of ten treatment sessions. In the first four sessions the focus was on psycho-education, cognitive restructuring and interoceptive exposure. In the following six sessions patients underwent exposure according to their treatment condition. Both active treatment conditions were more effective than the waiting list control condition (with large effect sizes ranging from $\eta^2_{p} = 0.234 - 0.447$). VRET was as efficacious as exposure in vivo. Positive relations were found between therapy outcome in VRET and the quality of the therapeutic alliance. Additionally, a positive association was found between patients with an anxious attachment style and the Bond subscale of the Working Alliance Inventory that measures mutual trust, acceptance, and confidence. In general, the results show that the therapeutic effects of VRET are not limited to specific phobias but can be also demonstrated in more complex anxiety disorders, such as panic disorder with agoraphobia. Additionally, our results indicate that the use of technological support in VRET does not pose limitations in developing a solid and trustworthy working alliance.

**Special Interest Groups**

**New Special Interest Group in Personality Disorders**
Michele Proacci, Terzocentro de Psicoterapia, Italy

Although patients with personality disorders constitute a major challenge for mental health services (about 15% of the population receiving a clinical treatment), they seldom receive an integrated and complete treatment as required by the evidence-based literature. They usually are referred to pharmacological treatments in order to alleviate their symptoms. On the other hand, the evidence-based literature confirmed that the provision of a structured treatment both reduces mortality and treatment costs. Among the different proposed treatments, CBT is the most appropriate for the management of personality disorders. The purpose of this symposium is to activate a special interest group (SIG) dealing with personality disorders. EABCT members may participate in the agenda of this working group. Speakers will present some current points on the treatment of personality disorders.

a) Presentation of the SIGs within the EABCT project (A. Pinto, EABCT, SITCC, Naples, Italy).

b) The problems of assessment in complex cases of personality disorders (M. Proacci, Third Center of Cognitive Psychotherapy, Rome).

c) The comorbidity between personality disorders and other Axis I disorders (C. Cungi, Ifforthec, Geneva).

d) The therapeutic alliance in patients with borderline personality disorders (J. Cottraux, University of Lyon).

e) Therapeutic factors in treating Personality Disordered patients (A. Arntz, Maastricht University).

The constitution of the SIG wants to be a stimulus to EABCT members interested in the cognitive behavioural treatment of patients with personality disorders and willing to take part in the birth of such a working group.

**Evidence and Practice in Low Intensity CBT**
Paul Rijnders, Indigo Zeeland, The Netherlands

Attempts to increase access to evidence-based psychological therapies for common mental health problems are resulting in a paradigm shift in the way CBT is delivered. This shift is away from the delivery of high-intensive face-to-face CBT by experienced and specialist mental health professionals towards the inclusion of Low Intensity CBT. Beside experience with a large variety of ways Low Intensity CBT is delivered (self-administered; E-health; telephone administered; guided self-help) there is growing evidence about which type of LI CBT works best for what type of symptom, what type of patient or under which conditions. In this symposium the state of the art about evidence/outcome, as well as the presentation of different ways of presenting LI CBT are presented and discussed.

**Founding a New EABCT Special Interest Group on Training, Supervision and Therapist Development**
Andreas Veith, Germany

Training and supervision has always been a main theme within EABCT. In the last ten year a lot of progress has been done, e.g. by the formulation of EABCT training standards. Also, the professionalisation of psychotherapy within health systems throughout Europe requires more research in the field. Still a lot of theoretical and empirical work has to be done to understand and optimize therapists training and livelone performance and development. Especially this last perspective seems to have been neglected.

A SIG on training, supervision and therapist development will help to collect information on relevant research and build up a network of researchers and practitioners interested in the field. The main goal of this symposia is to found and start organizing the EABCT SIG on training, supervision and therapist development.

**Poster Session 6 – Behavioural Medicine and Appetitive Disorders**
The role of dysfunctional attitudes in recovery from co-morbid substance use disorders and depression

Naomi Dubber, University of Wollongong, Australia; Peter Kelly, University of Wollongong; Frank Deane, University of Wollongong, Australia; Amanda Baker, University of Newcastle, Australia; Frances Kay-Lambkin, University of New South Wales, Australia

Substance use disorders are highly prevalent, and the majority of individuals with a substance use disorder have a co-morbid mental illness (most commonly depression) however current services generally fail to treat this co-morbidity. CBT is one method that has successfully integrated treatment of co-morbid substance use disorders and depression, by targeting the depressive thinking that is common to both. Computerised CBT has been used successfully in outpatient settings and has potential for treating comorbidity in residential treatment settings. The current study used a randomised controlled trial design to assess, 1) the impact of adding computer based CBT for co-morbidity to standard residential substance use disorder treatment, and 2) the contribution of dysfunctional attitudes to recovery outcomes.

Participants were 198 individuals in long-term residential treatment for substance use disorders, who were randomly allocated to either a treatment condition (computer based co-morbidity treatment), or an active control condition (computer based typing tutorial). Each condition consisted of 10 sessions, which were completed in addition to standard residential treatment. Participants were assessed on cravings, depressive symptoms, and dysfunctional attitudes at baseline, post-intervention, and three month follow-up.

No significant difference was found in recovery outcomes between the two conditions. Dysfunctional attitudes were found to be related to same time-point recovery outcomes (more strongly to depressive symptoms than to cravings). Reductions in dysfunctional attitudes from pre-to-post intervention predicted decreases in depressive symptoms from pre-intervention to 3-month follow-up.

The results provide some support for a behavioural activation effect, and integrated/interactive models of recovery. A computer based intervention may provide some additional benefits for supporting recovery from substance abuse and depression. There is some evidence that these benefits accrue through changes in dysfunctional attitudes but this appeared specific to depression rather than cravings.

Profile of addicted patients who re-enter treatment programmes

Alfonso Arteaga, Universidad Pública de Navarra, Spain; Javier Fernández-Montalvo, Universidad Pública de Navarra, Spain; José Javier López-Gofli, Universidad Pública de Navarra, Spain

Clinical experience shows that some drug-addicted patients are re-admitted to treatment programmes multiple times because of relapses. These patients alternate periods of abstinence, relapse and re-admission into treatment programmes. Recent studies have examined the general profile of patients who re-enter treatment programmes and show that re-admitted patients have a more severe profile. The present study aims to establish the percentage of re-admitted patients in an addiction treatment programme and to evaluate the differences between patients who re-enter treatment programmes and patients who seek treatment for the first time.

A sample of 252 addicted patients (203 male and 49 female) who sought outpatient treatment was assessed. Data regarding socio-demographic factors, drug consumption factors (assessed using the EuroPAsi), psychopathological factors (assessed using the Symptom Checklist 90 Revised [SCL-90-R]), and personality variables (assessed using the Millon Clinical Multiaxial Inventory II [MCMI-II]) were collected. In this sample 65.9% (n=166) of drug-addicted patients were re-admitted into treatment programmes. All of the variables for which we collected data were compared between these treatment repeaters and patients who were admitted for the first time.

Significant differences between the two groups of patients were found for some of the variables studied. Treatment repeaters were generally older and had a poorer employment situation than first-time admits. Treatment repeaters were also more likely to report poly-consumption and to have sought treatment for alcohol abuse. Moreover, some of the scores for several EuroPAsi (medical, employment, alcohol and drug use, family, and psychiatric), SCL-90-R (psychoticism), and MCMI-II (phobic, antisocial, self-destructive, and schizotypal) variables were statistically significantly different from those of the first-time admits.

The results of this study show that patients with multiple treatment periods generally have more severe problems. These data suggest that at least two types of improvements must be included in future treatment protocols: (1) treatment programmes should incorporate a detailed analysis regarding the existence of prior treatments into the baseline protocols; and (2) treatment programmes should offer follow-up services to patients who have completed their treatments.

The knowledge of the profile of patients who return to an outpatient addiction treatment can be useful to adapt the techniques used so as to best suit their specific characteristics.

Effectiveness of targeted naltrexone and outpatient cognitive behavioral therapy for the treatment of alcohol dependence: a naturalistic study

Jari Lipsanen, University of Helsinki, Poland; Jari Lahti, University of Helsinki, Poland; Hely Kalska, University of Helsinki, Poland; Hannu Alho, National Institute for Health and Welfare, Poland

The opioid antagonist naltrexone, combined with cognitive behavioral therapy (CBT), has proven efficacious for patients with alcohol dependence, but studies examining how this treatment works in a naturalistic treatment setting are lacking.
This study examined treatment outcome and predictors of outcome of targeted naltrexone and CBT in a real-life outpatient setting. Participants were 315 patients who attended a treatment program providing CBT combined with the targeted use of naltrexone. Mixture models for estimating developmental trajectories were used to examine change in patients’ alcohol consumption and symptoms of craving from treatment entry until the end of the treatment (20 weeks) or dropout. Predictors of treatment outcome were examined with analyses of multinomial logistic regression. Minimal exclusion criteria were applied to enhance the generalizability of the findings. A significant linear negative trend was observed for all patients’ symptoms of alcohol craving during the treatment. However, there was more variability in reduction of alcohol consumption. A linear negative trend in alcohol consumption was observed for 33% of the patients. For 52% of the patients, the reduction in drinking was more modest, and 15% of the patients had low alcohol consumption throughout the treatment. Patients who continued to drink more during the treatment had lower naltrexone adherence than those who drank less. Patients with higher pretreatment drinking levels, more severe alcohol dependence and high craving for alcohol had lower change in alcohol consumption during the treatment. On the other hand, those who had less severe alcohol dependence and lower craving for alcohol, were most likely to drop out from the treatment. These results confirm the assumption that a combination of naltrexone and CBT leads to a reduction in cravings for alcohol. However, these results support the view that this treatment may not be efficient for everyone and future research should focus on better identifying the subgroup of patients who benefit from this treatment. Medication non-adherence is a major barrier to naltrexone’s effectiveness and an important issue to address and monitor during treatment. These results have high external validity and are specifically useful for clinicians who are treating patients with substance abuse disorders using CBT (especially in combination with pharmacotherapy).

White Matter Structural Changes of Obsessive Compulsive disorder ~from the aspects of Diffusion Tensor Imaging
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While a large number of functional and structural neuroimaging studies in obsessive-compulsive disorder (OCD) have been published in recent decades, relatively small number of diffusion-tensor imaging (DTI) have been conducted. Moreover, those findings from DTI are still inconsistent, probably due to each methodological factor, difference in sample sizes or heterogeneity of OCD. In this study, we conducted DTI examination and analysis with a relatively large sample to provide more reliable and intimate findings.

Method:DTI examination on 3.0-Tesra scanner was conducted in thirty-seven OCD patients (14 males, mean age=34.4 years (SD=10.5)) and 37 matched healthy controls (14 males, mean age=36.8 years (SD=10.8). We investigated individual’s fractional anisotropy (FA) values, a measure of the water directional diffusivity, and analyzed them using tract-based spatial statistics (TBSS) for voxel based between-two-group comparison.

Results:In the present study, the OCD group exhibited a significant reduction compared to the healthy controls in FA values mainly in the inferior fronto-occipital fasciculus (IFOF), which may reflect the abnormality of white matter integrity there. There were no regions of significantly higher FA in the OCD group compared to the healthy controls.

Discussion:IFOF is one of the large association fiber bundle connecting the frontal and occipital lobe. It also contains fibers branching in the parietal and temporal lobes. Our finding supports the hypothesis that the pathophysiology of OCD might be extended to the broad regions including the parietal and occipital cortex not limited to conventional orbitofronto–striatal regions, known as the revised OCD-network model. The elucidation of biological basis and neuropathology of OCD might be helpful to the establishment of the strategy of clinical therapy including CBT. In future, the result of DTI will predict the treatment response of clinical therapy. (e.g. Patients who has a weak connection within cortical bundle fibers will respond to CBT.)

Is medical information processed differently if it is perceived as self-relevant and threatening? A case-control study with breast cancer
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In medical settings patients have to be informed about their disease and treatment to be enabled to participate in treatment decisions. Information that is perceived as threatening and self-relevant is encoded differently from neutral information (Croyle et al., 2006; Kessel, 2010; Rogers, Kuiper, & Kirker, 1977). This study hypothesizes that side effect information is processed worse in breast cancer patients than in healthy controls especially when patients evaluate the information as self-relevant and threatening.
In a case-control study N=95 postoperative breast cancer patients and N=95 matched healthy controls (mean±SD of age in both groups=45.69±67.15) obtained a half-standardized patient information about adjuvant endocrine therapy. Perceived relevance and threat of information as well as comprehension and recall were assessed directly after given treatment information using specifically designed items. Comprehension was high in both groups and recall medium to high. Patients showed lower comprehension of specific side effect information than controls ($\chi^2(1) = 4.02$ to 4.12, p< 0.05) but not of treatment benefit information. Comprehension in both groups was related with perceived relevance (patients: r=.25, p<.01; controls: r=.21, p<.05). In women with breast cancer recall was predicted by age ($\beta$=.30, p<.001), comprehension ($\beta$=.41, p<.0001) and perceived relevance ($\beta$=.19, p<.05; R$^2$=.46, F(5,88)=15.17, p<0.001). The association of perceived relevance and recall was moderated by perceived threat ($\beta$=.29, p<.05).
This study demonstrates the influence of perceived relevance and threat of medical information on information processing.
In medical settings relevance of information should be explained and worries about side effects diminished.

Motivational enhancement therapy reduces drop-out rate from group cognitive behavioural therapy for bulimia nervosa outpatients: a preliminary study

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Despite lots of evidence indicating the effectiveness of cognitive behavioural therapy (CBT) for bulimia nervosa (BN), drop-out rates continue to be a problem. The aim of this study was to compare drop-out rates between the CBT only group and the MET combined group CBT.

Forty-one BN outpatients participated in this study. Twenty-five participants engaged in the CBT only group program - a weekly group for 10 weeks and sixteen participants engaged in the MET combined group CBT program - a pretreatment of MET individual sessions followed by 10 weeks of group CBT. Participants completed the Eating Disorder Inventory-2 (EDI-2), the Bulimic Investigatory Test, Edinburgh (BITE), as measures of eating psychopathology, the Toronto Alexithymia Scale (TAS-20), as measures of the degree of alexithymia, the Rosenberg Self-Esteem Scale (RSES), as measures of self-esteem.

Results: Both of the group programs showed significant improvement in the scores of the BITE, the EDI-2 and social functioning of the GAF.

The MET combined group CBT dramatically reduced drop-out rates (12.5%) compared with the CBT only group (36%).
The MET combined group CBT programme proved to be useful in reducing drop-out rates in the first-step treatment for BN outpatients. Although this study was not controlled it could represent a promising step towards the development of an encouraging intervention which enhances the benefits of group CBT for BN patients.

Motivational enhancement intervention will enhance adherence for the CBT and will contribute better outcome.

Affective Intra- and Cross-Modal Startle Response Modulation in Dental Phobia

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The amplitude of the acoustic startle reaction (SR) was consistently shown to be enhanced by unpleasant emotional background stimuli. It is as yet unclear whether intra-modal stimulation inhibits or might even potentiate this effect. The present study compared the modulation of the acoustic SR due to phobia-related noises with that of phobia-related pictures in 104 dental phobics and 22 controls. Auditory background stimuli were dental treatment noises and birdsong and visual stimuli were dental treatment and neutral control pictures.

Phobics showed startle potentiation to the visual background stimuli only, not, however to dental noises although they exhibited a higher heart-rate reaction to the latter. Controls did not show any SR modulation due to dental-related materials.
The results suggest a modality and situation-dependent inhibition of the intra-modal affective SR modulation.

Somatoform Symptoms and Strategies of Emotion Regulation

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Strategies of emotion regulation are of paramount importance for our understanding of anxiety and affective disorders. Yet, little is known about alterations in strategies of emotion regulation in somatoform disorders. The current study therefore aims at investigating possible associations between emotion regulation strategies and the experience of somatoform symptoms.

Using non parametric structural equation modelling, associations between dimensions of somatoform symptoms and strategies of emotion regulation (expressive suppression, reappraisal, rumination, and distraction) were assessed in a sample of the general population (N = 414).

Significant associations were observed between functional and dysfunctional strategies of emotion regulation and facets of somatoform symptoms. Certain associations remained significant even after statistically controlling for depressive symptoms.
The findings may be used to extend existing cognitive-behavioral models of somatoform disorders. Acceptance- and mindfulness-based therapeutic approaches might directly address dysfunctional emotion regulations strategies in patients with somatoform disorders.

Possible problems in emotion regulation should be assessed carefully in patients suffering from somatoform disorders. CBT in patients with somatoform disorders should aim at reducing dysfunctional and at fostering functional emotion regulation strategies in everyday life.

E-health and patient empowerment in individuals with (symptoms of) an eating disorder

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Many individuals with eating disorder problems seek information and support online. There are however a number of websites that promote eating disordered behaviors. The website/e-communtiy ‘Proud2Bme’ was developed as a healthy alternative for pro-eating disorder websites, providing a safe, positive, and pro-recovery focused environment. It offers a wide array of information and personal stories, as well as platforms for interaction such as forum and chat. The first aim of this study was to investigate whether, and to what extent, empowering processes and outcomes participants on Proud2Bme experience. The second aim was to examine correlates of empowering processes and outcomes.

