



50th EABCT CONGRESS

**“Adapting CBT to
socially and culturally diverse environments”**

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BOOK OF ABSTRACTS

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SYMPOSIA

CBT FOR INSOMNIA (CBT-I): USE IN SLEEP DISORDERS AND OTHER MENTAL ILLNESSES

SLEEP DISORDERS AND THEIR TREATMENT APPROACHES

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Sleep is a vital function for the human organism, having positive effects on bodily health, but primarily benefiting the brain by regulating neuronal equilibrium. The disorders of sleep can be divided into insomnia, hypersomnia and the parasomnias. Insomnia is the most common sleep disorder with high prevalence, significant impact on quality of life and comorbidity with other disorders. The treatment of insomnia relies on sleep hygiene measures, psychotherapeutic approaches and pharmacological interventions. While pharmacological and other biological interventions are primarily used for the majority of sleep disorders other than insomnia, sleep hygiene education and psychotherapy can also be added to the treatment with beneficial results.

CBT-I PROTOCOL IN INSOMNIA AND OTHER SLEEP DISORDERS

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Cognitive Behavioral therapy (CBT) is a widely used therapy for sleep disorders. Cognitive Behavioral Therapy for Insomnia (CBT-I) is a specific type of CBT, which is designed to improve sleep quality by modifying existing dysfunctional beliefs about sleep and insomnia. CBT-I is recommended as first-line treatment for chronic insomnia in adults of any age. CBT-I is applied in four to eight sessions by an accredited CBT therapist, usually face to face. In addition, some recent studies also indicate the efficacy of internet delivered CBT-I. The rather short duration of CBT-I is one of its main characteristics, which places it in variance with other CBT protocols. The efficacy of CBT-I has been also shown for other sleep disorders such as sleep apnea and various parasomnias.

CBT-I: EFFICACY BEYOND SLEEP-RELATED SYMPTOMS

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Apart from its efficacy on sleep-related symptoms, CBT-I has been also found to be efficacious in reducing other types of psychiatric symptomatology comorbid with insomnia. Due to the recognized importance of depression and its known comorbidity with insomnia, a lot of research has focused on studying how CBT-I affects depressive symptom severity and the risk of appearance of future depressive episodes in patients with insomnia. There are limitations to the available data, such as that the majority of scales which measure the severity of depression include various sleep items, that results depend on treatment completers, and that participants diagnosed with major depression or other psychiatric disorders were excluded. However, new meta-analytic methodologies under development, based on symptoms beyond the studies' primary outcomes, could assist in solidifying the evidence.

EMOTION REGULATION IN CHILDHOOD ANXIETY DISORDERS: NEW INSIGHTS FROM PSYCHOPHYSIOLOGICAL AND CLINICAL RESEARCH

Emotion regulation (ER) plays an important part in the development and maintenance of anxiety disorders. Due to its prominence in the theoretical framework, ER is a promising candidate in the search of factors to reduce the number of non-responders in CBT of childhood anxiety disorders. This young scientist symposium

aims to present new insights of this relevant research field using a broad variety of methods in response to the recent call for including multiple units of analysis when studying ER.

In the first presentation, Tabea Flasiński will present a study evaluating emotion inducing film stimuli for children as well as an ER task to measure psychophysiological components of ER.

In the second talk, Marie-Lotte van Beveren examines the association between respiratory sinus arrhythmia (RSA), emotion regulation and negative emotionality, illuminating the role of RSA as an important biomarker for individual differences in ER.

In the third presentation, Michael W. Lippert will report differences in how children with specific phobia, social anxiety and separation anxiety use avoidance as an ER strategy measured with a newly developed questionnaire.

The fourth contribution by Leonie Lidle examines alterations in the gaze behaviour of socially anxious children in a real-life social stress task, examining attention deployment as an ER strategy.

Finally, Sara Jakobsson Mansson will present a feasibility study of a blended care approach to treat socially anxious adolescents. The approach combines group-CBT with a mHealth app; integrating exposure exercises and social skills training with cognitive and ER techniques.

THE DEVELOPMENT AND EVALUATION OF EMOTION INDUCING FILM SCENES IN CHILDREN AND ADOLESCENTS

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Emotion regulation (ER) is described as a transdiagnostic factor playing an important role in the development and maintenance of internalising and externalising disorders from child- to adulthood. To research emotions and ER in the lab, film stimuli are valuable tools to induce emotions. These film stimuli are well validated with adults. However, especially anxiety and sadness inducing films are not suitable for children and adolescents. For children validated film stimuli are rather scarce.

Therefore, the present study aims to validate film stimuli, as well as an ER task, for research with children and adolescents. 40 participants aged 8 to 14 years watch six potentially emotion inducing film scenes. They rate these scenes on valence, arousal and an emotion scale while psychophysiological measures (face EMG, SCR, EKG, breathing) are recorded. During the first four films (“watch condition”), children are asked only to watch and concentrate on the emotions felt during the films. While watching the last two films (“regulation condition”) children are instructed to “make the upcoming emotions very small”, inducing ER without appealing to a specific ER strategy. It is hypothesized that children and adolescents will rate emotions, valence and arousal higher in the watch than in the regulation condition. These differences should also be visible in the psychophysiological measures.

Data collection will be completed in summer 2020. Results and implications for further research, the use of these new emotion inducing film scenes and the ER task will be discussed in the presentation.