An online survey was presented on Proud2Bme. Correlations were examined and t-tests and chi-square tests were conducted.

Exchanging information, finding recognition, and sharing experiences were the empowering processes most often reported by participants. The most pronounced empowering outcome was feeling better informed. To a smaller degree, increased help-seeking behavior, increased optimism and control over the future, and increased confidence in treatment and the relationship with the therapist were reported. A lower level of general empowerment, younger age, and more interactive usage patterns of the website were positively associated with the experience of empowering processes and outcomes.

Offering a platform where individuals can share their experiences and find recognition might be one of the most important ingredients for successful e-health initiatives aimed at improving empowerment of individuals with (symptoms of) an eating disorder. Such initiatives offer a healthy alternative to the potentially harmful and negative effects of pro-eating disorder websites.

The website/e-community Proud2Bme offers a healthy alternative to the potentially harmful and negative effects of pro-eating disorder websites. Proud2Bme may serve as an alternative for treatment for individuals with mild eating problems, offering a more cost-effective alternative. Visitors of e-communitites like Proud2Bme are potentially better informed about treatment as well as better prepared for it, and their motivation may be heightened by reading and sharing positive and recovery-focused experiences, which could possibly result in shorter treatment durations and better treatment outcomes.

Forgiveness and subjective well-being as predictors of relationship quality for men and women

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There exist transgression situations in nearly every close relationship. The future well-being of relationship largely depends on how partners assess the offence. This research proposes that forgiveness and subjective well-being predict partner’s perception of their relationship quality after transgression situation.

Participants were 29 heterosexual couples (M age=37, SD=6.42) with length of relationship of 3 years and more. Forgiveness was measured by changes in revenge motivation, avoidance motivation and benevolence motivation (TRIM-18, McCullough, 1998) toward transgressor. Subjective well-being consisted of satisfaction with life, positive affect prevalence and avoidance from negative affects (SWL, Dierer, 2002). Perceived relationship quality components were measured thought relationship satisfaction, commitment, intimacy, trust, and passion (PRQC, Fletcher et al, 2000).

Regression was used to confirm hypothesis. For men positive affects predict relationship satisfaction and commitment, and avoidance is negatively related to love. For women revenge is negatively related to trust and avoidance is negative related with relationship satisfaction

Results shows that men and women perceive their relationship quality different. If men do feel positive emotions, they are more satisfied with relationship and are more committed to partner, if they avoid communication with partner, they love to tem decrease. If women feel revenge toward their offended partner, they do not trust them. If women avoid their partners, their satisfaction with relationship decreases. These are preliminary results, but shows interesting findings for further research.

Results can be useful in couple counseling to understand better difference what is more relevant for both sex to establish relationship after transgression situations.

Cognitive Behavioral Group Psychotherapy for Weight Loss

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Obesity is a worldwide health problem that effects more than 1,4 billion adults. It has nearly doubled since 1980 and it is estimated that in 2015 more than 2,3 billion will be overweight and 700 million will be obese worldwide. Obesity can
increase both morbidity and mortality since it can cause medical conditions such as diabetes mellitus, hypertension, and coronary hearth disease. Medical and surgical treatment modalities for obesity have been described and practiced for years. The major psychological treatment for obesity is Cognitive Behavioral Therapy.

In this study, we report our results of two psychotherapy groups of Cognitive Behavioral Therapy for Weight Loss. These groups consisted of 10 people each, whose mean Body Mass Index was 41.26 ± 7.32. Their mean age was 37.16 ± 12.16, and 78.9% (n=15) were women. All of them had a history of failed diets. 31.6% had a medical condition related to obesity (such as diabetes mellitus and/or hypertension). 7 group sessions were conducted weekly, and each session lasted 60 minutes. An additional follow-up session was done 1.5 months after the last session. Main themes of group sessions were cognitive behavioral techniques specially designed for weight loss. 89.5% (n=17) of the group members finished the 7-weekly sessions and they had lost 4.00 ± 1.96 kilos during these sessions. Their mood, level of adherence to diet and exercise programs, and level of doing homework was rated weekly by using a Visual Analog Scale. According to the final results, their mood got better, they had an average level adherence of diet and exercise programs, and they did their homework most of the weeks. The results of the follow-up sessions showed that although the rate of losing weight has dropped, they did not gain weight either.

According to these preliminary results, Cognitive Behavioral Therapy in a group setting may help obese people to lose weight in acute period.

CBT techniques may help people to lose weight in the short term, but specialized techniques should be added in order to prevent gaining back the weight in the long term.

Getting entangled with body image: Development and validation of a new measure

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Although there are several instruments that assess broad cognitive fusion, there is a distinct absence of cognitive fusion measures related specifically to body image. Thereby, a new scale, Cognitive Fusion Questionnaire - Body Image (CFQ-BI), was developed to assess fusion with thoughts regarding body image. The questionnaire was based on the CFQ-28’s items (Gillanders et al., 2010), which were adapted into statements concerning body image-related cognitive fusion.

To test CFQ-BI’s factorial structure a sample of students of both genders (n = 361) was used to conduct an exploratory factor analysis (EFA). Two confirmatory factor analyses (CFA) were conducted in a sample of 223 male participants, and in a sample of 294 female participants. Temporal reliability analysis was conducted in a sample of 51 students of both genders. EFA results showed that the CFQ-BI presented an one-factor structure, with 15 items, which revealed the highest factorial loadings (superior to .77). This structure explained 70% of the variance. CFA results showed that, in both genders, this one-factor structure presented satisfactory fit values (CFI, TLI, NFI, IFI, PCFI and PNFI) confirming the adequacy of the model. The CFQ-BI showed good convergent and divergent validities, good temporal and discriminant reliabilities and very good internal consistency values, with a Cronbach’s alpha of .97.

These results indicate that CFQ-BI may be highly useful to future studies regarding body image-related cognitive fusion and might have a key contribution for the increase of research in this area.

This study offers to clinicians and researchers, working with CBT approaches, robust data regarding a new measure of a central process in body image and eating related-difficulties, suggesting that CFQ-BI is a short and valid self-report instrument with sound psychometric properties.

Predictors of Body Appearance Cognitive Distraction During Sexual Activity In a Clinical Sample of Men and Women

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Cognitive distraction is a core concept in cognitive models of sexual dysfunction. Body Appearance Cognitive Distraction During Sexual Activity (BACDSA) has been studied mainly among female college samples. However, the relative contribution of different indicators of body dissatisfaction among men and women from clinical samples, including the contribution of relationship variables to BACDSA, has yet to be studied. The aim of this study was to examine the extent to which aspects of body dissatisfaction and relationship variables predict BACDSA in a clinical sample.

A total of 193 heterosexual participants in a relationship (96 women and 97 men) with sexual problems from Portugal completed an anonymous survey. The survey included a socio-demographic questionnaire and a set of questionnaires assessing body related and relationship related variables. We used a single item on partner’s opinion perceived about one’s body appearance (PO); the Global Body Dissatisfaction Subscale of the Body Attitudes Test (GBD); a version of the Contour Drawing Rating Scale; the Global Measure of Relationship Satisfaction; and the Inclusion of Other in Self Scale. Focus on specific body parts during sexual activity (FBP) and relationship length were assessed through an open question. Hierarchical multiple regression indicated that GBD and FBP were the only body dissatisfaction variables that significantly predicted BACDSA and FBP was a significant predictor of BACDSA solely in women. The variance explained in men was 35% (R² = .35) and in women was 52% (R² = .52). No relationship measures were predictors of BACDSA.

Our results are not consistent with previous research with community samples. In futures studies with clinical samples qualitative methodologies should be used in order to explore which relationship factors may play a role in BACDSA as this association remains unclear.
Cognitive distraction is a central phenomenon in cognitive models of sexual dysfunction. Our study aimed to provide a better understanding of predictors of BACDSA among a clinical sample, in order to improve intervention strategies in the field of sexual dysfunctions.

**Usability of Self-Other Focused Thinking Error Scale (SOFT) for clinical patients**

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- Other Focused Thinking Error Scale (SOFT) is the brief version of logical thinking error questionnaire. It was developed by Matsuda and Tayama (2012).

Beck (1967) proposed three hypotheses, depressogenic schemata, automatic thoughts, and logical thinking errors, as the background of depression.

Then, it has been necessary and tried to develop more multifaceted and simple inventory for depression. By SOFT, We can measure two factors of logical thinking error, which are self-focused logical thinking error (SOFT-self) and other-focused logical thinking error (SOFT-other). It is known that SOFT scores were associated with anxiety, stress response, and depression. But the study has one biggest limitation that all participants were healthy. So, it is unclear that SOFT can be useful questionnaire to assess logical thinking errors for clinical patients. In this study, we examined relationship between tendencies of depression and logical thinking error for clinical patients.

105 clinical patients (45 were Adjustment disorders, Neurotic, stress-related and somatoform disorders, 53 were Mood disorders?? were others) were assessed tendencies of depression and logical thinking error, using the quick inventory of depressive symptomatology-self report Japanese version (Rush et al., 2003) (QIDS-J) and SOFT, respectively. In the analysis, Pearson correlation coefficients between SOFT-self score, SOFT-other score, and QIDS-J score were calculated.

Positive correlation between SOFT-self score and QIDS-J score (r=0.7121) was found. Positive correlation between SOFT-other score and QIDS-J score (r=0.4907) was found.

The results were that SOFT scores are related with QIDS score.

Relationship between SOFT and depression patients was confirmed. This is considered beneficial multilateral measure in clinical depression.

This study offer SOFT considered beneficial multilateral measure in clinical depression.

**Bullying and eating psychopathology in young adolescents: The impact of body shame and psychological inflexibility**

Cristiana Duarte, University of Coimbra, Portugal; José Pinto-Gouveia, University of Coimbra, Portugal; Tânia Rodrigues, University of Coimbra, Portugal; Ana Silva, University of Coimbra, Portugal

Existant research shows that bullying has a profound impact on adolescents’ psychological wellbeing and eating psychopathology. Nevertheless, the ways through which these early experiences impact on adolescents’ body and eating-related disturbances remain less investigated. The current study aimed at examining the association between bullying, body image dissatisfaction, body shame, eating psychopathology and psychological inflexibility. Furthermore, we tested whether body shame mediates the association between bullying and eating psychopathology, and whether psychological inflexibility mediates the association between body shame and eating psychopathology.

This cross-sectional study was conducted in a sample of 437 young adolescent girls attending middle schools, who completed a set of self-report measures. Correlational and mediation analyses were conducted.

Results show positive, moderate to large, correlations between bullying, body image dissatisfaction, body shame, eating psychopathology and psychological inflexibility. Regression analyses show that bullying significantly predicts eating psychopathology, partially through increased body shame. Also, psychological inflexibility is a partial mediator on the association between body shame and eating psychopathology. These models explain 51% and 52% of eating psychopathology' variance.

These results offer novel insights regarding how negative relational experiences impact on eating psychopathology, highlighting the role of body shame and psychological inflexibility. Since adolescence is a critical developmental time period for the onset of eating psychopathology, these findings may be an important contribution for the development and improvement of eating disorders clinical interventions and prevention programs.

These findings clarify the interactions and the role that interpersonal variables, body shame and psychological flexibility play on young adolescent girls body and eating-related difficulties, suggesting the importance of assessing and addressing these aspects in clinical settings and in prevention programs directed at this population.

**Association between need and satisfaction with online information and psychological distress, self-efficacy, and quality of life in cancer patients and their relatives**

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Cancer diagnosis can cause increased levels of distress, depression and anxiety in patients and their relatives. A strong need for information has been reported in these populations and satisfaction with information is associated with self-efficacy and a better quality of life in cancer patients (Bass, Ruzek, Gordon, Fleisher, McKeown-Conn & Moore, 2006). Unfortunately, this need is one of the most frequently unmet needs reported in cancer patients and their relatives. The main objective of the current study is to assess the need for and the satisfaction with information in cancer patients and their relatives. We focused on online information, as internet is nowadays an important source to acquire health-related information. Additionally, we are interested in the relationship between the satisfaction with online information resp. and measures of self-efficacy, anxiety, depression and quality of life in cancer patients and their relatives.

This study has a cross-sectional retrospective design. The sample will consist in fifteen adult patients suffering from different types of cancer and fifteen cancer patients’ relatives, which will be investigated with structured interviews and computerized questionnaires. We expect a positive relationship between the satisfaction with online information and self-efficacy and quality of life in patients and relatives and a negative association between the satisfaction with the online information and the levels of anxiety, depression and psychological distress in both groups. Furthermore, we expect a significant difference between both groups regarding the satisfaction with the online information.

Preliminary outcomes of our study will be here presented.

**Distress Tolerance Scale-Simons (DTS-S): Preliminary data for the Portuguese Version**

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Distress tolerance can be defined as the ability to experience and resist to distress and negative emotional states. Studies in non-clinical samples have showed that distress tolerance is an important predictor of bulimic symptoms even when the effect of depressive and anxiety symptoms, impulsivity and perfectionism is controlled for (Anestis, Selby, Fink & Joiner, 2007). The DTS-S (Simons & Gafer, 2005) is a 15-item self-report questionnaire that assesses the perceived ability to tolerate emotional distress. It is divided in four subscales, namely: tolerance (perceived capacity to tolerate emotional suffering), appraisal (subjective evaluation and acceptance of emotions), absorption (tendency to focus attention on negative emotions) and regulation (tendency to make efforts to avoid or diminish emotional suffering).

This study aims to analyze the psychometric properties of the Portuguese version of DTS-S in a in a sample of women from the general population and to examine the association between distress tolerance and eating-related difficulties and general psychopathology symptoms. Exploratory factor analysis, reliability, and convergent and divergent validity analyses will be performed.

It is expected that the Portuguese version of DTS-S presents a four-factor structure, similar to the original scale, and good reliability. Moreover, positive associations with psychological flexibility and mindfulness are expected, as well as negative associations with disruptive eating behavior and psychopathology.

Discussion about the results of the study will be presented.

The development of the Portuguese Version of DTS-S is essential for research and clinical practice, allowing a better understanding of the role of distress tolerance in psychopathology.

**An exploratory model for risk of eating disorders in children of Buenos Aires: preliminary results**

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The main objective of this study was to verify the hypothesis that dieting, physical activity in order to lose weight, teasing and body dissatisfaction, predict risk of eating disorders (ED) in children.

A sample of 337 children between 9 and 13 years of age (172 girls and 165 boys) from four schools in the city of Buenos Aires (Argentina), were used. They completed the following instruments: Sociodemographic Questionnaire, Children's Eating Attitudes Test (CHEAT) (Maloney, McGuire, & Daniels, 1988), and Child/adolescent Silhouette Rating Scale (Collins, 1991). The cutoff point for the diagnosis of risk of ED is a total score of ≥ 11 on the CHEAT (Elizathe et al., 2012). Odds ratios were calculated by using a logistic regression.

It was identified a 20% (n = 68) of children with risk of ED (30 girls and 38 boys), with no gender differences in this variable. This study found that risk of ED was predicted by a combination of the following variables: dieting, physical activity in order to lose weight and teasing. The most important factor was physical activity in order to lose weight, which increased the risk of ED by about 3.41. Teasing increases this risk by about 2.64 and odds ratio for dieting was 0.39. These results highlight the importance of considering these variables to detect subjects at risk of ED and to conduct specific preventive interventions.

**Early shame experiences, shame and antisocial behavior**

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The Adaptation to Intimate Partner Violence Questionnaire (Cuestionario de Adaptación a la Violencia en la Pareja, CAVP) was designed by Montero y Carrobles (2000) to assess the so-called paradoxical adaptation to domestic violence syndrome, defined as an interpersonal bond of protection built between the woman victim and the abusive man. The aim of this work was to examine the psychometric properties of the CAVP in Spanish women reporting over a partner relationship.

Two groups of women participated in this study. One was composed of 102 women victim of intimate partner violence (IPV), living on shelters or attending women assistance centers. Their mean age was 36.54 (SD=10.95), they have been a mean time of 10.92 years (SD=10.10) in the relationship and, for those who had left (99%), they had been out a mean time of 1.96 years (SD=2.65). The second was made up of 404 women Spanish university students from the Community of Madrid. Their mean age was 25.30 (SD = 6.46). Mean time in the relationship was 4.31 years (SD=5.42) and 35.4% of them had finished the relationship a mean time of 3.02 years (SD=3.05) before. A cross-sectional design for obtaining data was used. Beside the CAVP, several instruments for the measurement of psychological abuse (Subtle and Overt Psychological Abuse Scale; SOPAS; Marshall, 1999), physical and sexual abuses (Revised Conflict Tactics Scales; CTS-2; Straus et al., 1996) and psychological distress (Brief Symptom Inventory; BSI; Derogatis, 1975) were used.

A descriptive analysis of the items showed low item-total correlation values for four of the 35 items of the original CAVP for the sample of women victims of IPV. Based on this and other descriptive results (omissions, frequencies, etc.) six items were excluded from subsequent analyses. Factorial analyses, both exploratory and confirmatory, showed adequate indicators for a two-factor structure, named: Justification and preservation of the relationship and Justification of the aggression and the aggressor. Both subscales showed appropriate internal consistency values, and both correlated with psychological abuse and psychological distress. This study provides preliminary psychometric properties of the CAVP for Spanish population as applied to partner relationships and shows the importance of further studying processes of justification of violence in women victim of intimate partner violence and their relationship to women’s health. This work yields important results over adaptation to violence processes in women victim of intimate partner violence that should be address by professionals working with these women. The CAVP is being extensively used by these professionals, given its perceived utility, even if, prior to this work, non proper psychometrical data has been reported.