DIFFERENCES IN AVOIDANCE AS AN EMOTION REGULATION STRATEGY IN CHILDREN AND ADOLESCENTS WITH SEPARATION ANXIETY, SPECIFIC PHOBIA AND SOCIAL ANXIETY DISORDER

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Avoidance as an emotion regulation strategy plays a crucial role in the development and maintenance of anxiety disorders. However, in German-speaking countries there is no psychometric instrument to measure different avoidance strategies. Therefore, the Bochum Avoidance and Emotional Regulation Questionnaire for Children (BAER-C) was derived from the Gross' process model of emotion regulation. It covers different avoidance strategies (behavioural avoidance, reassurance behaviour, social support, suppression) and reappraisal in anxiety situations. Validation with healthy controls and children with anxiety disorders, showed very good psychometric properties.

In the present study, approximately 250 children with specific phobia, social anxiety and/or separation anxiety aged 8 - 16 years are examined with the BAER-C in order to distinguish anxiety disorders at the avoidance level prior to therapy. It is expected that children with separation anxiety will show more frequent reassurance behaviour and avoidance with the help of social support. Children with specific phobias should more frequently avoid on a behavioural level, while children with social anxiety should avoid more cognitively using thought suppression. In addition, it will be investigated whether certain avoidance strategies are associated with symptom severity (measured with the structured interview Kinder DIPS).

Data collection will be completed in March 2020. Results, implications for treatment and further research will be discussed in the presentation.

EMOTION DYSREGULATION, TEMPERAMENTAL VULNERABILITY, AND PARENTAL DEPRESSION IN ADOLESCENTS: CORRESPONDENCE BETWEEN PHYSIOLOGICAL AND INFORMANT-REPORT MEASURES

M.L. Van Beveren, S.C. Mueller, C. Braet

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Although numerous studies reveal altered respiratory sinus arrhythmia (RSA) among children, adolescents, and adults who exhibit emotion dysregulation, effects of temperamental vulnerability and parental mental health on RSA remain unclear. We evaluated the relationship among emotion regulation, RSA, and RSA reactivity in a pooled sample of 24 vulnerable and 31 resilient adolescents (mean age = 13.69 years; 60% girls), including associations with temperamental vulnerability and parental depressive symptoms. Participants watched a neutral film clip while their resting RSA was recorded, and then completed a reward and frustration task, using an affective Posner paradigm. Temperament and emotion regulation were assessed via self- and parent-report, and parents reported on their own depressive symptoms. Low resting RSA was associated with temperamental negative emotionality, whereas greater RSA reactivity to frustration was associated with maladaptive emotion regulation strategies. No significant relations were found between RSA and parental depressive symptoms. This study elucidates the role of RSA as a biomarker of individual differences in emotion dysregulation and temperamental vulnerability and stresses the importance of considering multiple units of analyses, as well as functional domains, when studying emotional responding and regulation in adolescents.

ALTERATIONS IN GAZE BEHAVIOUR OF SOCIALLY ANXIOUS CHILDREN IN A REAL-LIFE SOCIAL INTERACTION – AN EYE-TRACKING ANALYSIS

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Social Anxiety Disorder is characterized by an excessive and persistent fear of social encounters and social-evaluative situations. It constitutes one of the most prevalent anxiety disorders in childhood and adolescence. Theoretical models emphasize the differential processing of social information as a core symptom of the disorder. The altered processing of human faces, especially the avoidance of eye contact, is considered an adverse attempt at regulating negative emotions in social situations. However, recent research has produced conflicting findings concerning specific changes in the gaze behaviour of socially anxious individuals. Furthermore, as most studies have used static or animated stimuli and focused on early processing phases the ecological validity of existing findings is limited. Our study therefore investigates the gaze behaviour of socially anxious children aged 9 to 13 years compared to a healthy control group during a social stress task using mobile eye-tracking glasses. Preliminary analyses revealed that socially anxious children had significantly less fixations in the facial area of their interaction partners compared to the control group. In contrast, both groups did not differ concerning the percentage dwell time in the facial area of their counterparts. The current results therefore yield preliminary evidence for qualitative differences in gaze behaviour of socially anxious children during a social stress task. The ability to initiate and maintain eye contact has an important social function and in addition attentional deployment is considered an important emotion-regulation mechanism. Therefore, studies implementing real-live social interactions are vital to further analyse the gaze behaviour of socially anxious children.

USING BLENDED CARE TO TREAT SOCIAL ANXIETY COMPLAINTS IN ADOLESCENTS: A FEASIBILITY STUDY

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This pilot study, as part of a larger, ongoing research effort, aimed to investigate the feasibility of a blended care module in treating social anxiety in adolescents by adding access to an mHealth support app to attending a group-based cognitive-behavioral therapy program (Skills for Academic and Social Success; Masia Warner et al., 1999). The program consists of 12 social skills training sessions in a group of age peers. The program gives much room for exposure exercises but also for reducing negative cognitions. The sample consisted of three boys and four girls (N=7) ages 15-17 years recruited from a high school. They met the DSM-5 criteria for Social Anxiety Disorder, and this was their primary concern. Exclusion criteria were signs of suicidality and the presence of a developmental disorder. Participants were assessed pre and post-treatment and at a 3 month follow-up using semi-structured interview and questionnaires to assess their level of social anxiety, public speaking anxiety, depression, negative and positive cognitions, and self-perception. Eye-gaze behavior was registered using an eye-tracker during a public speaking exercise. Influences of variables such as gender, age, and therapist alliance were also examined. This pilot was an initial effort as part of a larger, currently ongoing trial which aims to establish to what extent blended care is a feasible method of offering treatment to socially anxious youth. This presentation aims to describe the successes and challenges faced in implementation, to present effects on outcome variables, as well as to look to the larger ongoing study.

NEW DEVELOPMENTS IN VR/AR EXPOSURE-BASED APPLICATIONS TO TREAT PHOBIC DISORDERS

Phobic disorders, in particular specific phobias are among the most common anxiety disorders. Despite existing exposure-based treatment options with high success rates for acute symptom improvement, treatment seeking and uptake is limited. The lack of dissemination seems to be partly rooted in the core element – ‘exposure to the feared stimuli’. Many patients are not willing to expose themselves to a real phobic stimulus or drop out of the treatment. Additionally, psychotherapists often have reservations to conduct exposure; uncontrollability of triggering stimuli and complex logistics are only a few of the reasons stated by therapists. Consequently, there is a need for novel exposure-based treatment approaches that circumvent these limitations. The implementation of virtual or augmented reality (VR/AR) has the potential to counter many of the raised issues. The effectiveness of VR to treat phobic disorders has been documented in several studies including transfer to real-life situations, and evidence for the effectiveness of AR is accumulating. Furthermore, recent advances in technology open new avenues to treat phobic disorders with smartphone-based VR/AR applications. This symposium strives to inform on the state of the art of VR/AR exposure-based applications to treat phobic disorders as well its potential for routine care. Five studies are presented covering the treatment of various phobic disorders (social phobia, fear of public speaking, heights or spiders) using mobile VR headsets (study 1 and 2) or smartphone-based VR (study 3 and 4)/AR (study 5) under laboratory (study 2-5) or routine care (study 1) conditions will be presented.

VIRTUAL REALITY EXPOSURE THERAPY FOR PUBLIC SPEAKING ANXIETY IN ROUTINE CARE: A SINGLE-SUBJECT EFFECTIVENESS TRIAL

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Virtual Reality (VR) is an immersive technology that can be used as a therapeutic tool by therapists to enable convenient and powerful VR exposure therapy. Despite decades of research demonstrating efficacy, VR exposure therapy has yet to see implementation in routine care. Using modern, affordable, accessible and user-friendly consumer VR hardware, the current study is the first to evaluate the effectiveness of VR exposure therapy in routine care, in this case in the treatment of fear of public speaking. Participants (n=23) were

recruited via a private clinic and treated by one of four psychologists with only minimal training in using VR and the validated treatment protocol. Using a single-subject design and dual-slope modeling (adjusting the treatment-onset slope for treatment effects), we report a significant decrease in self-rated public speaking anxiety, with a large effect size after the primary three-hour session, similar in magnitude to a previous efficacy trial. Multilevel modeling of in-session process measures suggests that the protocol works as intended, by decreasing catastrophic belief expectancy and distress, and increasing perceived quality of performance. No change was observed over the three-month follow-up period. We conclude that VR exposure therapy is effective under routine care conditions and is an attractive approach for future, large-scale implementation and effectiveness trials.

Possible conflict of interest: Philip Lindner has consulted for Mimerse, a company developing VR mental health applications, but holds no financial stake in the company.

IMAGERY RESCRIPTING PLUS ONE SESSION VIRTUAL REALITY THERAPY FOR THE TREATMENT OF SOCIAL ANXIETY DISORDER: A NON-CONCURRENT MULTIPLE BASELINE DESIGN

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Social anxiety disorder (SAD) constitutes a prevalent mental disorder and despite the fact that there are effective treatment options, a large number of individuals do not improve with existing interventions. While imagery rescripting and virtual reality exposure therapy (VRET) have proven to be effective for a range of mental disorders, including SAD, their integration emerges as a potentially therapeutic enhancement. To assess this integrated treatment, a non-concurrent multiple baseline design is implemented.

The protocol is composed by three sessions. A first session to set the treatment and introduce elements of psychoeducation; a second session to implement an imagery rescripting; and a third session to conduct a VR exposure session. In order to evaluate the impact of the treatment two strategies are followed for each individual: First, to assess social anxiety and associated mechanisms of change with an intensive ecological momentary assessment permitting to build individualized models based on time series analysis. Second, a daily mobile-based diary is implemented throughout the baseline, during and after the treatment in order to evaluate the impact of the treatment examining estimates of effects using nonoverlap of all pairs.

Two n=1 reports (one male and one female) who significantly improved in both primary and secondary outcomes are presented in order to illustrate the feasibility of the intervention. The strengths and limitations of the protocol will be presented in light of the implications for research and practice.

EFFECTIVENESS OF SELF-GUIDED APP-BASED VIRTUAL REALITY COGNITIVE BEHAVIOR THERAPY FOR ACROPHOBIA – A RANDOMIZED CLINICAL TRIAL

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Introduction: Globally, access to evidence-based psychological treatment is limited. Innovative self-help methods using smartphone applications and low-cost virtual reality (VR) have the potential to significantly improve the accessibility and scalability of psychological treatments. The objective of this study was to examine the effectiveness of ZeroPhobia, a fully self-guided app-based VR cognitive behavior therapy (VR CBT) using low-cost VR goggles.

Methods: In a single-blind randomized clinical trial, participants were randomly assigned to either a VR CBT app or a wait-list control group. A total of 193 individuals aged 18 to 65 years from the Dutch general population with acrophobia symptoms and access to an Android smartphone participated. The 6 animated modules of the VR-CBT app and gamified VR environments were delivered over a 3-week period in participants' natural environment. The primary outcome measure was the Acrophobia Questionnaire. Assessments were completed at baseline, immediately after treatment, and at 3-month follow-up.