Can cognitive behavioural interventions alleviate the experience of side effects and distress in breast cancer patients undergoing treatment? A systematic review

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Cognitive behavioural interventions (CBI) have been used for a large variety of breast cancer patients, showing promising results regarding overall distress, pain, depression and also quality of life. However, no quantitative review has summarized their efficacy on side effects of treatment, associated distress and quality of life in the acute treatment setting. The present meta-analysis synthesizes data from 19 randomized clinical trials in order to (a) provide an estimation of overall effect of CBI in breast cancer patients during treatment for breast cancer, (b) provide average effect sizes on side effects of treatment, associated distress and quality of life, and (c) test possible moderators of effect size. Standard meta-analytic procedures have been employed.
The results show that CBI yielded a small effect size overall (Cohen’s d = 0.32) and, specifically on side effects of treatment (Cohen’s d = 0.31), associated distress (Cohen’s d = 0.30) and quality of life (Cohen’s d = 0.45), indicating that 62% of patients in the control groups did worse than the average intervention group patient. Although no significant moderation relationship was identified, individual and behavioural interventions seem to elicit better results on overall distress and on side effects of treatment, respectively.

While more studies are needed with regard to specific side effects (e.g., fatigue, pain, sleep disturbances), the overall results clearly support the use of CBI in breast cancer patients during treatment.

The results of this meta-analysis are particularly relevant for practitioners working in the specific context of acute treatment for breast cancer. Overall results show that cognitive behavioral interventions are effective in reducing a broad range of physical symptoms and associated distress, as well as quality of life. Consequently, intervention protocols for breast cancer patients, which are delivered during treatment, should consider the cognitive-behavioural approach in targeting these specific outcomes.

Also, the information provided by our study can be used in the development and the evaluation of new interventions for breast cancer patients undergoing treatment, considering, for example, that individual and behavioural protocols seem to elicit better results on overall distress and on side effects of treatment, respectively.

Infertile Couples pursuing medical treatment, fertile couples and infertile couples applying for adoption: Are they different concerning psychopathology?

Ana Galhardo, CINEICC, ISMT - Portugal; José Pinto Gouveia, CINEICC, FPCE, Coimbra University, Portugal

Infertility has been described as a stressful condition with couples stating that it corresponds to a very demanding life crisis. Studies addressing the psychological consequences of infertility have been produced mixed results (e.g., Chen et al., 2004; Verhaak et al., 2010). Most couples are able to adjust and cope with infertility but others present problematic emotional responses such as depression and anxiety. This study intends to contribute to a better understanding of the psychological impact of infertility comparing infertile couples pursuing medical treatment with fertile couples and with couples applying for adoption.

326 couples participated - 147 infertile couples pursuing infertility treatment (IG); 120 fertile couples (FG); 59 infertile couples applying for adoption (AG). Standardized measures of depression, anxiety, positive and negative affect, external and internal shame were completed by the subjects. The couple was used as unit of analysis.

Whenever a group direct effect occurred it was the GI who presented higher scores in psychopathological measures. Direct gender effects showed that women presented higher mean scores in these variables. Concerning the interaction groupXgender effect, women pursuing medical treatment presented higher levels of psychopathological symptoms when compared to their male partners. Regarding negative affect and internal shame, the AG presented significant lower levels than the FG.

Results are in accordance with existing literature pointing that when facing an infertility diagnosis and the demands of medical treatment, infertile couples, especially women, may at least transiently, experience psychopathological symptoms (Moura-Ramos et al., 2010; Verhaak et al., 2010).

Adult attachment and intimate partner violence victimization and perpetration

Carmen Almendros, Universidad Autónoma de Madrid, Spain; Javier Pérez-Pareja, Universidad de las Islas Baleares, Spain; Débora Godoy-Izquierdo, Universidad de Granada, Spain; José Antonio Carrobles, Universidad Autónoma de Madrid, Spain; Juan F. Godoy, Universidad de Granada, Spain; Manuel Gámez-Guadix, Universidad de Deusto, Spain

This work aims to study the relationship among adult attachment to the romantic partner and different types of intimate partner violence, both as suffered and perpetrated.

Two groups participated in this study. One was composed of 120 Spanish women victim of intimate partner violence (IPV), living on shelters or attending women assistance centers. Their mean age was 35.80 (SD = 11.18), they have been a mean time of 9.92 years (SD = 9.74) in the relationship and, for those who had left (90.6%), they had been out a mean time of 2.13 years (SD = 2.91). The second was made up of 119 Spanish people from the Balearic Islands (64.7% women). Their mean age was 32.81 (SD = 13.30). Mean time in the relationship was 10.29 years (SD = 11.86) and 18.3% of them had finished the relationship a mean time of 3.28 years (SD = 3.18) before. A cross-sectional design for obtaining data was used. Several instruments were used for the measurement of dimensions of attachment: avoidance and anxiety (Experiences in Close Relationships - Relationship Structures Questionnaire; ECR-RS, Fraley, Heffernan, Vicary & Brumbaugh, 2011; Spanish version by Almendros et al., 2012) psychological abuse (Psychological Abuse exerted in Partner Scale; EPA-P; Rodriguez-Carballeira et al., 2012), physical and sexual abuses (Revised Conflict Tactics Scales; CTS-2; Straus et al., 1996) and psychological distress (Brief Symptom Inventory; BSI; Derogatis, 1975). The second group of participants responded also to perpetrator versions of the EPA-P and the CTS-2 scales.

Women victim of intimate partner violence showed a more avoidant and anxious adult attachment to their reported abusive partner as compared to the second group of participants, separated by sex. Anxious adult attachment was related in all cases to psychological abuse and, in a lesser extent but also significantly, to physical and sexual abuses, both for victimization and perpetration scores. Both the avoidance and anxiety subscales, as well as all forms of abuse, showed a significant association to psychological distress.
This study provides further evidence of the relationship of intimate partner violence and poor adult attachment to the partner and how this affects women’s health. More subtle types of abuse, such as the psychologically abusive acts at the EAPA-P, were more strongly related to poor partner and personal maladjustment for those suffering or perpetrating the abuse.

This work yields important results over the relationship of poor adult attachment to the partner and the suffering and perpetration of intimate partner violence and its mental health implications for both victims and perpetrators.

A Project on the impact of body image related variables on the psychophysiological indicators of human sexual response

Maria João Alvarez, Faculty of Psychology, University of Lisbon, Portugal; Pedro Nobre, Faculty of Psychology, University of Porto, Portugal; Ellen Laan, Academic Medical Center, University of Amsterdam, the Netherlands; Sandra Byers, Faculty of Psychology, University of New Brunswick, Canada; Lisa Vicente, Ministry of Health, Portugal; Nuno Pereira, Lusofona University, Lisbon, Portugal

Focusing on cognitive vulnerability for sexual dysfunction, our project focuses on the role that body image dimensions have in human sexual response (evaluated subjectively and objectively) and uses a cross-sectional mixed methodology. We will study whether different dimensions of body image—body dissatisfaction, attitudes, self-esteem, body, cognitive distraction with body appearance during sexual activity (BACD), beliefs about body appearance—are associated with sexual satisfaction and sexual functioning. We aim to study whether these associations are mediated by BACD. Most studies developed are characterized by the use of self-report instruments on the body esteem and attitudes and also by the use of self-report measures of sexual function and satisfaction.

We intend to overcome these limitations by involving implicit measures to assess attitudes to body image, and also by introducing psycho-physiological assessment of sexual response in order to understand whether different dimensions of the image body are associated with psycho-physiological sexual response. The objective of this study is to analyze the impact of different dimensions of body image on sexual response by incorporating both subjective and objective measures (sexual response evaluated by self-report and psychophysiological) in a clinical and non-clinical sample using diverse methods of data collection (interviews, self-report measures, implicit measures, psychophysiological measures), with multiple informants (individual, couple), a diverse sample (clinical n = 30 and nonclinical n = 30) evaluated in a double context (individual, dyadic).

The results have implications for the integration of psycho-educational components about body appearance and physiological sexual response in cognitive-behavioral sex therapy.

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Is body dissatisfaction enough to explain eating psychopathology? The role of body image-related cognitive fusion

Inês A. Trindade, University of Coimbra, Portugal; Cláudia Ferreira, University of Coimbra, Portugal; Lara Palmeira, University of Coimbra, Portugal

Cognitive fusion is considered a key process to psychological inflexibility. This process occurs when an individual becomes entangled with the content of his thoughts, reacting to them as mirror of reality, truth and self-worth. Cognitive fusion has been linked to poorer mental health and several psychological conditions. Concerning body image issues, this process causes self-identification with perceptions, sensations and thoughts related to physical appearance. Consequently leads to the incapacity of dealing with them as part of inner experience. The present paper explores the role of body image-related cognitive fusion on the relation between body dissatisfaction and eating psychopathology.

Participants were 342 female students (mean age of 17.76), that completed several self-report questionnaires. Results showed that relationship between body image dissatisfaction and eating psychopathology was partially mediated by body image-related cognitive fusion. This study suggests that although body dissatisfaction plays an important role in the development of eating psychopathology, cognitive fusion related to body image is one important process in that relation.

Taken together these results highlight the importance of using cognitive defusion techniques in programs for women with body image and eating difficulties to prevent entanglement and promote acceptance of unwanted inner experiences.

The mediation role of body appearance cognitive distraction on the effect of body dissatisfaction in sexual pleasure in a clinical sample

Leonor Oliveira, University of Lisbon - Psychology of Health Clinic, Portugal; Patricia Pascoal, University of Lisbon - Psychology of Health Clinic, Portugal; Catarina Raposo, University of Lisbon, Portugal

The cognitive models point cognitive distraction as a mediating factor between negative emotions and the dysfunctional sexual response. Little is known about the mediating role of body appearance cognitive distraction (BACD) on the sexual outcomes of clinical samples.

We propose to test the mediation role of body appearance cognitive distraction on the effect of body dissatisfaction in sexual pleasure in a clinical sample.
Our sample is composed by 28 participants in the Psychology of Health Clinic of Faculty of Lisbon of the University of Lisbon. Our measures are the Global Body Dissatisfaction a subscale of the Body Attitude Test (BAT, Probst, Vandereycken, Van Coppenolle & Vanderlinden, 1995), the Cognitive Distraction Scale (QDC, Dove & Wiederman, 2000) and the Sexual Pleasure Scale (SPS, Sanchez, Crocker & Boike, 2005).

Using Structural Equation Modeling with AMOS software, our findings do not support a mediation model. No significant indirect effects were found between cognitive distraction with body appearance and sexual pleasure. Direct effects between global body dissatisfaction and sexual pleasure were meaningful.

Our results seem to support that cognitive distraction with body appearance is a cognitive process with no direct effect on sexual pleasure even though it has an established effect on sexual functioning. It should be clarified if other forms of cognitive distraction have an effect on sexual pleasure.

Intolerance to emotions and desire thinking in patients with nicotine addiction
Flaviano Canfora, Cognitive Psychotherapy School and Research Center Studi Cognitivi, Italy; Gabriele Caselli, London South Bank University, UK.; Sandra Sassaroli, Cognitive Psychotherapy School and Research Center Studi Cognitivi, Italy

Recent studies have investigated the possible thinking characteristics that can foster or support desire sensations and craving, and have identified a thinking style with specific features called desire thinking, that would be too used by many people with problems in managing impulses and would influence their self control faculty and symptoms intensity.

Furthermore, several evidences point out negative emotions intolerance, one of the central features of anxiety, as the causal factor of impulses dyscontrol; substances abuse could in fact be related to anxiety reduction, making negative emotions more tolerable.

The present study aims to evaluate the interaction between craving and dependence maintenance, comparing smoker and alchool addictionen subjects by exploring the role of intolerance of negative emotions.

Subjects grouped by smokers and alchool dependence have been administered an electronic questionnaire and then submitted to several short evaluations (checks) investigating negative emotions, craving level and the perception of control on their own behavior. Some filler questions have been inserted in order to avoid participants' tendency to acquiescence.

Correlational and regressional analyses allowed us to compare models in which intolerance of negative emotions and desire thinking are predictive of craving in alchool and nicotine dependences. Intolerance of negative emotions shows also a moderational role in the relationship between craving and alchool addiction, but not in nicotine addiction. Results will be presented and discussed.

Emotional regulation and recognition in a group of overweight and obese people
Alice Maria Cenerelli, Istituto Miller, Italy; Luca Filipponi, Istituto Miller, Italy; Susanna Pizzo, Istituto Miller, Italy; Aldo Galeazzi, Istituto Miller, Italy
The prevalence of overweight and obesity has showed a constant increase after the second world war, not just among adults but also among children and teenagers of both genders. In 1998 the World Health Organization talked about: a widespread epidemic of obesity. Many researches have undelined that overeating is, often, linked to strong emotions both positive and negative: food is used to face them and also as a comfort instrument.

The purpose of the current study is to identify the main emotions linked to Binge Eating episodes, the level of awareness of the partecipants and their regulation capacity in relation to emotions and cognitive factors.

The sample is composed by 50 Italian adult in-patients with overweight/obesity problems. Participants are administered a battery of self-report measures: Eating Disorder Inventory (EDI-3), Binge Eating Scale (BES), Young Schema Questionnaire (YSQ-L3), Difficulties in Emotion Regulation Scale (DERS) and a questionnaire to identify specific emotions and thoughts. According to the aim of the study and the recent literature examination, we expect to find a significant relationship between emotional dis-regulation and Binge Eating episodes.

According to the aim of the study and the recent literature examination, we expect to find a significant relationship between emotional dis-regulation and Binge Eating episodes. The current study wants to examin emotional dynamics/aspects of overeating episodes and the loss of control from the subject. The aim is a tailored treatment/intervention, which gives the subject emotional awarness essential for Selfregulation.

Efficacy of a CBT group therapy for body dissatisfaction
Christelle Crépin, Clinique Belmont, Switzerland; Sima Joliat, Clinique Belmont, Switzerland; François Nef, Hôpital Erasme Université Libre de Bruxelles, Belgium; Charly Cungi, Clinique Belmont, Switzerland

Body dissatisfaction is defined as the difference between one’s perceived body and one’s ideal body and is more normal than exceptional (Nef & Hayward, 2008). It is known as a risk factor for eating disorders (Stice et al, 2011) and can delay or prevent recovery. The group attempted to explain that struggle and avoidance increase body dissatisfaction distress whilst efficient and engaged actions decrease it. This study aimed to evaluate the efficacy of a group therapy focused on body dissatisfaction.

Seven women aged 20 to 41 (M = 27, SD = 7.3) participated in a ten weekly 2-hour group therapy on body dissatisfaction. All of them had suffered from an eating disorder. Participants were asked to fill in questionnaires on body image (Body
Image Acceptance and Action Questionnaire (BI-AAQ), Body Image Checklist (BIC) and general psychopathology (OQ-45) during sessions 1 and 10. They were sensitized to body dissatisfaction maintenance by inefficient behaviors such as avoidance and body checking. Important life values were discussed to relativize the place of body appearance. Behavioral experiments and mindfulness exercises were also done during and between all the sessions. Results show a decrease of body checking behaviors (BIC, p<0.05). Participants tend to expose themselves to their body image (BIC, p=0.07) and better accept their body according to BI-AAQ (p=0.015). Group therapy improves the impact of general symptom distress (OQ-45; p<0.05).

Preliminary results seem to show that a group therapy focused on body dissatisfaction improve body satisfaction and acceptance. Further results and follow up data will be presented.

Efficacy of CBT on eating disorders is well documented but in the clinical practice patients frequently show their fear of gaining weight, which can delay and prevent recovery. Participate in a group therapy based on reducing dissatisfaction could accelerate recovery.

**Nurse-delivered collaborative care for depression and long-term physical conditions: a systematic review and meta-analysis**

David Ekers, Durham University, UK; Rebecca Murphy, Tees Esk and Wear Valleys NHS Trust, UK; Deborah Kemp, Tees Esk and Wear Valleys NHS Trust, UK; Catherine Ebenezer, University Of Sheffield, UK; Janine Archer, Manchester University, UK; Simon Gilbody, University of York, UK

Depression will be the second largest cause of disease burden by 2020. It is commonly associated with long term physical health conditions resulting in worsened clinical outcome and increased costs. Nurses would appear ideally placed to facilitate depression management in those people with long term health problems within health care clinics. This presentation reviews the evidence to support such a clinical approach.

A systematic review and meta-analysis of randomised trials of nurse led management of depression in patients with long term health problems. Databases were searched between December 2011 and May 2012, data were extracted and analysed using Comprehensive Meta Analysis software. Subgroup analysis and meta-regression were used to explore the impact of study level moderators of effect such as session number, training level, psychological intervention and mode of delivery.

Nurse delivered collaborative care was compared to usual care in 14 studies including 4440 participants. The mean effect size at follow-up was d=0.43 95% CI 0.34 to 0.52 p<0.001 NNT 4.23, representing a moderate impact on depression severity. Results were consistent across studies, not influenced by moderators and maintained at longer term follow up.

Limitations: Data were only available on depression outcomes and with most studies being USA based generalizability is somewhat limited. To date only one study reported cost effectiveness outcomes.

Based upon the research literature nurse led depression management provides effective treatment across a range of long term health conditions. Nurses are ideally placed to deliver such interventions and further research is required to examine the cost utility of the approach and its durability outside of the USA. This paper will present the results from this meta-analysis alongside service evaluation data and discuss the role CBT therapists can play in improving the delivery of collaborative care interventions.

The degree to which CBT approaches are built into collaborative care varies across studies. Increasingly psychological support for those people with long term health problems and depression is advocated. This review suggests nurses, when adequately trained, can provide such support with support from mental health specialists. CBT therapists are ideally placed to take on the specialist role and guide the psychological content on collaborative care interventions, thus expanding influence beyond the limited one to one standard treatment approach.

**Challenges in CBT for anxiety and depression in chronic respiratory disorders**

Minna Hynninen, University of Bergen, Norway; Inger Hilde Nordhus, University of Bergen, Norway

Patients with chronic respiratory disorders differ crucially from physically healthy people, in that their health and breathing are objectively threatened (Livermore, Sharpe, & McKenzie, 2010). However, the experience of symptoms, such as breathlessness, is subjective, and therefore ambiguous and open to catastrophic or overly negative interpretations. Perceptual and cognitive factors shape the patients’ responses and affect the illness and its treatment, and have a major impact on patients, their families, and the health care system. Cognitive behavioral therapy (CBT) interventions focusing on modifying maladaptive thoughts and behaviors into more constructive patterns may lead to improved outcomes, such as fewer symptoms and improvements in exercise capacity and quality of well-being. However, recent systematic reviews (e.g. Coventry & Gellatly, 2008; Fritzsche et al., 2011) have concluded that there is only limited evidence that CBT can contribute to significant reductions in anxiety and depression in chronic respiratory diseases.

Thus, more research efforts are needed in order to develop and test effective CBT interventions for patients with chronic respiratory diseases and comorbid anxiety and depression. This paper will discuss issues that need to be taken into consideration, and which also may influence treatment outcomes: 1) A large proportion of patients seem to have diffuse symptoms of both anxiety and depression, and the differential diagnosis of mental health problems is complicated. Is a broad treatment focus, designed to accommodate a variety of symptom patterns with anxiety, depression and somatic complaints, optimal? 2) To what degree does CBT treatment need to be adapted for patients with chronic respiratory diseases? For example, in order to take into account the real limitations and adversities the patients face, do we need to
focus more on teaching effecting coping skills than reducing safety behaviors? 3) Can CBT protocols be enhanced by incorporating elements such as exercise or mindfulness- and acceptance-based techniques?

When working with individuals with serious medical conditions, there may be a need to reflect upon reasonable precautions for the patient’s health and exaggerated worries over the patient’s safety, as well as to what degree it is necessary to adapt the therapy protocols.

**Depression and grief in Spanish family caregivers of people with acquired brain injury: The roles of social support and coping**

Elena López de Arroyabe, University of Deusto, Spain; Esther Calvete, University of Deusto, Spain

Acquired brain injury (ABI) is a serious, worldwide public health problem. The data indicate that 83% of those person affected after hospital discharge return home and are cared by their families. Having a family member with ABI is a severe stressor. The effects are particularly negative among primary caregivers, who often display symptoms of distress, such as depression and grief. In fact, those affected by a brain injury and their families may need professional help to maintain a reasonable quality of life, often more than a decade after the injury and the stress levels may even increase over time.

Psychosocial factors, such as social support and coping with the difficulties of ABI, play a crucial role in the complex process of adapting to living with someone with ABI. Furthermore, it has been proposed that social support is helpful because it acts as a coping resource. That is, social support may beneficially affect coping behaviours, which directly influence stress and depression. But relatively few studies have investigated what constitutes effective coping among caregivers of people with ABI. The present study focused on the conjoint role of several types of social support and coping strategies in the development of depression and grief in caregivers of individuals with ABI in Spain. This objective involved assessing the relationships between several dimensions of social support (e.g. emotional, professional, informative and instrumental) and caregiver distress (depressive and grief symptoms) and examining whether these associations were mediated by the implementation of adaptive coping. The study included 223 primary caregivers and the results show that emotional and instrumental supports were negatively associated with depression and grief and that secondary control coping ameliorates depression and feelings of grief. This category of coping includes responses such as acceptance, cognitive restructuring and distraction. Disengagement (e.g. avoidance and denial) was the most dysfunctional type of coping. Primary control coping was associated with depression. Primary control coping includes problem-focused coping, which involves the assumption that a person has some control over his or her situation and, as a consequence, over the associated outcomes. Finally, the perception of professional support was associated with less use of primary control coping strategies and emotional support was beneficial because it was directly associated with fewer symptoms of depression and indirectly with fewer symptoms of depression and grief via the reduced use of disengagement.

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A cross-sectional study of Spanish primary caregivers of individuals with ABI. The study included 223 caregivers (72.2% female and 26.9% male). Measures administered included the Family Needs Questionnaire (Kreutzer, J. 1988), the Texas Revised Inventory of Grief (Faschingbauer, T., DeVaul, R. & Zisook, S. 1981), the Centre for Epidemiological Studies Depression Scale (Radloff, L. S. 1977) and the Responses to Stress Questionnaire (Connor-Smith, J., Compas, B., Wadsworth, M., Thomsen, A., Saltzman, H. 2000).

A structural equation model indicated that secondary control coping (e.g. acceptance and positive thinking) was associated with less grief and depressive symptoms, whereas primary control coping (e.g. problem-solving and emotional expression) and disengagement were associated with more emotional symptoms. Emotional and instrumental supports were directly associated with less depressive symptoms. In addition, emotional and professional supports were associated with symptoms through the use of primary control and disengagement coping.

These results indicate that future interventions with families should improve social networks of emotional, instrumental and professional support, as well as help caregivers to develop adaptive coping strategies, such as acceptance and positive thinking.

The findings have implications both for the involvement of families in the rehabilitation process and for future interventions with caregivers. Including the family in the rehabilitation process and in its planning is important because it increases the likelihood that the person with ABI will participate in the treatment and it predicts better outcomes.

According to the results of the present study, clinical interventions should promote the use of secondary control coping strategies, such as acceptance and positive interpretations of the situation. Traditional cognitive restructuring techniques may provide a useful tool for this purpose. Interventions should also discourage the use of dysfunctional coping responses, such as denial and avoidance.

Preventing side effects of adjuvant endocrine treatment in breast cancer? Design and first results of a randomized controlled trial

Meike Shedden Mora, University of Hamburg, Germany; Pia von Blanckenburg, Philipps University Marburg, Germany; Franziska Schuricht, Philipps University Marburg, Germany; Ute-Susann Albert, Philipps University Marburg, Germany; Yvonne Nestoriuc, University of Hamburg, Germany

Adjuvant endocrine therapy (AET) considerably improves disease free survival and time to recurrence in women with breast cancer. However, AET is associated with considerable side effects that reduce patients’ quality of life and result in non-adherence. The majority of side effects can be considered as unspecific (nocebo effects). According to the nocebo concept and research of our group, individual expectations influence the development of side effects. Therefore, the aim of the present study was to develop a side effect prevention training (SEPT) to optimize patients’ response expectations before starting AET.

160 female patients with breast cancer will be randomly assigned to receive either SEPT, standard medical care or a manualized supportive program before the start of AET. SEPT consists of a three session cognitive-behavioural training providing psychoeducation to provide a realistic view on AET, imagination-training to integrate positive aspects of medication into daily life, and side effect management to enhance expectations about coping ability. Side effects and quality of life 3 months after the start of AET serve as primary outcomes. Response expectations and expectations about coping ability will be measured as mediators before and after the intervention.

Before the intervention, 75% of the patients expressed their need to talk about their expectations concerning AHT. High expectations concerning specific (e.g. hot flashes) and unspecific (i.e. palpitations) were reported. Concept and design of the study as well as preliminary results of 45 patients will be presented.

Psychological prevention programs for side effects might be potential pathways in health care to improve patients’ quality of life during medication intake.

Side effect prevention programs could help to reduce the incidence and burden caused by side effects. Thus they might enhance patients’ health related quality of life and treatment adherence.
The cognition of hunger in obese people
Lucio Sibilia, Sapienza University of Roma, Italy

Hunger is usually considered either in clinical or in research practice as an aversive bodily sensation able to stimulate eating behaviours. A different approach, stemming from the bio-psychosocial framework, allows to study it as a subject’s learned bias, which consists in attributing bodily sensa-tions to “hunger”; this attributional bias is more evident when an “unbearable hunger” is reported, specially by normal or overweight subjects.

A scale called SENICAL was developed to study the specific eating irregularities of the obese, named “borderline eating behaviours” (BEB), composed of 23 items. The scale exhibited good psychometric properties in a previous study (Sibilia L. et al., 2004). The present study tests the hypothesis that the sense of “unbearable hunger” has a role in en-gendering both overweight and BEB. The sense of “unbearable hunger” was measured with the re-sponse to the SENICAL item 25 “At times, I feel an unbearable hunger “. The study sample was composed of 138 obese subjects, with median age of 38.8 yrs. and Body Mass Index (BMI) of 38, admitted in a Day Hospital.

It resulted that both Senical total scores (expressing BEB) and two of its four factors (distributed eating and distress-contingent eating) were significantly and linearly cor-related to BMI. Moreover, at a linear regression, item 25 (sense of hunger) also resulted signific-antly correlated to BMI; the correlation between BMI and item 25 was 0.51 (p=0.045) and the ex-timated change in BMI per unit change in item 25 response level was 4.72.

It is concluded that the dysfunctional “cognition of hunger” may contribute to disrupt the eating habits, and thus maintain many of the eating irregularities associated to weight gain in the obese.

The claimed sense of “unbearable hunger” has to be carefully assessed as a dysfunctional belief, and addressed for change in psychotherapy with obese subjects.

Risk of Completed Suicide after Bariatric Surgery
Birgit Wagner, Medical University Leipzig, Germany; Carolin Peterhansel, IFB Adipositas Leipzig, Germany; Anette Kersting, Medical University Leipzig, Germany

Bariatric surgery is one of the most effective treatments for morbid obesity and a large body of research indicates significant long-term weight loss. While overall mortality decreases in patients who received bariatric surgery, a number of studies have shown that suicide rates are higher in bariatric patients than in control groups. The objective of this study was to present a systematic review of suicide mortality after bariatric surgery and calculate an estimate for the suicide rate.

Literature researches of the databases PubMed, Web of Knowledge, Psychnfo, ScienceDirect and Google Scholar were conducted. 30 studies concerning bariatric surgery and completed suicides met the inclusion criteria. We included 27 studies and the estimation of a suicide rate for the bariatric population was compared to WHO data. 23,885 people were included in the analysis.

In the literature, we found a total of 95 suicides when examining 190,000 person-years of post-bariatric surgery data. Little information was provided describing the reasons for suicide and the time-point of these events after surgery. We estimated a suicide rate of 4.1/10,000 person-years (95% CI [3.2, 5.1]/10,000 person-years). When compared with WHO suicide rates, an odds-ratio of 0.25 (95% CI [0.20, 0.31]) was found, meaning that the probability of a bariatric surgery patient committing suicide is four times higher compared to the general population.

Bariatric surgery patients show higher suicide rates than the general population. Therefore there is a great need to identify persons at risk and post-operative psychological monitoring is recommended. Clinical implications will be discussed. Patients undergoing bariatric surgery are at increased risk of suicide.

Regular screening and monitoring for affective disorders and suicidality post-surgery are recommended.

Prize Reinforcement Contingency Management for Cocaine Dependence: A Swiss 24-week randomized controlled trial: Preliminary Results
Sylvie Petitjean, University of Basel, Switzerland

The increase of cocaine use has recently led to the need to develop appropriate treatments for patients with cocaine use disorders. There is an extensive body of clinical evidence from the U.S. showing that programs based on manual-guided Cognitive Behavioral Therapy (CBT) and Contingency Management (CM) are effective in improving treatment outcomes in cocaine-dependent patients. CM is a strategy that provides rewards when patients meet treatment goals (e.g. abstinence).

Prize-based CM as a treatment model has not been implemented in addiction research or in clinical outpatient settings in Europe so far.

The purpose of this study was to analyze the efficacy (i.e. cocaine abstinence, retention), effectiveness and acceptability of an individual CBT combined with prize-based CM or CBT alone in two outpatient clinics in Switzerland (Basel and Geneva). In a parallel-group design we randomly assigned cocaine-dependent patients to CBT alone or combined with prize-based CM for a 24-week period. Urine samples were collected and patients in the CBT + prize reinforcement CM condition had the chance to earn prizes throughout the total study period of different magnitudes when submitting cocaine negative urine samples.

Preliminary results: although both groups showed significant improvement (e.g. reduction in cocaine use, psychiatric symptoms and ASI composite scores), CBT combined with prize-based CM seems not to be superior to CBT alone in main treatment outcomes.
**French Language Open Paper**

**Communications Libres 2**

**Prise en charge cognitivo-comportementale de la phobie de déglutition chez l'enfant**

Fatine Fifani

La phobie de déglutition se manifeste par une difficulté, voire une impossibilité à avaler, alors qu'aucune lésion organique ni aucun dysfonctionnement physiologique ne peuvent être mis en évidence.

L'auteur se propose de d'écrire, à travers l'observation d'un enfant de 5 ans, les étapes de la prise en charge cognitivo-comportementale de ce trouble.

Nous avons commencé par faire une analyse fonctionnelle, en relevant minutieusement les situations redoutées par le patient.

L'évaluation initiale a également comporté la passation de l'échelle d'Achenbach.

Nous avons ensuite procédé à la désensibilisation systématique puis à l'exposition in vivo.

Huit séances, d'une durée de 45 minutes, ont permis à notre patient de reprendre une alimentation solide.

Les techniques comportementales ont permis un déconditionnement du comportement invalidant chez notre patient.

S'agissant de l'enfant, ces techniques font participer le thérapeute plus activement. La pratique de la thérapie nécessite d'établir un bon rapport collaboratif avec le patient.

Au sein des difficultés d'alimentation de l'enfant, il est important de savoir reconnaître la phobie de déglutition dont l'évolution, en cas de trouble isolé, s'avère satisfaisante sous traitement cognitivo-comportemental.

**Efficacité d'un Atelier comportemental et cognitif, centre sur le Bien-être et le Coping envers la Douleur chronique (programme ABCD)**

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Introduction : La douleur chronique est considérée comme un problème majeur de santé publique, qui touche entre 15 % à 46,5 % de la population mondiale (Harstall & Ospina, 2003). Les données de la littérature attestent de l'efficacité des prises en charge cognitivo-comportementaux, intégrant ou pas des techniques d'acceptation et d'engagement (ACT), pour aider à faire face à des douleurs chroniques et/ou à faire avec (Wetherell & al., 2011). Des exercices de Psychologie Positive nous ont paru être un complément appréciable pour optimiser l'efficacité de celles-ci. Nous avons testé l'efficacité à court terme d'un Atelier comportemental et cognitif, centré sur le Bien-être et le Coping envers la Douleur chronique (programme ABCD que nous avons conçu), sur l'intensité des douleurs ressenties, certaines croyances s'y rapportant, le sentiment d'auto-efficacité, les préférences en matière de coping, et la détresse émotionnelle.

Méthode : 43 patients souffrant de douleurs chroniques d'origines diverses (essentiellement des patients lombalgiques et des fibromyalgiques, etc.), âgés en moyenne de 49 ans et répartis en plusieurs petits groupes (de 5 à 8 personnes), ont intégré le programme ABCD proposé par la Consultation Douleur du CHRU Bretonneau de Tours. Il s'agit d'un atelier constitué de huit séances hebdomadaires consécutives, co-animées par deux psychologues, ainsi que par certains membres de l'équipe médicale du service (médecin, infirmières). Les participants au programme ABCD ont rempli plusieurs questionnaires, à leur entrée dans l'atelier (T0) et à leur sortie (T1), en vue d'évaluer : l'intensité douloreuse (EVA), les croyances relatives à la douleur (PBPI), le sentiment d'auto-efficacité perçu quant à la gestion de la douleur (PSEQ), les stratégies de faire face à la douleur (CSQ), l'acceptation de la douleur (CPAQ), et la détresse émotionnelle (HAD).

Résultats : Nos analyses montrent une diminution de l'intensité douloreuse (actuelle [t(42)=3,32 ; p<.01] ; moyenne [t(42)=4,42 ; p<.001] ; minimale [t(42)=5,26 ; p<.001] et maximale [t(42)=4,69 ; p<.001]), un accroissement du sentiment d'auto-efficacité envers la douleur [t(42)=5,64 ; p<.001], une modification de certaines croyances s'y rapportant (douleur paraissant moins constante [t(42)=4,13 ; p<.001], moins mystérieuses [t(42)=6,12 ; p<.001], moins source de culpabilité [t(42)=3,67 ; p<.001]. Sur le plan du coping, ils arrivent davantage à distraire leur attention de la douleur [t(42)=2,29 ; p<.05], à l'ignorer [t(42)=3,61 ; p<.001], à la réinterpréter [t(42)=3,76 ; p<.001] et à l'accepter pour s'engager dans des activités [t(37)=3,45 ; p<.01] ; ils sont par ailleurs moins enclins à dramatiser [t(42)=4,07 ; p<.001]. Leur état émotionnel s'est amélioré de manière significative [t(42)=5,24 ; p<.001] et dépressifs [t(42)=5,43 ; p<.001].