Results: An intent-to-treat analysis showed a significant reduction of acrophobia symptoms at post-test for the VR-CBT app (n=96) compared with the controls (n=97) ($b = -26.73$ [95%CI, -32.12 to -21.34]; $P < .001$; $d = 1.14$ [95%CI, 0.84 to 1.44]). The number needed to treat was 1.7. Sensitivity and robustness analysis confirmed these findings.

Conclusions: A low-cost fully self-guided app-based VR cognitive behavioral therapy with rudimentary virtual reality goggles can produce large acrophobia symptom reductions. To our knowledge, this study is the first to show that VR acrophobia treatment can be done at home without the intervention of a therapist.

Possible conflict of interest: ZeroPhobia is a spin-off of the Vrije Universiteit Amsterdam, in which Tara Donker is involved.

EFFECTIVENESS OF A STAND-ALONE, SMARTPHONE-BASED VIRTUAL REALITY EXPOSURE APP TO REDUCE FEAR OF HEIGHTS IN REAL-LIFE: A RANDOMIZED CONTROLLED TRIAL

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Background: Smartphone-based virtual reality (VR) applications (apps) might help to counter low utilization rates of available treatments for fear of heights (FoH). Objective of this study was to develop a stand-alone, smartphone-based VR exposure app – Easy Heights – and to test its effectiveness to reduce FoH in a real-life situation.

Methods: We performed a single-blind, parallel-group, randomized controlled trial comparing Easy Heights with a control condition (Google Street View app in VR in phase 1 (acute use), no further intervention in phase 2 (repeated use)). We recruited participants with subclinical and clinical (DSM-V) FoH, aged 18-60 years. Seventy-seven individuals were enrolled and randomized. Seventy participants were analysed after a 1-h VR session (phase 1) and 47 participants 29-64 [SD 13-21] days after 6x30 min app use at home over 15-00 [SD 5-50] days (phase 2). Primary outcome was performance in a real-life Behavioural Avoidance Test (BAT) (score between 0-28) on a lookout tower at the end of phase 1 and 2.

Results: The acute intervention (phase 1) did not show a significant effect on the primary outcome. The repeated use of Easy Heights (phase 2) showed significantly higher BAT scores compared to the control condition (Easy Heights, baseline: 8.59 [SD 5.32], end of phase 2: 14.41 [SD 8.05] vs. control condition, baseline: 7.24 [SD 2.99], end of phase 2: 7.08 [SD 2.89]; Cohen's $d = 1.3$, $p = 0.0001$).

Conclusions: Repeated use of our stand-alone, smartphone-based VR exposure app reduces avoidance behaviour and fear, providing a low-threshold treatment for clinical and subclinical FoH.

EFFECTIVENESS OF A STAND-ALONE, SMARTPHONE-BASED GAMIFIED AUGMENTED REALITY EXPOSURE APP TO REDUCE FEAR OF SPIDERS IN REAL-LIFE: A RANDOMIZED CONTROLLED TRIAL

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Smartphone-based gamified augmented reality (AR) applications (apps) might provide a practical tool for treatments or self-help for fear of spiders. Demonstration of effectiveness in real-life situations of such apps is lacking so far. We performed a single-blind, parallel-group, randomized controlled trial to investigate real-life effectiveness of a stand-alone, smartphone-based gamified AR exposure app – Phobys – to treat fear of spiders in a hometraining, comparing it with a control condition. We recruited 66 participants with subclinical and clinical (DSM-V) fear of spiders, aged 18-40 years. Primary outcome was a Subjective Units of Distress Scale (SUDS) of fear in a Behavioral Approach Test (BAT) in real-life (in vivo) at 6 weeks follow-up. The intention to treat (ITT) analysis showed that the repeated administration of Phobys lead to significantly lower subjective fear in the BAT compared to the control condition (Phobys, baseline: 7.12 [SD 2.03] follow-up: 5.03 [SD 2.19] vs. control condition, baseline: 7.06 [SD 2.34], follow-up 6.24 [SD 2.21]; adjusted group difference -1.24 , 95% CI -2.17 to -0.31 ; Cohen's $d = 0.6$, $p = 0.0101$). Further, the approached distance in the real-life BAT was significantly longer in the Phobys condition (Phobys, baseline: 5.27 [SD 2.32] follow-up: 6.76 [SD 2.4] vs. control

condition, baseline: 4.97 [SD 2.52], follow-up: 5.42 [SD 2.69]; adjusted group difference 1.05, 95% CI 0.46 to 1.64; Cohen's $d = 0.4$, $p = 0.0007$). We conclude that the use of Phobys reduces subjective fear and avoidance behaviour in a real-life spider situation, providing a low-threshold treatment for clinical and subclinical fear of spiders.

A MULTIDIMENSIONAL APPROACH TO EATING DISORDERS, OBESITY AND BODY IMAGE DISTORTIONS: A COMBINATION OF CBT WITH SCHEMA THERAPY AND BODY IMAGE TECHNIQUES

A MULTIDIMENSIONAL APPROACH TO EATING DISORDERS, OBESITY AND BODY IMAGE DISTORTIONS: A COMBINATION OF CBT WITH SCHEMA THERAPY AND BODY IMAGE TECHNIQUES

E. Heinz PhD

Psychologist, Cognitive Behavior Therapy and Schema Therapy, GBT

Although Cognitive Behavior Therapy is acknowledged as the most prominent and effective intervention for eating disorders, the statistics show high percentage of relapse and drop-off. One limitation of the applied up to day interventions is that they do not take into account the body- image distortions and the resulting dissatisfaction nor the role of it into the sabotage of the intervention.