Discussion/Conclusion : Cette étude souligne l'intérêt à court terme d'une prise en charge comportementale et cognitive de la douleur chronique, relevant d'une approche multimodale. Reste à attester du maintien de ces effets thérapeutiques, au regard de mesures de suivi clinique réalisées trois mois après la participation à ce programme ABCD, mais aussi à préciser la nature des facteurs de changement mobilisés (techniques comportementales et/ou cognitives employées ? combinées à des exercices de Psychologie Positive ?).

(voir svp partie "Discussion / Conclusion")
Difficile observance therapeutique ? Développement de la motivation du patient au changement

SergeGozlan, CHU Brugmann; SergeGozlan, CHU Brugmann

Qu’il s’agisse de prescription de médicaments, de recommandations pour la santé ou de tâches comportementales, d’auto-observation à effectuer entre les séances, l’observance thérapeutique du patient n’est pas toujours au rendez-vous malgré une compréhension et un accord apparents. Il est vrai cependant que nous demandons beaucoup de participation active à nos patients, les amenant à d’importants changements d’habitude de vie.

Il serait dès lors regrettable que la dernière étape de son application pratique au quotidien par le patient et qui en fait tout l’intérêt ne retienne plus notre attention, tant pour la médecine que pour les TCC qui démontrent leur efficacité dans un domaine de plus en plus vaste de la santé mentale (INSERM 2004).

L’entretien motivational est une méthode de communication directive, centrée sur le patient, dans le but d’augmenter sa motivation intrinsèque au changement en explorant et résolvant avec lui son ambivalence face à ce changement (Miller et Rollnick). Cette ambivalence est naturelle. Trois quarts des fumeurs pensent arrêter de fumer, tout en fumant. Le patient sait que sa surcharge pondérale est nocive à sa santé, pourtant il continue à manger trop. Un autre souffre d’agoraphobie ou de TOC sévères et ne suit pourtant pas ou très peu nos recommandations.

L’entretien motivational permet d’accompagner efficacement le patient dans ses efforts d’observance dans le respect de la liberté de décision de l’individu, de développer et maintenir sa motivation … et celle de son médecin ou de son psychothérapeute.

De l’affirmation de soi à l’estime de soi

SergeGozlan, CHU Brugmann; SergeGozlan, CHU Brugmann

Communiquer de façon affirmative, c’est exprimer clairement ses pensées et ses sentiments par des mots ou des gestes, d’une façon calme, honnête et appropriée tout en voulant connaître les sentiments et les pensées de l’autre. Ceci implique deux types de respect: le respect de soi-même et des autres dans l’expression des besoins, goûts, idées et droits (Boisvert et Beaudry, 1979).

L’assertivité permet donc à l’individu de prendre sa place parmi les autres et dans sa propre vie, sans pour autant s’imposer, de mettre des limites aux demandes abusives. Ni passif, ni agressif, ni passif-agressif. Elle permet d’augmenter la probabilité d’atteindre ses besoins, ses buts, d’augmenter son estime de soi et de ressentir valorisation et fierté personnelle, d’être plus en accord avec soi-même.

L’affirmation de soi permet aussi de lutter contre la dépression et l’anxiété par l’action, contre la frustration et la ruminaton, la rancœur. C’est aussi prendre le risque de conflit, de déplaire, de se dévoiler,… Cette approche n’est pas nouvelle mais elle reste essentielle et toujours très efficace pour tout individu, indépendamment de la nature du trouble dont il peut souffrir (dépression, anxiété, addiction,…), qu’elle se pratique en séances individuelles ou en groupe.

Le thérapeute pourra donc utilement proposer à son patient d’utiliser les différents outils de cette méthode, et parfois l’utiliser lui-même dans sa pratique professionnelle…ainsi que dans sa vie personnelle.

Validité de critere du questionnaire sur la volonté d’entamer une démarche de perte de poids (Weight Loss Readiness Tool(WLRT-F)

CarolineCyr, Université du Québec en Outaouais; Marie-FranceLanglois, Université de Sherbrooke; Marie-FranceDubois, Université de Sherbrooke; DeniseSt-Cyr Tribble, Université de Sherbrooke; Jean-PatriceBaillargeon, Université de Sherbrooke

Les patients obèses font face à de multiples comportements à changer et il est connu que le taux d’abandon ou d’échec au traitement s’élève à près de 50 %. Les patients doivent changer des habitudes de vie touchant l’alimentation, l’activité physique et la prise en charge de problèmes de santé physique et parfois mentale. Pour mieux cibler les interventions cliniques à privilégié pour chaque patient, il pourrait s’avérer très efficace d’évaluer la motivation de chaque patient avant le début d’une démarche clinique, et ce, en utilisant les stades de Prochaska et DiClemente. En clinique, l’utilisation de l’entrevue clinique qui permet d’évaluer la réceptivité au changement des patients à entreprendre une démarche clinique de modification des habitudes de vie et qui permet aussi d’évaluer les stratégies d’intervention à préconiser en mesurant le degré de confiance et de conviction des patients à entreprendre ces démarches permettrait d’orienter les interventions des professionnels de façon plus spécifique.

Objectif

évaluer la validité de critère de la version francophone du WLRT-F

Méthode

Il s’agit d’une étude de validation préconisant l’utilisation du jugement expert comme mesure étonal. Par la présente étude, nous tentons de valider que le WLRT-F mesure bien la motivation, conviction et la confiance en comparant ses résultats à l’évaluation d’une professionnelle. Les entrevues téléphoniques seront enregistrées pour permettre aux membres de l’équipe de recherche d’écouter les entretiens téléphoniques et ce, pour permettre une seconde évaluation par un expert.

Participants
La population étudiée sera celle des patients qui sont en attente de services à la Clinique médico-chirurgicale du traitement de l’obésité. Ces patients sont âgés de 18 ans et plus, ont un IMC de plus de 35 ou de plus de 30 avec des comorbidités importantes et ont tous déjà tenté de perdre du poids. Nous utilisons ces mêmes critères pour définir les critères d’inclusion de notre étude. Dans le même ordre d’idée, les patients présentant une déviance ne sont pas recommandés à la clinique. A ce critère d’exclusion, nous ajoutons que les patients doivent savoir lire et écrire (pour répondre au questionnaire et au consentement) et parler français.

Il importe de spécifier que les patients qui sont sur la liste d’attente auront une orientation thérapeutique privilégiée soit, une approche chirurgicale ou une approche médicale. Par contre, chacune des deux approches privilégie la modification des habitudes de vie. Or, que le patient aille en chirurgie ou en option médicale, cela ne représente aucun problème pour la validation du questionnaire parce qu’en fait, ce sont des patients qui entreprennent tous un programme axé sur la modification et le recalibrage de leurs habitudes de vie et les intervenants auront à effectuer des plans de traitement pour l’ensemble des patients qui seront vus en clinique. La liste d’attente compte environ 500 personnes toutes réféérées par un médecin.

Suite à sa validation, la clinique aura un outil validé qui permet de bonifier les plans d’intervention et ainsi d’économiser du temps, et ce, autant d’un point de vue clinique que de celui du patient. En effet, les intervenants pourront orienter plus spécifiquement leur plan de traitement et les patients pourront apprécier un plan d’intervention adapté à leur réalité bien personnelle et nous augmentons ainsi les chances d’adhésion au traitement. La mesure étant, soit une intervention directe avec chaque patient de la part des intervenants, requiert du temps. Or, le WLRT-F, une fois validé, pourrait permettre d’effectuer cette étape d’évaluation du patient et permettre aux intervenants de travailler plus rapidement avec un patient. L’allocation des ressources se fera de façon plus efficiente tout en augmentant l’efficacité des interventions auprès des patients obèses et en maximisant le rôle de chaque professionnel. Donc, en présence de concordances entre l’évaluation par la professionnelle des stades de changement de Prochaska et Diclemente et des mesures de la conviction et de la confiance et des mesures au WLRT-F, cela permettra d’ aider les professionnels à orienter plus efficacement leur plan de traitement et de choisir des interventions plus ciblées.

Un plan de traitement plus adapté et plus appliqué à la réalité des patients.

Saturday 28th September – Afternoon session

Keynote Address

Emotional Schemas and Cognitive Behavioral Therapy: An Integrative Social Cognitive Model
Robert Leahy, American Institute of Cognitive Therapy, USA

Emotional intelligence is comprised of multiple components— recognition, differentiation, labeling, emotional regulation, display of emotion, and the ability to regulate the emotions of others. Models of “affect forecasting” suggest that individuals may overestimate the impact and duration of their emotional responses to future events often underestimating intervening factors and the ability to adjust to changes should they occur. For example, individuals are often subject to “impact bias” (over-estimating the emotional effect of an event), immune neglect (not recognizing mitigating or adaptive factors), emotional evanescence (not recognizing that emotions fade with time and experience), “focalizing” (focusing on one detail to the exclusion of the larger picture or context), and “emotional heuristics” (assessing risk on the basis of current emotion). In this keynote I will outline a social-cognitive model of emotional schemas and illustrate the relationship between emotional schemas, individual differences in psychopathology, and emotion regulation strategies. Emotional schemas represent beliefs about the durability, comprehensibility, control, danger, shame, normality, and legitimacy of emotion in self and other. These conceptualizations and evaluations may result in problematic strategies of emotion regulation, such as rumination, blaming, bingeing, substance abuse, and self-injury. These emotional schemas comprise “theories of emotion” in self and others which result in specific strategies for regulating emotions. I will review research on emotional schemas and their relationship to personality disorders, PTSD, depression, anxiety, worry, and substance abuse. We will also examine the relative contribution of emotional schemas, dispositional mindfulness and psychological flexibility to psychopathology. In addition, we will review research on how interpersonal emotional schemas are related to relationship satisfaction. For example, beliefs that the emotions of others are “irrational”, need to be controlled, or are too much to tolerate lead to problematic styles of dismissive or disdainful behaviors or to attempts to “solve problems” rather than accept and make room for problems. Finally, we will examine how the inevitability of suffering, sadness and loss and the finality of human existence can lead—not to despair—but to greater commitment to a life limited by scarcity.
At risk mental states and early intervention in bipolar disorder
Matthias Schwannauer, University of Edinburgh, UK

Interpersonal Cognitive Therapy (CIT) treatment for young people with a first episode bipolar affective disorder: A pragmatic randomised control trial
Helen Griffiths, University of Edinburgh, UK; Andrew Gumley, University of Glasgow, UK
In this paper we are going to present the development and efficacy of IPT for adolescents with a first episode of bipolar disorders. Community studies have shown a point prevalence of 1 to 2% for bipolar disorders and recent studies are showing suicide to be one of the chief cause of death in young people. Clinical and epidemiological data have documented that bipolar disorder and recurrent mood difficulties in adolescents are a largely underrecognised underserved population. The undertreatment of adolescents with bipolar disorders, including limited access to appropriate psychological therapies, can be explained by a combination of their limited access to and underutilisation of mental health care. The implementation and evaluation of CIT as treatment that is regarded by adolescents as “more immediately relevant” must be an objective for anyone aiming to better meet the needs of this vulnerable group. In this presentation we will highlight the development of a bespoke practice model of Cognitive Interpersonal Therapy for adolescents with bipolar disorder, considering key features of adolescent development in the treatment manual. The paper will present results of a pragmatic RCT of CIT for adolescents with bipolar disorders. The session will focus on the application of the CITmodel to bipolar disorder and present the outcome of a randomised trial in the Child and Adolescent Mental Health Services in Lothian, Scotland, examining the effects of treatment on core symptoms, coping styles and interpersonal problems. The results showed clear improvement in core symptomatology and quality of life for following intervention. The treatment trial further demonstrated the dominance of interpersonal psychological variables in predicting treatment outcomes and relapse rate in this population.

Adopting a cognitive interpersonal therapeutic approach to treating the early phase of bipolar disorder
Nicola Cogan, NHS Lanarkshire, Scotland; Andrew Gumley, University of Glasgow, Jamie Kirk, NHS Greater Glasgow & Clyde, Scotland; Matthias Schwannauer, University of Edinburgh
Introduction: An episode of mania or hypomania can be a powerful life event characterised by severe, unusual and distressing changes in a person’s thoughts, feelings and behaviours. It can also create a sense of interpersonal threat.
Objective: A central aim of the Bipolar Intervention Study was to adapt and develop a new psychological intervention for treating the early phase of bipolar disorder. Cognitive Interpersonal Therapy (CIT) is a structured, focused and collaborative approach to psychotherapy. It was originally outlined in the manual Staying Well After Psychosis and targets emotional recovery and relapse prevention.
Design: A randomised controlled feasibility trial was used to determine what adaptations to CIT were needed to address the specific issues facing adults following an episode of mania or hypomania. The lived experiences and reflections of participants who engaged in CIT were also explored in order to identify the therapeutic elements of the intervention that felt most important for their realisation of change.
Method: Participants were randomised to either the CIT or treatment as usual (TAU) component of the trial. Given it was a time-limited feasibility trial, the duration of therapy was determined by the point of randomisation to the study. Therapy sessions were adapted to ensure CIT was completed. Qualitative semi-structured interviews were conducted with participants that engaged with CIT in order to explore their understandings and experiences of the therapeutic intervention.
Findings: Important areas of therapeutic change were identified, including the development of cognitive and interpersonal skills and understanding and managing traumatic reactions to mania or hypomania. The development of a strong therapeutic alliance with the therapist was seen to hold a key role in the process of change. Generalization of these skills to everyday life was seen as important, and several ways in which this happened, including the use of relapse prevention work were discussed.
Conclusions: Working with the early phase of bipolar involves encouraging the development of insight and understanding and treating traumatic reactions to mania or hypomania. Encouraging the development of coping within an interpersonal context and emphasising functional recovery is central to the CIT approach. In order for CIT to be accessible and effective in the early phase of bipolar disorder numerous adjustments need to be made. Factors related to service structure and delivery, adults’ knowledge and beliefs about bipolar disorder and the therapy itself require further consideration.

Advancements in research on fears, blocks and resistances to compassion
Francisca Catarino, Derbyshire Healthcare NHS Foundation Trust, UK

Compassion motivations: distinguishing submissive compassion from genuine compassion and its association with shame, submissive behaviour, depression, anxiety and stress
Paul Gilbert, Derbyshire Healthcare NHS Foundation Trust, United Kingdom; Kirsten McEwan, University of Cardiff, United Kingdom, Rita Baião, University of Minho, Braga, Portugal
Recent research has suggested that being compassionate and helpful to others is linked to well-being. However, people can pursue compassionate motives for different reasons, one of which may be to be liked or valued. Evolutionary theory
suggests this form of helping may be related to submissive appeasing behaviour and therefore could be negatively associated with well-being. To explore this possibility we developed a new scale called submissive compassionate scale and compared it to other established submissive and shame-based scales, along with measures of depression, anxiety and stress in a group of 192 students. As predicted a submissive form of compassion (being caring in order to be liked) was associated with submissive behaviour, shame-based caring, ego-goals and depression, anxiety and stress. In contrast compassionate goals and compassion for others were not. As research on compassion develops new ways of understanding the complex and mixed motivations that can lie behind compassion are required. The desire to be helpful, kind and compassionate, when it arises from fears of rejection and desires for acceptance, need to be explored especially for compassion focused therapies.

Compassionate imagery increase physiological and behavioural indices of threat in high self-critics
Kirsten McEwan, University of Cardiff, Cardiff, United Kingdom; Chris Barnes, University of Derby, Derby, United Kingdom, Paul Gilbert, Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom; Frances Maratos, University of Derby, Derby, United Kingdom
Compassionate-focused imagery (CFI) has been used to stimulate affiliative emotion in people with mental health problems, with evidence that those who are shame prone and self-critical have particular difficulties in this domain. This study set out to explore the hypothesis that individuals high in self-criticism would demonstrate a negative or threat like response to CFI. Results suggest that following the CFI intervention, alpha amylase levels increased significantly for the high-self critics as compared with the low-self critics. High self-critics also reported greater insecurity on entering the session, as well as difficulty generating a positive compassionate image. Compared with low self-critics they further reported the CFI experience as more negative. In sum, our data demonstrated that high self-critics respond negatively to CFI in a single instance. This supports previous findings and highlights the fact that compassion focused therapies need interventions that will manage people’s fears, blocks and resistances to compassion and affiliative affect.