Furthermore, there are new research evidence that eating disorders and distorted body image can be effectively be healed through Schema Therapy interventions. Therefore, there is a need to develop a broader and more comprehensive view of the therapeutic interventions on this area and CBT interventions should include this perspective into their therapeutic frame.

The objective of the present symposium is to present a CBT therapeutic intervention for eating disorders and obesity, which takes into account both body-image and Schemata for the formulation of eating disorders and obesity, wherein it places the important role of family.

EATING DISORDERS AND SCHEMA THERAPY

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CBT and Schema Therapist, GBT

The link between Eating Disorders (ED) and Early Maladaptive Schemas (EMS), as described by Young (1994) is becoming more and more evident over the last years, as there is more and more research focusing on the therapeutic outcome of Schema Therapy in single or more complex and combined ED.

It seems as the lack of positive outcome in the Cognitive Behavioral therapeutic approach (Smink et al., 2013), the large percentage of relapses (Hay, 2013), as well as the increased indication of the important role played by the different Personality Disorders in Eating Disorders, point out the necessity of the contribution of new therapeutic approaches in Eating Disorders.

The suggested therapeutic model, combining CBT and Schema Therapy will be presented, as well as the new research evidence supporting the need of its implementation in the new therapeutic approach, combining and ameliorating the CBT perspective.

WORKING WITH THE OVERWEIGHT PATIENT. A SCHEMA THERAPY APPROACH

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Psychologist- Certified Cognitive Behavioural Therapist and Advanced Level Certified Schema Therapist, GBT

Obesity is a chronic disease, involving excessive fat accumulation and is linked with serious medical consequences and high risk for various physical and mental conditions. The increasing rates of obesity in adults and children over the last decades, make it one of the most serious public health problems of the 21st Century. This presentation will address the major therapeutic challenges regarding weight gain and relapse through the Schema Therapy perspective. Focusing on chronic and morbidly obese patients, we will explore the role of

Early Maladaptive Schemas and Modes and their association with dysfunctional eating behaviors. The purpose is to offer a better understanding of the underlying emotional difficulties and to introduce to therapists a framework, beyond CBT interventions, that approaches the complexity of obesity in an innovative way.

EATING DISORDERS AND FAMILY ISSUES IN TREATING CHILDREN AND ADOLESCENTS

F. Siamouli, Phd

Child and Adolescent Psychiatrist, Cognitive Behavioral Therapist, GBT

Eating Disorders are quite common mental health problems among adolescents, especially if one includes the atypical mild forms of the disorder. Family factors consider to play an important role in the development of ED, both genetically and also in terms of characteristic patterns of family functioning. On the other hand, family disturbance can be secondary due to the serious everyday problems that family has to deal with when their offspring suffers. The aim of the presentation is to point out the importance of a family focused, developmentally adjusted, multidisciplinary, integrative approach in order to meet the needs of the young people with ED. Cognitive –Behavioral Family Therapy and Enhanced –Cognitive Behavioral Therapy have been proven to be effective for adolescents, according to current evidence. They both deal with body image, identity and family issues and self -esteem and can be the main part of multimodal and intensive treatments for many cases with ED.

MECHANISMS OF CHANGE IN ACCEPTANCE AND COMMITMENT THERAPY

The main goal of the Acceptance and Commitment Therapy (ACT) treatment model is the improvement of psychological flexibility. This is achieved by focusing on acceptance of thoughts and feelings as well as active behavior towards one's values. Only little research has been done to investigate the underlying mechanism of change. Therefore, the symposium will focus on the following topics: In the first talk, Jaqueline A-Tjak presents data concerning three potential mediators from an efficacy trial conducted in an outpatient clinic for depressive disorders in the Netherlands. These mediators were evaluated pre-and post-treatment and at four time points during treatment. Results are presented regarding post treatment, 6 and 12 months follow up outcomes and data on mediation. Next, Maria Karekla presents two papers investigating the underlying mechanism of change in young smokers as well as patients suffering from headache in Greece. The main focus will be on mediational effects of different ACT specific components on, among others, the intention to quit smoking and headache disability. The third paper, presented by Mareike Samaan, deals with the relation of ACT proposed mechanisms of change and patient specific variables comparing ACT and traditional Cognitive Behavioral Therapy (CBT) within an inpatient setting of a psychiatric department in Germany. In the final presentation Andrew Gloster focuses on treatment-resistant patients and how session-based assessments can inform treatment. Data have been drawn from a sample in Switzerland. The symposium concludes with a discussion about implications for further research, as well as clinical practice.

MECHANISM OF ACTION IN ACT: FINDINGS FROM TWO RANDOMIZED CLINICAL TRIALS

M. Karekla, Ph.D.

University of Cyprus, Cyprus

Mechanism of action refers to the processes by which psychotherapeutic change occurs. One of the advances of recent thinking in the world of cognitive-behavioral interventions (e.g., as seen in Acceptance and Commitment Therapy (ACT) studies) is an emphasis on examining mechanisms of change. However, to date there are only a few true mediation studies that lend support to the proposed processes of the ACT psychological flexibility model. This paper will present information from two mediation studies, examining the proposed ACT mechanisms of action and their effects on treatment outcomes. The first is an ACT based smoking cessation intervention for young smokers, where the skills of cognitive defusion and acceptance of

smoking triggers statistically significantly mediated the outcomes of ACT on cessation self-efficacy and intention to quit. The second is a randomized clinical trial for headaches. Pain acceptance, psychological inflexibility in pain, avoidance of pain, and values progress were all found to statistically mediate the effects of treatment on headache disability and quality of life at 3, and 6-month follow-up. Findings will be discussed in light of whether ACT exerts its effects via its proposed mechanisms.

INFLUENCING EFFECTS OF CLINICAL CHARACTERISTICS AND ACT SPECIFIC MECHANISMS OF CHANGE DURING INPATIENT TREATMENT

M. Samaan

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Objective: This study examined the relation of ACT proposed mechanisms of change and patient specific variables, such as pretreatments and comorbid disorders, comparing ACT and traditional Cognitive Behavioral Therapy (CBT) within an inpatient setting of a psychiatric department

Method: 177 transdiagnostic inpatients in a psychiatric ward of a general hospital in Germany were included in the study and assigned to either ACT or CBT groups. In addition to disorder-specific questionnaires and sociodemographic as well as clinical variables, changes in mindfulness and psychological flexibility and satisfaction with life were assessed pre, post and 6 months after treatment.

Results: ACT specific mechanisms of change significantly improved in both groups. Symptom severity before treatment significantly predicted disorder specific outcome. Both, mindfulness and psychological flexibility mediated the effects, whereas mindfulness fully mediated the effect within the CBT group and psychological flexibility fully mediated the effect within ACT group.

Conclusion: ACT cores processes might also be activated through CBT. Mindfulness and psychological flexibility play an important role in the improvement of depressive symptoms within inpatient care.

CHANGE OF PSYCHOLOGICAL FLEXIBILITY AND VALUES DURING THERAPY

A. Gloster, V. Block, J. Villanueva

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This presentation will examine the impact of skills inherent in psychological flexibility (PF) on therapy outcomes within the course of Acceptance and Commitment Therapy (ACT). The temporal property of change will be examined with respect to its relationship with well-being, symptoms, social interactions, and physical movement. Methods: Data are derived from a clinical trial examining ACT for transdiagnostic patients who did not respond to prior treatments. Patients were either outpatients (n = 43) or inpatients (n = 57). Data were collected at pre-treatment and post treatment, at each session, and via a one-week ecological momentary assessment (EMA) period. Participants reported on their subjective experiences as well as recording their objective spatio-temporal movement via GPS. Correlational methods and multi-level modeling were used to test relationships for EMA, self-report, and GPS data. Results: Increases in valued behaviors preceded reduction in suffering. Further, the probability of subsequent values-consistent behavior increased when participants judged it as more important and if it involved a social context. Finally, higher levels of psychological flexibility and well-being predicted the amount of area activity (in km²), and the total number of different locations visited throughout the week as measured via GPS. Discussion: Results show that psychological flexibility is a salient predictor in health behaviors across time and level of analysis. Psychological flexibility and values should be considered when working with outpatients and inpatients. Importance of examining different types of data (e.g., questionnaire, ESM, and GPS) will be discussed.

THE SECURE BASE SCRIPT: INTRODUCING ATTACHMENT THEORY TO CBT AND EVIDENCE BASED TREATMENT

CBT has typically been rather ambivalent regarding integrating attachment theory in its framework and treatment. On the one hand, many CBT constructs, like early maladaptive schemas, are thought to be rooted in attachment relationships. On the other hand, attachment has also often been considered a vague construct that is established early in life and hard to change at older age. Hence, little work has been done trying to integrate attachment theory and CBT. Nevertheless, recent work does suggest that the effectivity of CBT in children and adolescents is suppressed if youngsters are less securely attached.

To better understand the rather metaphorical attachment construct and its importance for the development and treatment of child and adolescent psychopathology, an accumulating number of studies have demonstrated that attachment development continues throughout life through classical and operant safety conditioning learning processes that stimulate the development of attachment-related information processing biases, explicit expectations about the (un)availability of the parent as a source for support (called a secure base), and eventually the development (or not) of a cognitive script about how care with the caregiver unfolds during distress (the Secure Base Script).

During this symposium, we will introduce the Learning Theory of Attachment, and demonstrate that children's knowledge about the Secure Base Script (1) buffers against the effect of stress on the development of externalizing problems, (2) decreases symptom severity in attachment disordered children, (3) increases after adoption, thus erasing the effects of adverse early childhood experiences, and (4) can be stimulated through evidence-based intervention.

CUMULATIVE FAMILY RISK AND EXTERNALIZING PROBLEMS: SECURE BASE SCRIPT KNOWLEDGE AS A PROTECTIVE FACTOR/ BUFFER.

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Introduction: Exposure to multiple family risk factors is linked to increased externalizing problems in early adolescence. However, not all early adolescents exposed to family risk factors develop externalizing problems. Secure Base Script knowledge (SBSK) might buffer against the negative effect of the accumulation of family risk factors (cumulative family risk) on concurrent externalizing problems and relative change in externalizing problems.

Method: We conducted a one-year longitudinal study with two waves in which 272 early adolescents (47.8% boys, $M_{age} = 10.20$, $SD_{age} = 0.60$) participated. A cumulative family risk index was computed using early adolescent and mother reports on family risk factors collected at Wave 1. Early adolescents' SBSK was assessed using the Middle Child Attachment Script Assessment at Wave 1. Mother-reports on early adolescents' externalizing problems were obtained at Wave 1 and Wave 2.

Results: In the analysis predicting concurrent externalizing problems, Wave 1 externalizing problems were regressed on cumulative family risk, SBSK, and the interaction effect. In the analysis predicting relative change in externalizing problems, Wave 2 externalizing problems were regressed on the same predictors while controlling for Wave 1 externalizing problems. SBSK moderated the association between cumulative family risk and relative change in externalizing problems (Cumulative family risk x SBSK $\beta = -.09$, $t = -2.30$, $p = .02$). Cumulative family risk was significantly associated with increases in externalizing problems when SBSK was low but not when SBSK was high.