The origins of fears of compassion: Shame and lack of safeness memories, fears of compassion and psychopathology
Joana Duarte, Cognitive and Behavioural Research Center (CINEICC), University of Coimbra, Portugal; José Pinto-Gouveia, Cognitive and Behavioural Research Center (CINEICC), University of Coimbra, Portugal
Background: Compassion has recently become a focus of therapeutic interventions, but there is increasing evidence from empirical research and clinical research studies that some individuals find self-generating compassion and receiving compassion from others difficult and aversive. However, it is unclear how these fears of compassion are linked to early affiliative experiences, such as shame or safeness memories, and to psychopathological symptoms. The present study set out to explore the relationship between shame traumatic memories, centrality of shame memories and early memories of warmth and safeness, fears of compassion and depression, anxiety and paranoid symptoms.
Method: Participants in this research were 302 individuals (131 men and 171 women) from the general community population who completed self-report measures of fears of compassion (for self, for others and from others), shame memories, early memories of warmth and safeness, and psychopathology.
Results: Results showed that shame traumatic and central memories were positively associated with fears of compassion for self, for others and from others whereas early memories of warmth and safeness were negatively related to such fears. All correlations were stronger for fears of compassion for self and from others. Path analyses results revealed that fears of compassion for self and of receiving compassion from others mediated the effects of shame traumatic memory (partially), centrality of shame memory (fully) and early memories of warmth and safeness (fully) on depressive, anxiety and paranoid symptoms. Moreover, while fear of compassion for self had a stronger effect on depression and anxiety symptoms, fear of receiving compassion from others was the best predictor of paranoid ideation.
Conclusion: These findings have implications for therapeutic interventions as these fears, as well as the negative emotional memories fuelling them, may need to be addressed in therapy to assist patients in self-generating and receiving compassion.

Fears of happiness and compassion in relationship to depression, alexithymia and attachment security in a depressed sample
Kirsten McEwan, University of Cardiff, United Kingdom; Francisca Catarino, Derbyshire Healthcare NHS Foundation Trust, Rita Baião, Universidade do Minho, Portugal
Objectives. In a non-clinical population, fears of compassion and fear of happiness have both been found to be highly correlated with depression. This study sought to explore these processes in a depressed group.
Method. 52 participants suffering from moderate to severe depression completed measures of fears of happiness, compassion from others and for self, in addition to measures of alexithymia, attachment, positive affect, social safeness and depression, anxiety and stress.
Results. Fears of compassion and happiness were highly correlated with alexithymia, adult attachment and depression, anxiety and stress. In two regression analysis, the fear of happiness was found to be the best predictor of depression, anxiety and stress, while fear of compassion from others was the best predictor of adult attachment. This clinical sample
had higher mean scores in fears of positive emotions, alexithymia and depression, anxiety and stress than a previously studied student sample.

Conclusions. This study adds to evidence that fears of positive emotions are important features of psychopathology. Unaddressed, these fears can block positive emotions and may lead to emotional avoidance of positive affect thus contributing as blocks to successful therapy. Therapies for depression may therefore profitably assess and desensitise the fear of positive emotions.

The effects of self-criticism on attentional biases for kind-compassionate and critical facial expressions & Evaluation of a ‘Compassion Game’ to alter attentional biases and promote wellbeing
Paul Gilbert, Derbyshire Healthcare NHS Foundation Trust, Derby, UK; Stephane Dandeneau, Centre for Psychological Research, Université du Québec à Montréal, Montreal, Canada; Sigrid Lipka, Centre for Psychological Research, University of Derby, Derby, UK; Frances Maratos, Centre for Psychological Research, University of Derby, Derby, UK; Kevin Patterson, 5College of Medicine, Biological Sciences and Psychology, University of Leicester, Leicester, UK; Mark Baldwin, McGill University, Montreal, Canada; Lucy Gibbons, Kingsway Hospital, Derby, UK; Shivani Chotai, Kingsway Hospital, Derby, UK; James Elander, University of Derby, Derby, UK
In these two studies we explored how low and high self-critics process compassionate and critical expressions. Results showed that high self-critics showed diminished attention whereas low self-critics showed enhanced attention to compassionate faces. In a second study exploring the effects of a compassion game, which consists of finding compassionate faces among either critical or neutral faces, on wellbeing, this intervention was found to be beneficial in multiple indicators of wellbeing particularly for high self-critics.

Efficacy and Effectiveness of child behavior therapy
Manfred Doepfner, University of Cologne, Germany

Efficacy of guided self-help for parents of children with externalizing behavior problems - a randomized controlled trial with an active control group
Lisa Greimel, Department of Child and Adolescent Psychiatry University of Cologne; Stephanie Imort, Department of Child and Adolescent Psychiatry University of Cologne, Josepha Katzmann, Department of Child and Adolescent Psychiatry University of Cologne; Julia Pinior, Department of Child and Adolescent Psychiatry University of Cologne; Kristin Scholz, Department of Child and Adolescent Psychiatry University of Cologne
Introduction. For children with externalizing problem behaviour conventional parent-centered interventions have proven to be effective in many trials and are recommended. Over the last two decades there was major technical progress in devices for communication and e-learning; furthermore, innovations have become more and more available to the broader public. These advancements make new forms of psychotherapy possible including telepsychotherapy. If this approach is reasonable and effective for parents of children with externalizing problem behaviour is not sufficiently investigated. Aim of the present study was to test a guided self-help program combining advice booklets for parents and telephone counselling.
Method. Target sample were 146 parents of children aged 4 to 11 years diagnosed with attention-deficit/hyperactivity disorder (ADHD) and/or oppositional defiant disorder (ODD). This was a randomized trial with an active control group. Families of the experimental and the control group as well received eight advice booklets and ten telephone calls with a psychotherapist. For the experimental group written materials and counselling were based in cognitive behavioural theory and for active control group they were nondirective supportive. To assess treatment effects multiple informants were considered including ratings of clinical experts, parents and (kindergarten) teachers.
Results. Pre-post results of an interim analysis are reported. Findings will be related to treatment effects of conventional parent-centered interventions and to results from other guided self-help programs as well. Pros and cons of this approach and its possible importance in the future for the treatment of children with externalizing problem behaviour will be discussed.

Efficacy of the treatment program for children with aggressive behavior – a randomized controlled trial with an active control group
Anja Goertz-Dorten, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne; Christina Benesch, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne, Christopher Hautmann, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne
Objectives: The German Treatment Program for Children with Aggressive Behaviour (Therapieprogramm für Kinder mit aggressivem Verhalten, THAV) aims at the therapy of children aged 6 to 12 years with peer-related aggressive behaviour, which results in a persistent impairment of the relationships to other children. Contrary to other treatment approaches, this intervention aims at the individual treatment of problem maintaining and moderating factors of aggressive behaviour.
Depending on the individual problem maintaining factors the treatment aims to modify social cognitive information processing, impulse control, social problem solving, social skills and social interactions in specific situations.

Methods: The efficacy is evaluated in a randomized control group design with n=101 children. N=60 children are treated for about half a year with the modules of THAV in weekly individual sessions. The control group of n=41 children receives alternative interventions with group play and techniques to activate resources of the child. These interventions give the children the opportunity to train pro-social interactions. Outcome parameters are aggressive behaviour und comorbid symptoms as well as problem maintaining factors, psychosocial functioning, family burden and treatment satisfaction. Moreover, variables of the treatment process are assessed. Questionnaires, tests and individual problem checklist were used to assess these outcome and process parameters

Results: Reductions of aggressive behaviour, comorbid symptoms and problem maintaining factors could be found both in parent and teacher ratings. The effect sizes are ranging from small to large effects.

**Is behavioural treatment of children and adolescents in an outpatient setting under routine care conditions effective?**

Anja Goertz-Dorten, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne; Claudia Kinnen, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne, Lydia Suhr-Dachs, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne; Stephanie Schürmann, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne; Tanja Wolff Metternich Kaizman, Department of Child and Adolescent Psychiatry and Psychotherapy at the University of Cologne

Background. The efficacy of child behavior therapy has been shown in randomized controlled trials for a large range of disorders. However, the generalization of these results to the clinical routine treatment conditions is questionable because the population referred for treatment and the interventions applied in routine care condition may differ from the study samples used as well as the interventions conducted in randomized controlled study. However, studies on the effectiveness on child behavior therapy in large clinical samples are lacking

Method. This observational study analyses symptom change during individual child behavior therapy in a sample of more than 950 patients referred for treatment in an outpatient clinic of a school for child behavior therapy using the Child Behavior Checklist which is a parent rating scale covering a broad spectrum of behavioral and emotional problems of children and adolescents. In a subsample of adolescents the Youth Self Report Form (YSR) was used. The Teacher Report Form (TRF) was also used in another subsample. Ratings were obtained at the beginning and the end of the treatment. Moreover, satisfaction with the treatment was assessed after the termination of treatment.

Results: From pre- to post-assessment statistically significant symptom reductions were found on the total problems scales as well as on the Externalizing and Internalizing problems scales. Based on parent rating moderate effect sizes were found. Based on Youth self-report the effect sizes were smaller. Satisfaction with the treatment was high. Overall, routine treatment was found to be effective. The results will be compared to effect sizes found in randomized controlled trials.

**Guided self-help for parents of children with ADHD: concept and effectiveness**

Laura Mokros, , Claudia Kinnen, , Christopher Hautmann, ; Manfred Döpfner, ;

Behavioural parent training is an evidence-based treatment option for children with attention-deficit/hyperactivity disorder (ADHD) but practical and psychological obstacles (e.g., travel time, stigma) often prevent families from accessing therapist-led face-to-face parent training.

Self-help treatment with limited therapist involvement has the potential to overcome these treatment barriers. Recent research suggests that telephone-assisted self-help parenting interventions enhance parental competences and reduce disruptive child behaviour (McGrath et al., 2011; O’Brien & Daley, 2011). In addition, there is preliminary evidence that long-term outcomes of parent-administered self-help interventions are comparable to those of therapist-led parent trainings (Sanders, Bor, & Morawska, 2007).

Our group developed a self-help programme for parents of children with hyperactive and oppositional behaviour. The programme is based on a treatment manual that integrates cognitive behaviour therapy with family- and school-based interventions and has been shown to be effective in the treatment of children diagnosed with ADHD (Döpfner et al., 2004). The aim of the present studies was to evaluate the effectiveness of the self-help programme in three different samples. The programme was first piloted with children aged between 6 and 15 years (N = 21) that were recruited through the outpatient unit of our clinic and were diagnosed with ADHD and / or Oppositional Defiant Disorder (ODD). The second study was a randomized controlled trial in which preschool children with externalizing problem behaviour (N = 48, 3-6 years, recruited through kindergartens) were allocated to either an intervention group or an untreated waitlist control group. The intervention comprised the self-help programme (an 11-chapter self-help book) supplemented with eleven weekly telephone contacts (approx. 20 min. per contact). In both studies, children whose parents completed the self-help programme demonstrated significant reductions in problem behaviour (measured with ADHD and ODD symptom rating scales and the Child Behavior Checklist). In addition, parents reported improvements in their parenting skills.

The next study used a single group, pre-post design. 274 children with a diagnosis of ADHD (6-12 years) were recruited through contact with paediatricians and child psychiatrists. Their parents received eight advice booklets by mail (one booklet every two weeks) and 14 brief telephone contacts. The content of the booklets closely follows the self-help book
that was used in the first two studies. Children whose parents dropped out of the study (N = 101) differed from those whose parents completed the self-help programme (N = 173) on a number of variables. For example, they were more likely to live in a single-parent household and to take medication. Intent-to-treat analyses demonstrated significant improvements in ADHD-related behaviours and other behavioural problems (e.g., difficulties with peers). Together, the results of these studies suggest that telephone-assisted self-help parenting interventions are an effective alternative to more intensive forms of behavioural parent training for children with ADHD.

Open Paper Symposia

Emotional Processing in Trauma and Depression: Imagery and Exposure

Emotional impact of mental imagery in depression
Stefanie M. Görgen, University of Mainz, Germany; Wolfgang Hiller, University of Mainz; Jutta Joormann, Department of Psychology, University of Miami, USA; Michael Witthöft, University of Mainz, Germany

Mental images have a profound impact on our emotional reactions (Holmes & Mathews, 2005). Because of this special link, Holmes et al. (2009) have recently postulated that mental imagery might be a critical factor in amplifying and maintaining depression, but empirical research on this topic is still sparse. In addition, effects of mental imagery on affect have exclusively been studied using self-report measures.

Using a modified version of the Affect Misattribution Procedure (AMP; Payne et al., 2005) and Self-Assessment Manikin Ratings (SAM; Bradley & Lang, 1994), implicit (AMP) and explicit (SAM) affect elicited by mental images, “real” pictures, and verbal processing (each neutral, negative, and positive stimuli) were examined in depressed patients (N=19) compared to healthy controls (N=27).

In depressed patients, the presented stimuli elicited generally more negative implicit (main effect for group: F(1, 44)=15.42, p<.001, partial eta squared=.26) as well as more negative explicit affect (F(1, 44)=29.30, p<.001, partial eta squared=.40). In both, the explicit and implicit measure, our results indicated that mental images have an emotion-amplifying effect compared to verbal processing. In the explicit measure, we found that “real” pictures have the strongest impact on emotion. Moreover, depressed patients felt much more stressed by intrusive images of future events (Impact of Future Event Scale, IFES; t(28.37)=6.30, p<.001, d=2.08).

Patients with depressive disorders experienced significantly more negative implicit and explicit emotional reactions, a result which is possibly attributable to a negative interpretation bias. This interpretation bias was found equally for words, pictures, and mental images. The significant difference between the groups in the IFES values indicates that in depression intrusive imagery is associated with high levels of distress. Noteworthy, mental images and pictures seem to have more similar impact on emotion compared to verbally processed stimuli. Future research should focus on ways to change negative images in the context of depression.

Emotional Intensity in Imagery Rescripting – Impact on Emotion Regulation and Intrusions
Gitta Jacob, University of Freiburg, Germany; Laura Seebauer, University Medical Center Freiburg, Germany

Imagery Rescripting (ImRS) is therapeutic strategy for treating patients with severe emotional problems. During ImRS the course of a traumatic memory is changed in a direction desired by the patient. There is strong evidence for the positive impact of ImRS in illnesses like personality disorders, depression and PTSD, but also on emotions like shame or guilt which are common in all kinds of mental illnesses. ImRS is therefore increasingly used in CBT. Yet there is little evidence on how to make ImRS work at its best. Many questions on the procedure remain unanswered e.g.: which perspective should the patient take during the exercise? There are some studies suggesting that patients might profit better from ImRS if they are highly emotionally involved during the ImRS exercise. The aim of this study was to approach this clinical question on an empirical level.

The aim of this analogue experimental study was to compare if emotional involvement in ImRS can be experimentally manipulated and whether a high involvement during ImRS makes subjects profit better from ImRS. The sample consisted of healthy students (N=63). For the induction of intense negative emotions the trauma film paradigm was applied. The impact of the ImRS exercise was measured through self-reported emotions on a visual analogue scale (e.g. helplessness, anxiety, anger) and psychophysiology (heart rate, skin conductance). Furthermore self-reported intrusions on the trauma-film in the following week were assessed. Every participant watched the trauma film and was randomised in one of the three following conditions: Intense ImRS, less intense ImRS, no task. Intensity was manipulated by closing eyes or not, taking field or observer perspective taking and focussing more or less on key feelings.

The trauma film increased negative emotions and decreased positive emotions in all subjects. The psychophysiological and physiological data is being reviewed at the moment. In the presentation first results will be presented and discussed. This analogue study will give hints on how to best conduct ImRS exercises. This is urgently needed since this technique is increasingly used in psychotherapy approaches.

How eye movements in EMDR work: support for the reconsolidation hypothesis
Arne Leer, Utrecht University, the Netherlands; Iris Engelhard, Utrecht University, the Netherlands; Marcel van den Hout, Utrecht University, the Netherlands
Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR), a primary treatment for posttraumatic stress disorder. Working memory theory holds that (1) EM during recall reduces memory vividness and emotionality and (2), as a result, causes the reconsolidation of a degraded memory in long-term memory. Although many experimental studies support the first assumption, only a few studies provide insight into the second assumption, with mixed results. The goal of the current experiment was therefore to assess long-term effects of EM on memory and to test whether duration of the intervention is critically involved in long-term effects.

Seventy-three undergraduate students recalled two negative autobiographical memories, one with EM ("Recall+EM") and one without (recall only: "RO"). A ‘short duration’ group recalled each memory for 96 s, a ‘long duration’ group recalled for 192 s. Memory vividness and emotionality were self-rated directly before and after the intervention, and at a follow-up of 24 hours.

In line with the hypotheses, only in the Recall+EM condition, memory vividness reduced from the pre-test to the follow-up, and this effect was only demonstrated in the long duration group. In addition, only in the long duration group, reductions in memory emotionality from the pre-test to the follow-up were larger in Recall+EM than in RO.

Overall, the findings suggest that Recall+EM has long-term effects on memory and thus support the reconsolidation hypothesis about how EM works in EMDR.

Development of a CBT-based Grief Intervention for Dementia Caregivers
Franziska Meichsner, Friedrich-Schiller-University Jena, Germany; Denise Schinköthe, Friedrich-Schiller-University Jena, Germany; Gabriele Wiliz, Friedrich-Schiller-University Jena, Germany

Introduction. Dementia caregivers are not only at risk for physical and mental health problems, but also experience grief related to general caregiver burden, depression, and complicated grief (Chan et al., 2013). Pilot studies addressing caregiver grief used group settings (e.g., Sanders & Sharp, 2004), but although an individualized, CBT-based approach is best suited for dementia caregivers, no such grief-focused intervention has been realized to date. To contribute to the development of a manualized grief intervention for dementia caregivers, a qualitative analysis of grief-specific intervention strategies within a randomized-controlled trial was conducted.