Conclusions: These findings suggest that SBSK can buffer against increases in externalizing problems associated with cumulative family risk.

ATTACHMENT DISORDER SYMPTOMS AND PROSOCIAL BEHAVIOR IN MIDDLE CHILDHOOD: THE ROLE OF SECURE BASE SCRIPT KNOWLEDGE

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Children with attachment disorder show prosocial behavior problems. The current study investigated the role of children's attachment representations in this association. Attachment representations reflect knowledge about a cognitive script regarding the attachment figure as a source for support (Secure Base Script). We tested whether secure base script knowledge 1) mediates or 2) moderates the link between attachment disorder symptoms and prosocial behavior problems in 67 children (6-11 years; 83.1% boys) recruited from special education schools for children with behavioral problems. Children completed a pictorial Secure Base Script Test. Their attachment disorder symptoms were assessed during an interview with the primary caregivers. Primary caregivers and teachers filled out a prosocial behavior questionnaire about the child. Results did not support the mediation hypothesis, but secure base script knowledge attenuated the negative association between attachment disorder symptoms and prosocial behavior. These findings contribute to the discussion about the link between attachment representations and attachment disorders.

DEVELOPMENT OF ATTACHMENT IN CHILDREN ADOPTED INTERNATIONALLY FROM CHINA: THE ROLE OF PRE-ADOPTION EXPERIENCES AND SENSITIVE PARENTING

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Introduction. There is a lack of longitudinal research on the attachment development of adoptees and on factors that contribute to individual differences in their attachment development. Therefore, the current study examined (1) the attachment development of adoptees in a three-wave longitudinal study, and investigated (2) whether type of pre-adoption care (institutional versus foster care), and (3) sensitive parenting were associated with adoptees' attachment outcomes.

Method. Participants were 92 girls, adopted from institutional ($N = 50$) or foster care ($N = 42$) in China to the Netherlands at a mean age of 13 months. Together with their mother they participated in the study 2 months (Time 1, $N = 92$), 6 months (Time 2, $N = 92$), and 9 years after adoption at age 10 (Time 3, $N = 87$). In early childhood (Times 1 and 2), attachment security was assessed with the Strange Situation Procedure. At age 10, Secure Base Script Knowledge (SBSK) was measured with the Attachment Script Assessment.

Results. Although the adoptees were more often insecurely attached than non-adopted children at Times 1-2, they did not differ from non-adoptees in terms of SBSK at Time 3. Contrary to expectations, there were no type of pre-adoption care effects on the attachment outcomes. Furthermore, Time 3 sensitive parenting was associated with the adoptees' SBSK, and in the post-institutionalized group early-childhood sensitive parenting was also related to their SBSK.

Conclusions. The adoptees showed a remarkable catch-up in SBSK at age 10, and sensitive parenting seemed to contribute to this catch-up.

MIDDLE CHILDHOOD ATTACHMENT THERAPY: AN INTERVENTION TO STIMULATE SECURE BASE SCRIPT DEVELOPMENT IN CHILDREN WITH EMOTIONAL AND BEHAVIORAL PROBLEMS

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In spite of a clear need, there is a worldwide lack of well-designed and critically evaluated attachment-focused interventions for middle childhood. Translated to therapy, the Learning Theory of Attachment implies that attachment-focused interventions should create learning events in which children's support seeking behavior is reinforced by parental support and reduction of distress in order to stimulate secure base script knowledge. Based on this, we developed Middle Childhood Attachment Therapy (MCAT), a 16-session intervention to strengthen attachment relationships in children referred for treatment of emotional and behavioral problems.

During this presentation we will briefly outline MCAT's rationale and guiding principles and describe the four treatment stages with their specific sub-goals. Further, we will report on a pilot study we are currently running in a child mental health care center on the effectiveness and feasibility of MCAT. Preliminary analyses on quantitative data from the first families that went through the treatment program suggest both an increase of the child's secure base script knowledge and a decrease of the child's psychological symptomatology. From qualitative data we withhold that parents indicate that they obtained important new insights in their child and in themselves as parents which help them to improve the situation at home.

Hence, our first experiences with MCAT seem promising. Finally, we will conclude with some future directions for the further development of MCAT, including the addition of a school based and a home-based guidance component to maximize the occurrence of secure base learning events in the child's daily life.

POSITIVE SUSTAINABLE CBT

Traditionally, CBT has mainly been studied and applied as a therapy to reduce various kinds of disorders. With the current emphasis on positive psychology and the importance of well-being, it is also being applied to enhance happiness.

The main aim of the current symposium is to present CBT not as a technique, but rather as an holistic, positive, and sustained way of life.

When properly employed, CBT can be effective for changing a person's functioning. This has proved true not only for clients with disorders, but also for therapists, and trainees as human beings, and the whole community.

Merav Barkavi-shani will describe how training therapists has the potential to change their own way of thinking, feeling, and behaving, and not only in therapy. She will demonstrate techniques and applications to assist and empower the helpers.

Dr Yael Sharon will describe how she developed ARTS CBT, which enables art therapists, who used to base their work on dynamic theories, to apply new ways of intervening with CBT through art. This permits an holistic, sustainable new way of treatment -- and of functioning.

Prof. Tammie Ronen will describe how to adapt positive CBT to the area of sustainability in developing countries, empowering them to be more independent, and in general, to improve their lives and enhance their well-being.