Method. Sequences from 61 therapy sessions with a focus on grief were transcribed. A category system was developed using a mostly deductive approach with categories based on established intervention concepts (e.g., for complicated grief), current research on caregiver grief, and standard cognitive-behavioral techniques. Intercoder reliability between two independent coders was satisfactory (Krippendorff’s alpha = .80) and the data was coded and analyzed using ATLAS.ti.

Results. Five major themes emerged: Acceptance of Loss was most frequent, followed by Recognizing and Coping with Painful Emotions (e.g., grief, guilt, anger), Anticipatory Grief, Normalization of Grief, and Relationship Dynamic Change.

Cognitive-behavioral techniques were differentially applied to pursue them, with therapists mostly using techniques for active listening and reflecting, psychoeducation, and Socratic dialogue.

Conclusion. Based on the results, a grief-intervention module was developed and is currently applied in a randomized-controlled trial. Both qualitative and quantitative means of evaluation are ongoing and will further contribute to the understanding of CBT-based grief interventions for dementia caregivers.

Visual feedback in written imaginal exposure for posttraumatic stress
Arnold van Emmerik, University of Amsterdam, the Netherlands; Femke Truijens, University of Amsterdam, the Netherlands; Arnold van Emmerik, University of Amsterdam, the Netherlands

Verbal imaginal exposure to traumatic memories is an important component of empirically supported therapies for posttraumatic stress. Imaginal exposure may also take place through written descriptions of the traumatic experience however. This study investigated the visual feedback hypothesis, which states that visual feedback from written trauma narratives contributes to the efficacy of written imaginal exposure in reducing posttraumatic stress, as visual feedback allows for the reuptake of traumatic content during the production of the trauma narrative. It was hypothesized that reductions of posttraumatic stress would be larger following written imaginal exposure with visual feedback than following written imaginal exposure without visual feedback.

Study participants were randomly assigned to one of three study conditions. In the Writing with Visual Feedback condition, participants described a traumatic experience in a regular essay text box on a computer screen. In the Writing without Visual Feedback condition, participants wrote in an essay text box which was reduced to the size of just one character, and could not reread their writing. In a Trivial Writing control condition, participants described their first day in college in a regular text box similar to the Writing with Visual Feedback condition. Posttraumatic stress was assessed with the Impact of Event Scale before, immediately after, and one week after the writing assignment.

Trauma-focused writing with visual feedback, trauma-focused writing without visual feedback, and trivial writing resulted in significant reductions of posttraumatic stress one week after the writing assignment (main effect of time, F(2, 120) = 74.800, p < .001). Contrary to our hypothesis, writing with visual feedback did not result in greater reductions of posttraumatic stress than writing without visual feedback (no interaction effect between time and condition, F(2, 58) = 1.569, p = .22).

Whatever its shared or unique mechanisms, the reuptake of traumatic content during the production of written trauma narratives (visual feedback hypothesis) is not a mechanism of written imaginal exposure in writing therapy for posttraumatic stress.
This study examined a potential mechanism of written (as opposed to verbal) imaginal exposure to traumatic memories. Since the main hypothesis was not confirmed, there are no immediate implications for the application of this cognitive behavioural intervention for reducing posttraumatic stress.

**Behavioural Medicine: Predicting Behaviour and Novel Self Help Approaches**

**Adherence to Medical treatment: Thalassamia and sickle cell disease as an exemplar**
Kofi Anie, Imperial College London, North West London Hospitals NHS Trust, UK; Hannah Grocott, North West London Hospitals NHS Trust, UK; Philip Tata, Central & North West London NHS Foundation Trust, UK

Adherence refers to how closely a patient follows a prescribed treatment regimen. About one in four patients do not adhere to prescribed drug treatment (DiMatteo, 2004). The incidence of non-adherence is greater with new medications than with existing medications (Barber et al, 2003). Patients experience considerable problems when they start new medication, including various side effects, concerns and practical aspects. Adherence to medication is a multidimensional phenomenon that is affected by patient-related, therapy-related, condition-related and demographic factors. Blood transfusions are given to sustain life in patients with thalassaemia, and used for complications in sickle cell disease. This results in progressive iron overload, which may be prevented and treated by daily iron chelation therapy. Historically, patients with sickle cell disease or thalassaemia have adhered poorly to this treatment. The Health Belief Model is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. Within the context of the Health Belief Model common-sense models of illness have been called illness cognitions. The structure of illness cognitions provides a useful framework from which to start investigating patients’ beliefs and how these influence adherence to treatment.

We employed the Brief Illness Perceptions Questionnaire (B-IPQ), and the EuroQol EQ-5D to predict adherence to iron chelation therapy in patients with thalassaemia and sickle cell disease.

**Study Design:**

- **3 Year Longitudinal Study:** Internet-based questionnaire investigating basic Demographic and Clinical Information, Health Beliefs, Health-Related Quality of Life (Euroqol – EQ-5D), the Outcome of Chelation Therapy, and Side Effects.

**Participants:**

- Adult patients (aged 16yrs & over) with Sickle Cell Disease or Thalassaemia on transfusion programmes for which iron chelation therapy is required.

**Outcome Measures:**

- **Primary Outcome:** Health Beliefs - Brief Illness Perceptions Questionnaire (BIPQ)
- **Secondary Outcome:** Health-Related Quality of Life - EuroQol (EQ-5D)

Preliminary results suggest that a haematological marker of adherence (serum ferritin level) is associated with personal control on the B-IPQ. Ferritin level is associated with personal control (r =.317, p<0.05), that is as an individual’s sense of control over their illness decreases, non-adherence increases. Personal control was also positively associated with EQ-5D utility scores (r =.319, p<0.05) revealing that the more control an individual feels they have over their illness the better their quality of life. Identify was strongly associated with quality of life (r =-.453, p<0.01), identity assesses how much an individual experiences symptoms of their illness showing that the greater the number of symptoms experienced the lower the quality of life. Similarly both illness concern (r =-.386, p<0.01) and emotional representation (r =-.568, p<0.01) were negatively associated with the EQ-5D scores. This suggests patients who tend to feel more concerned and emotional about their illness, also tend to have a reduced quality of life.

In conclusion, adherence to iron chelation therapy in thalassaemia and sickle cell disease could be predicted with measures of illness perceptions and quality of life.

Adherence has implications for the clinical practice since this determines both medical and psychological outcomes for patients with chronic illnesses who require cognitive behavioural interventions.

**Developing self-help aimed at improving confidence and reducing social anxiety associated with living with vitiligo in Nigeria**
Andrew Thompson, University of Sheffield, UK; Nicholas Taylor, Univerisity of Sheffield, UK; Ogo Maduewesi, Vitiligo Support and Awareness Foundation

Vitiligo results in loss of pigment and is highly noticeable on dark skin, and yet access to psychosocial support for people living with the condition is limited in Africa. We report on a three-part study conducted in collaboration with the Nigerian Vitiligo Support and Awareness Foundation that aimed at examining the psychosocial impact of the condition and piloting the usability of self-help materials based on a CBT model of Social anxiety. Interpretative Phenomenological Analysis was used to understand the psychosocial experience of eight Nigerian’s living with vitiligo. In addition, a Think-Aloud Interview method was used to examine the usability of a specifically developed self-help intervention. Acceptability was also explored via evaluation the techniques contained in the self-help leaflet within two workshops conducted in London, UK, and Lagos, Nigeria.

The qualitative findings indicate that whilst the experience of living with vitiligo in Nigeria is comparable to other parts of the world, specific psychosocial are experienced. The workshop attendees reported that the self-help intervention was useful and made suggestions as to how it might be enhanced, so as to draw on the naturalistic coping strategies reported by some of study participants.
CBT self-help has the potential to reduce distress associated with the disfiguring condition vitiligo. However, such interventions need to be adapted so as to be culturally appropriate and to provide guidance in dealing with the reality of intrusive reactions received by others.

CBT orientated self-help can alleviate distress associated with appearance concern but needs to be adapted in the case of highly visible conditions.

A Randomised Controlled Feasibility Trial of Online Compassion and Mindfulness Self-help for Psoriasis
Zina Muftin, University of Sheffield, UK; Andrew Thompson, University of Sheffield, UK

People with psoriasis can experience psychological distress as a result of the impact of living with a visibly disfiguring condition that can cause pain and discomfort. Despite repeated calls for increasing the availability of psychological interventions, relatively few studies have examined the effectiveness of self-help in this area.

Participants with a diagnosis of psoriasis were recruited from UK psoriasis specific support organisations and from the University of Sheffield volunteer list. One hundred and thirty participants were randomised to either compassionate self-help or mindfulness self-help. Participants completed the Other as Shamer Scale (OAS), the Forms of Self-criticising, Attacking and Self-reassuring Scale (FSCRS), and the Dermatology Life Quality Index (DLQI) at baseline. Four weeks later 70% participants completed the OAS, FSCRS, and DLQI, and also completed an evaluation that explored compliance, acceptability, and usefulness of the interventions. Both the measures and the interventions were administered online.

The intervention included both written and audio material. Both interventions were associated with modest yet statistically significant improvements in all measures. Over 70% of study completers reported finding the materials helpful. The results indicated no difference between the two intervention types.

Brief self-help interventions based on a compassionate mind approach show promise and may have the potential to alleviate specific psychosocial distress associated with stigma and shame in psoriasis and improve quality of life. The study also demonstrates the theoretical importance that shame may play in maintaining distress in psoriasis. People living with psoriasis may benefit from simpy CBT orientated self-help techniques.

Five-year stability and recurrence of emotional responses and other self-reported variables
Martti T. Tuomisto, University of Tampere, Finland; Riina Leinonen, University of Tampere, Finland; Jyrki Ollikainen, University of Tampere, Finland

Predictive models in behavioural medicine include as an axiom that behaviour, especially emotional behaviour is stable or recurrent during long time intervals. This is not, however, well-established or it is not well-known how stable these behavioural characteristics are in the context of health studies. The purpose of this study was to investigate to which extent different psychometric scales often used in cardiovascular behavioural medicine or self-reported assessments in diaries used in ecological momentary assessment show stability or recurrence in a cardiovascular study with healthy participants.

In the Tampere Ambulatory Hypertension Study, 124 middle-aged men filled several questionnaires measuring anxiety, anger and hostility, emotional expression and reactivity (e.g., Cook-Medley Hostility Scale and several Spielberger scales). In addition, 95 men monitored their emotions and other self-reported variables in preformatted diaries. Five years later, 81 men used the diaries again.

The results showed that emotional responses in general were stable: no significant differences in the means of the same emotions were found between the two time points. Moreover, the order of the particular participants’ means remained the same between the two time points. The correlations between the questionnaire scores of different emotions and respective emotions in the diaries were quite high and significant in general. The emotions monitored in the diaries having the best correlations with questionnaires measuring the same emotions were irritation and tension. The specific results and additional analyses on the emotional or other self-reported variables will be presented.

The general axiom in behavioural medicine that emotional behaviour is stable and recurrent seems to be valid. This makes the basis for much of the research in behavioural medicine well-founded.

Behavioural diaries also seem to be useful instruments in clinical work in the context of health problems.

The Effects of an Expressive Writing Intervention on distress among Newly Diagnosed Prostate Cancer Patients
Sjón Ágústs dóttir, University Of Iceland, Iceland; Heiddis Valdimarsdóttir, Reykjavik Universit, Iceland; Guðmundur Vikar, University Hospital Iceland, Dana Bovbjerg, Iceland; Robert Zacharias, Dept. of Oncology, Aarhus University Hospitaland Dept of Psychology, Aarhus University, Denmark; Sandra Zakowski, Argosy University

Prostate cancer, which is the leading cancer diagnosis and second-leading cause of death in males has been found to be associated with significant psychological distress. At the time of this heightened distress newly diagnosed prostate cancer patients need to choose between various management options which offer comparable survival but vary in side effects which can greatly affect patients’ quality of life. There is considerable evidence that patients that can express their cancer concerns have lower levels of distress but unfortunately, many individuals feel constrained in expressing their emotions
and concerns, due to perceived unsupportive or negative reactions of others or due to sensitivity of issues. To address this issue the proposed study examined if expressive writing intervention was effective in reducing distress. Newly diagnosed prostate cancer patients (n=106) were randomly assigned to the intervention group (wrote about their deepest thought and feelings regarding their cancer) or to the control group (wrote about neutral topic or how they spend the day). Both groups wrote three days for 20 minutes at home. Intrusive thoughts about the cancer, depression and anxiety were assessed before the intervention (baseline) and three and six months following the intervention (follow-up 1 and 2).

Repeated measures ANCOVA (controlling for baseline) revealed that, compared to the control group, patients randomized to the expressive writing intervention had lower levels depression, anxiety and intrusive thoughts about their cancer at both follow-up assessments.

These preliminary finding are in the expected direction: newly diagnosed prostate cancer patients writing about their cancer concerns reported less distress three and six months following their cancer diagnosis than patients writing about neutral topics.

Home-based expressive writing can assist newly diagnosed prostate cancer patients with processing their cancer diagnosis and reduce distress. This home-based expressive writing can easily be implemented and disseminated.

Child Behaviour and Anxiety: Prevention and Intervention in the Community

STOP4-7, an early intervention programme for young children with serious behavioural problems

Wim De Mey, Ghent University, Belgium; Caroline Braet, Ghent University, Belgium; Els Merlevede, Ghent University, Belgium

Background. The STOP4-7 programme is developed as an early intervention for young children and their families. All children are referred with serious behavioural problems: oppositional defiant disorder or conduct disorder, with or without ADHD. The programme consists of a child social skills training (10 sessions of a whole day), with special attention for emotion regulation strategies, a parent management training (10 two hour sessions) and a classroom management training (4 three hour sessions), home visits and school visits.

The programme is published in a manual and a training for trainers is organised regularly in Flanders and the Netherlands. The intervention is based on the theoretical, research and clinical work of the Oregon Social Learning Center. Much is already known about what kind of interventions work for what kind of problems, but less research is done trying to explain why and how interventions work.

Purpose. The reported research aimed to measure the effects of the intervention as well in Flanders as in the Netherlands. We used quantitative research methods, in a quasi-experimental design in Flanders (pre post test comparison between experimental and waiting list-control group) and a one group pre post test design in the Netherlands. The measures used are the Child Behaviour Checklist (CBCL and TRF), and the Scale of Parent Behaviour – a Flemish instrument to measure parenting skills.

We collected also demographic data (in Flanders) and information on the stressful life events (Flanders) or educational stress (the Netherlands).

In most recent research we look at the meditational role of parenting skills or social skills of the children.

Key findings. Between September 2006 and June 2009 we gathered data from 136 families (90 families in the treatment group and 36 in the waiting list control group). We used the expectation maximization (EM) algorithm in SPSS to estimate the missing data (Schafer & Graham, 2002). A between group comparison (ANOVA) revealed a significant time x group effect for the intervention group: less behavioural problems (CBCL), less inconsequent disciplining (SOG) and more parental satisfaction in the parenting role (PSOC).

The effect sizes ranged from small (parental satisfaction in the parenting role (PSOC). The data gathered since 2009 give information on the meditational role of parenting skills in the change of the child problem behaviour.

Much is already known about what kind of interventions work for what kind of problems, but less research is done trying to explain why and how interventions work. We will discuss ways how clinicians can add to our knowledge of mechanisms of change.

For children with co-morbid disorders and their families it isn’t really helpfull to use one protocol after one another. Researching what works and especially why it works (mechanisms of change) can help everyday clinical practice in CBT, especially those working with multiproblem children and families.

School Resilience Program – From Crisis to Growth Prevention of PTSD and building life skills

Daniel Hamiel, Tel Aviv University, Israel; Leo Wolmer, Cohen Harris Center for Trauma and Disaster Intervention; Klalit Health Services, Tel Aviv University, Israel; Nathaniel Laor, Yale University, Cohen Harris Center for Trauma and Disaster Intervention; Klalit Health Services, Tel Aviv Mental Health Center, Tel Aviv University, Israel

I will present a preventive intervention program based on a school resilience program aimed to prepare children from kindergarten to high school to cope with daily as well as with traumatic stressors. In 2009-2011 the School Resilience
Combining a parenting programme and a cognitive behavioural intervention for mental health problems.

Melanie Palmer, MRC Social and Public Health Sciences & University of Auckland, Australia; Marion Henderson, MRC Social and Public Health Sciences, Matthew Sanders, University of Auckland; Louise Keown, University of Auckland; Jim White, STEPS Primary Care Mental Health Team, NHS GGC.

Evidence-based parenting programmes have been recommended as the treatment of choice for childhood psychosocial problems. However, it would be beneficial to address parents’ mental health when delivering parenting programmes as mental health problems, such as depression and stress, may negatively impact on implementation of the parenting strategies aimed at modifying children’s behaviour. The aim of this paper is to describe preliminary results of a study investigating the effects of a combined intervention of a low-intensity parenting programme and a low-intensity cognitive behavioural intervention for mental health problems.

The study uses a randomised controlled trial design to investigate the effects of the combined intervention, a course of six Stress Control didactic classes and two Triple P parenting discussion groups, in comparison to a waitlist control condition. Participants will be parents with a 3-8 year old child. Self-reported outcome measures of parental mental health, parenting practices, child behaviour, parenting experiences and parental self-efficacy will be collected. The study is ongoing and data collection will be completed in December 2013.

This paper will present the preliminary data from participants on measures of parental mental health, parenting practices, child behaviour, parenting experiences and parental self-efficacy. The change from pre-intervention to post-intervention for these outcomes will be presented.

The study will provide evidence about the effects of a combined intervention of a low-intensity parenting programme and a low-intensity intervention for mental health problems for parents with 3-8 year old children. The results of the study could be used to inform policy about parenting support and support for parents with mental health problems.

An integrates approach to substance use prevention for high and low risk youth: The Cap Intervention

Maree Teesson, University of New South Wales, Australia; Nicola Newton, University of New South Wales, Australia; Tim Slade, University of New South Wales, Australia; Patricia Conrod, University of Montreal, Australia

Early initiation to substance use is associated with a range of negative consequences. Although school-based prevention programs exist, their efficacy is contentious and no programs prevent substance use in both high- and low-risk adolescents. Our proposed model addresses this gap by developing an integrated approach to prevention which combines the effective ‘universal’ Climate Schools and ‘selective’ Preventure programs. The program is known as the CAP (Climate and Preventure) intervention.

To examine the efficacy of the CAP intervention, a cluster RCT is currently being conducted in 27 Australian schools. 3460 students aged 13-14 years were invited to participate in the trial and schools were randomised to one of four conditions; the ‘Control’ condition, the ‘Climate’ condition, the ‘Preventure’ condition, or the ‘CAP’ condition. All students have been assessed at baseline and are completing followup assessments immediate post intervention and 12, 24 and 36 months post baseline. Measures include the uptake and harmful use of alcohol and other drug use, substance use related harms, and mental health symptomatology.

An overview of findings from the initial Climate and Preventure trials will be presented which demonstrate the individual programs to be effective in reducing the uptake and harmful use of alcohol and other drugs up to 2 years following the interventions. In addition, the design and protocols of the current RCT will be presented as well as the baseline characteristics of the sample which show that 63% of the sample had ever tried alcohol, 17% have had a full serve, 4% had ever binged and 3% had ever tried cannabis.

If the CAP intervention can reduce alcohol and drug use by levels equal or greater than that of the stand-alone programs, it will be a significant contribution to health promotion and to reducing the burden of disease, social costs, and disability associated with substance abuse.
The CAP intervention may provide to be an effective CBT based prevention strategy for alcohol and drug harms in young people.

**Effectiveness of CBT for anxiety disordered children in community clinics**

Marianne Villabø, Center of Child and Adolescent Mental Health, Eastern and Southern Norway; Marianne Villabø, Center for Child and Adolescent Mental Health, Norway; Martina Gere, The Norwegian Center for Child Behavioral Development, Norway; Kasper Arnborg, Akershus University Hospital; Simon-Peter Neumer, Center for Child and Adolescent Mental Health, Norway

Following guidelines created to determine which treatments can be deemed “efficacious”, cognitive-behavioral therapy (CBT) for pediatric anxiety disorders has been deemed efficacious and specific. Yet, evidence-based treatments, such as CBT, remains underutilized in community settings. Randomized controlled trials (RCTs) are typically conducted in strictly controlled settings with therapist highly trained in the treatment manual under examination. The many differences between the settings in which RCTs are conducted and that of most clinicians in community clinics are often cited as a reason why evidence-based treatments are not applied in community settings. The present study examined the effectiveness of CBT for childhood anxiety disorders in five community clinics in Norway. Participants were 159 children aged 7-13 years referred for treatment. The treatment was implemented by ordinary clinicians, most of whom had little training in CBT prior to the study. Children diagnosed with separation anxiety disorder, social phobia, or generalized anxiety disorder were randomized to individual CBT, group CBT, or a waitlist control group. Using a multi-method multi-informant approach, post-treatment assessments indicate that therapist untrained in CBT can obtain favorable results in real-world settings comparable to those seen in more controlled efficacy studies. Preliminary results suggest that treatment gains were maintained at 2-year follow-up for both treatment conditions. Potential moderators of treatment outcome will be discussed as will implications for dissemination and personalization of treatment. Findings from the present study support the utility and effectiveness of evidence-based treatments implemented in ordinary clinical settings. Non-expert clinicians working with diverse populations can obtain favorable results with limited training and supervision, making evidence-based treatment available to a larger population of anxiety disordered children.

**Panel Discussion**

**Adapting CBT in Africa: What Is the Same and What Is Different?**

Lydia Stone, British Association for Behavioural and Cognitive Psychotherapies, UK

Cognitive Behaviour Therapy (CBT) refers to a range of talking therapies, which research has shown are effective in treating a wide range of emotional or psychiatric disorders. Empirical evidence for its use in various patient groups has been accumulating over recent years, but the majority of research studies have been on populations in Western countries. In fact CBT is sometimes critiqued as a Western therapy for which there is no valid evidence that it is universally helpful in non-Western populations and settings. This generates controversy regarding the significance of culture in understanding mental health problems and the possible limitation of CBT in addressing this. This panel discussion will use Africa as an example to consider the validity of this viewpoint. Panel members will present their views on the usefulness and effectiveness of CBT in African countries, drawing on their own experience and indigenous evidence and literature. Discussants from North and East Africa will give an overview of the position of CBT in local mental health services and inform the audience regarding its status – the clinical aspects, political context and general attitude to CBT (amongst therapists and lay-people) will be discussed. Examples of interventions either led by or informed by the CBT framework will be given, with opportunities to highlight strengths, limitations and challenges of using the CBT approach. The discussion will attempt to draw out which key aspects of CBT may be universal across populations and countries, and which need adaptation to suit local cultural, ethnic, spiritual and other diverse variables. Clinical practice, training and supervision, and directions for research will be addressed. Questions and discussion with the audience will be encouraged and used to inform how to take the agenda of CBT in Africa into the future.

This panel discussion will highlight which universal aspects of CBT theory and practice seem to be key across populations in diverse countries as well as which appear in need of local adaptation. Initial thoughts on the different ways that CBT can be modified to suit clients from different cultural backgrounds will be identified. This will inform clinicians currently using CBT, whichever country they are in (especially as we encounter increasingly diverse populations), as well as highlight areas for future clinical research. Considerations of adaptations of training and supervision models to suit the needs of trainee and qualified therapists from individual African countries will also help the development of international standards of such.

**Clinical Roundtable**

**Neuroscience and CBT: From Laboratory to Clinical Setting**

Tullio Scaramàli, University of Catania, Italy
Neuroscience constitutes one of the most important components among the contemporary scientific background. The round table is focused on demonstrating and discussing the important topic concerning how some recent developments of Neuroscience can be used, today, in order to better the intervention when carrying out a Cognitive Therapy with patients affected by many different mental disorders. The major implication is giving the audience the possibility to understand how some new methods and techniques, coming from laboratory, can today be easily applied in CBT during the everyday clinical work with patients.

Special Interest Groups

CBT and EMDR: Contributions to Trauma
Claudia Massolo, Beck Institute, Italy
Psychological interventions are widely used in the treatment of post-traumatic stress disorder (PTSD). Cognitive-behavioral therapy (CBT) is currently the most empirically supported intervention for posttraumatic stress disorder (PTSD) and includes both specific manualized treatments (e.g., cognitive processing therapy, prolonged exposure) and less standardized applications (1).

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy approach that has been extensively researched for the treatment of trauma. The current treatment guidelines of the American Psychiatric Association and the International Society for Traumatic Stress Studies designate EMDR as an effective treatment for PTSD (2), so as the WHO guidelines (3).

There was evidence individual Trauma-focused Cognitive-behavioral therapy (TFCBT), EMDR, stress management and group TFCBT are effective in the treatment of PTSD. Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT and EMDR are superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT, EMDR and stress management were more effective than other therapies (4,5). TFCBT and EMDR are efficacious treatments for PTSD, but few studies have directly compared them (6). The last WHO guidelines in fact, mention both Trauma-focused CBT and EMDR therapy and recommend both for children, adolescents and adults with PTSD. These guidelines establish that like CBT with a trauma focus, EMDR therapy aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event. But they differentiate some features, establishing that unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework (3).

In addition, despite their evidence of effectiveness, CBT and EMDR are often considered as rivals. What about starting considering them as completing? Further research with different populations is certainly needed to answer to this question.

Furthermore in this panel there will be showed the purpose of the SIGs (Scientific Interest Groups) within the EABCT project.

OCD: Update and Recent Findings from Research and Clinical Practice
Antonio Pinto, Department of Health, Napels, Italy
Obsessive Compulsive Disorder (OCD) is an incapacitating disorder with a wide variety of obsessional themes including contamination fears, fear of harm to self or others, scrupulosity and relationship-related fears. In this SIG based symposium research from Spain, Italy and Israel based research will be presented. The first paper by Amparo and colleagues will present the clinical feasibility and potential use of Virtual Reality in the treatment of OCD. The second paper by Anholt and colleagues will present a new inhibition deficit model of OCD in which poor inhibition serves as a vulnerability factor for repeated checking (and the paradoxical effects thereof). The third paper presented by Doron and colleagues will review findings from correlational, experimental, longitudinal and dyadic studies of relationship obsessive compulsive (ROCD) and discuss their theoretical and clinical implications. Finally, Pinto and colleagues will show theoretical problems and clinical implications related to the relationship between obsessive symptoms and psychosis.

French Language Open Paper

Communications Libres 3

Ramadan: est ce un facteur de rechute du trouble bipolaire ?
L’objectif est d’explorer l’impact des variations des rythmes sociaux et du jeûne sur les patients bipolaires durant le mois de Ramadan.
Cent soixante dix patients ayant un trouble bipolaire (critères DSM IV), stabilisés dont 111 jeûneurs et 59 non jeûneurs, ont participé. L’étude avait ciblé le mois de Ramadan de 2 années successives (2011 et 2012). Les évaluations ont intéressé:
dépression, anxiété, stress, manie, effets secondaires, religiosité, lithiumémie, concentration, irritabilité, consommation de toxiques et d’excitants, sommeil et alimentation. Les évaluations ont eu lieu: une semaine avant le mois du jeûne, 2e et 4e semaines du Ramadan puis 2 semaines après la fin du mois. L’analyse statistique a fait appel au logiciel XISTAT 2012.1. La prévalence de la rechute chez les jeûneurs était de 33,3 % ( N = 37/111), sa prévalence chez les non jeûneurs était de 15,3 % (N = 9/59). La différence de prévalence entre les jeûneurs et les non jeûneurs est significative (Test de Khi double=6,38; P=0,012). Un patient bipolaire qui jeûne présente 2,77 de risque de rechuter qu’un patient qui ne jeûne pas (95% IC 1,233 à 6,254, P=0,014). Les patients qui ont rechuté avaient plus d’accès par an, un niveau de stress plus élevé, étaient les plus anxieux, consommaient plus de café. Leurs rythme veille-sommeil et alimentaire étaient très perturbés. L’association entre ces paramètres et les rechutes était significative.

Cette étude indique que le Ramadan constitue un facteur de perturbation des patients avec trouble bipolaire. La perturbation des rythmes sociaux survenant lors du Ramadan pourrait induire des rechutes du trouble bipolaire.

L’apprentissage de techniques TCC pour contrôler le stress, éviter usage et abus de toxiques, régulariser le style de vie semble nécessaire pour prévenir la rechute bipolaire

Respecter les rythmes de vie serait nécessaire pour les patients jeûneurs ou non.

**Prise en charge neuro-cognitives de l’aphonie psychogène poste traumatique a travers les e-thérapie: étude de cas en milieu clinique Algérien**

Lamia Benmoussa, Université d’Alger II; Lynda Bentalbi, CHU Mustapha Bacha, Alger

Perte complète du support sonore vocale, l’examen des cordes vocales au miroir et en vidéolaryngoscopie élimine une atteinte organique, la personnalité sous-jacente est souvent particulière, de type hystérique. L’aphonie constitue alors un symptôme de conversion, véritable moyen de défense de la personnalité du sujet.

Bien qu’il ait été évoqué dans certains ouvrages l’apport éventuel des médicaments comme des êtres émotifs et donc à explorer.

Les tcc sont le meilleurs moyen de prise encharge pour ces patients.

**Aspects Théoriques et Pratiques des Interventions Cognitivo-Comportementales Portant sur les Formes Severes et Pathologiques d’anxiète Envers La Sante**

Morgiane Bridou, Université François Rabelais de Tours; Colette Aguerre, Université F. Rabelais de Tours

L’anxiété envers la santé fait actuellement l’objet d’un nombre considérable de travaux scientifiques. Elle se caractérise par une hypervigilance envers les sensations physiques, coupée à une propension à les interpréter systématiquement comme des signes avant-coureurs d’une maladie somatique grave. Ce processus tend à générer des peurs et des inquiétudes très spécifiques et envahissantes, contre lesquelles le sujet lutte en mobilisant des stratégies de coping inadaptées. Les formes pathologiques d’anxiété envers la santé sont susceptibles d’avoir des répercussions négatives sur la santé et le bien-être des individus.

Cette communication vise à présenter les connaissances théoriques et pratiques récentes portant sur la prise en charge cognitivo-comportementale des formes pathologiques d’anxiété envers la santé.

L’objectif principal de ce type de prise en charge est d’agir sur les facteurs de maintien. Il s’agit: a) d’aider le patient à pacifier son rapport au corps afin d’être plus serein vis-à-vis des signaux corporels; b) d’assouplir les croyances trop rigides relatives à sa vulnérabilité perçue face à la maladie; et c) de lutter contre les stratégies de coping inadaptées (évitement, recherche de réassurance systématique).

Plusieurs études portant sur l’efficacité de ces thérapies présentent des résultats encourageants, avec une diminution de la symptomatologie anxieuse, du nombre de plaintes somatiques, et du nombre de consultations médicales. Nous cherchons à souligner l’importance de savoir mieux repérer et traiter les formes pathologiques de l’anxiété envers la santé, dont les conséquences deviennent délétères, comme dans le cas des prises de risques sanitaires par exemple.

**Apport de la thérapie cognitive analytique au traitement des stress multiples et chroniques chez des migrants**

Abdelkhaleghneouani, Association APPARTENANCES-Lausanne (Suisse)

Les problématiques de santé mentale présentées par certains requérants d’asile et par certains migrants vivant dans la précarité se rapportent simultanément à deux grands syndromes. Le Syndrome d’Ulysse produit par des stress multiples et chroniques; et le Syndrome d’Exclusion Sociale produit par la pauvreté, par l’insécurité et par la marginalité sociale.

Ce modèle propose au patient une conceptualisation et des modalités de travail prenant en compte ses conditions de vie, passées et présentes ; d’abord dans l’ici et maintenant et ensuite de manière régrédiente, permettant ainsi un travail sur ses propres constructions idiosyncrasiques et une réinscription dans son histoire personnelle, dans son propre univers de sens et dans sa subjectivité.

La Therapie Cognitivo-Comportementale face aux differences culturelles
SmaillHafidi Alaoui, Université Mohamed V Agdal, EST Salé Rabat
La Thérapie Cognitivo-Comportementale (TCC) est une thérapie qui a fait preuve de beaucoup d’efficacité surtout pour le traitement de certaines pathologies psychologiques comme l’anxiété et la dépression, pour ne citer que ces deux exemples. Mais la TCC d’aujourd’hui, ne prend pas dans son processus d’action les diversités culturelles qui peuvent donner d’autres pistes d’enrichissement de ces contenus.
Des recherches ont été menées dans ce sens afin d’améliorer la TCC en l’adaptant aux différents contextes culturels, elles s’accordent à dire oui pour une thérapie adaptée aux différences culturelles. La TCC doit prendre donc en considération les rapports que tissent les uns et les autres dans les différents milieux sociaux et ce pour améliorer l’efficacité de son objectif et l’accessibilité de son traitement.
Analyse de la revue de la littérature, en s’appuyant sur les résultats de ma Thèse de doctorat portant sur le développement de la compétence interculturelle chez les français travaillant au Maroc. Mettre en valeur la relation entre la TCC et les différences culturelles en s’appuyant sur des exemples lors des pratiques cliniques (cas des intervenants marocains).
Des caractéristiques de la compétence interculturelle, que l’on peut qualifier d’universelles. Chaque intervenant en TCC doit prendre en considération les différences culturelles.
La relation entre la TCC et la compétence interculturelle, est-elle réversible, ou irréversible? Peut-on parler d’une pratique universelle, ou adapté à chaque contexte culturel? Comment peut-on enrichir les contenus de la TCC à travers la Psychologie interculturelle? Dans le quotidien, le thérapeute intervenant dans différentes cultures doit avoir une compétence interculturelle, afin d’intervenir en toute objectivité.
La compétence interculturelle est largement souhaitable, chez les praticiens mobiles, elle englobe une compétence culturelle et une autre multiculturelle.