THE POWER OF POSITIVE PSYCHOLOGY DURING CBT TRAINING ON TRAINEES

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The professional routine often affects the personal well-being of the therapist. Such routines might generate a feeling of helplessness therefore, therapists can expand their tool-box by learning CBT.

We, at the Psagot Institute, have incorporated positive psychology module to enrich therapists' professional skills in our two-year continuing education, leading to a diploma in CBT. We invited our therapist-students to a daily 30-days group practice of positive psychology exercises, followed by a workshop, on a voluntary basis. About 290 of these professionals-trainees decided to participate in the study.

Our study explores the influence of positive psychology training on the personal well-being of therapists. We found that one month of exercising was enough to significantly improve their self-efficacy, compassion, and decrease their negative effect.

The lecture will present our study, and describes the way it is being applied in a CBT training. A follow up measure will be presented, as well as direct implications for us, both as humans and therapists. We hope this work help therapists to help themselves, and appreciate their own need for well-being in the process of caring for others. We believe that enhanced well-being enables us to become better therapists.

POSITIVE SUSTAINABLE CBT ARTS

Y. Sharon^{1, 2, 3, 4}

¹Talpiot College, Israel ²Beit- Berl College, Israel. ³Psagot Institute, Israel. ⁴Ministry of Education, Israel.

Teaching therapists CBT, and applying CBT with clients, usually involves verbal therapy, and use of pen and pencil work such as protocols, charting, measuring etc. But this is not the best way to motivate children and adolescents into change.

Looking at CBT as a way of life rather than techniques to enhance change, enables therapists to take other way of intervening. Thus, the therapist can be a leader, or counsellor who uses Socratic questions about the meaning of the setting, to conduct inquiry intervention and to create a direct, open, honest and equal relationship between therapist and client.

Teaching and applying therapy through arts, enables a different way of treating problems and difficulties - the use of drawing, singing, playing, dancing, enables an empowering way of expressing and sharing.

Usually, traditional schools for therapy through arts are psychodynamic oriented, and the use of arts through therapy is bent to the 'rules' of dynamic therapy: for example, the therapist reacts to the client, not initiate interventions, etc.

Combining the useful, direct, structured CBT with the creativity of the arts, establishes a different and unique approach, which leads to an experimental and transformative journey.

The lecture will describe the ways by which these two approaches are being combined – both in therapy, and in training and teaching, in order to make a sustainable transformative change that takes the whole parts of the human being into consideration: thoughts, emotions, sensations, skills, behaviors.

POSITIVE CBT AS A MAIN TOOL FOR SUSTAINABILITY IN DEVELOPING COUNTRIES

T. Ronen

Faculty of Social sciences, Tel-Aviv University, Israel

Modern life challenges human beings with the need to face, cope with, and even initiate, constant change, both at the individual and global levels – to seek constant, sustainable development. Changes in lifestyle and in performing an individual's tasks, as well as in global goals and needs, necessitate people's exposure to new information, technologies, people, and inventions. This is true in general, in the day to day lives of individuals, families and communities, especially in the area of sustainable development. Thus, one of the main challenges of modern life is the need to be able to adapt to change; people must understand the importance of change, and how they can adapt to it.

Evidence points to the fact that adopting new habits, novel ways of functioning, or innovative technologies is not a function of the quality of the proposed new things (especially in developing countries), but rather of cultural differences, ways of thinking, and belief systems.

The lecture presents the way CBT can be a major tool for helping people change and establish sustainable new ways of life. Examples of using CBT in a community in India will be presented (working with priests and in schools), as well as research outcomes presenting the major role CBT -- (especially self-control, hope and positive affect) play in the willingness of people to change in Nepal. The lecture employs an evidence-based model for change.

NEW APPROACHES TO PSYCHODIAGNOSTIC ASSESSMENT IN CBT

This symposium is the first organized by the recently established EABCT Specific Interest Group (SIG) on Clinical Psychometrics. This symposium has two essential aims. The first is to present some reports on innovative psychological tests, innovative research on tests already used and methodological aspects or software implementations related to psychological assessment. CBT therapy has always been characterized by the importance it has given to diagnosis and therefore it seems particularly appropriate to propose a symposium

on diagnostic and psychometric aspects. The second aim is to publicize and strengthen the new SIG on Clinical Psychometrics and this can only be achieved by giving it visibility within the EABCT European conferences.

INTELLIGENT AND OPEN-SOURCE TESTING PLATFORM: AN ALTERNATIVE FUTURE FOR PSYCHOLOGICAL TESTS AND ASSESSMENT

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Scoring and reports development of psychological tests can be a really hard task requiring a lot of time and accuracy with high risk of procedural errors during manual calculations. Therefore, we developed a new web-based platform to administering, scoring and making report of different standardized psychological tests in order to reduce the risk of human errors during administrating and computing procedure, saving time and obtaining more accurate and reliable scores that can be useful to update norms and cutoffs. The platform is built on UnivAQ Test Suite (UTS) system, an open-source assessment software based on Java technology. This provides a web-portal reachable from different places and devices without requiring specific software installation. Artificial Intelligence (AI) engine is a powerful feature of this system. It is used for the automated grading of questions and calculating scores providing, furthermore, the computerized adaptive testing (CAT) engine support which make possible intelligent administrations with an increased reliability of measurement. The well-known Cognitive Behavioral Assessment 2.0 (CBA) battery was used as pilot assessment. This work represents a part of a more extensive research plan that, in the near future, maybe allow to automating and simplifying several on site assessment protocols by using, moreover, virtual or augmented reality devices and technologies.

FACTOR STRUCTURE AND MEASUREMENT INVARIANCE ACROSS AGE, GENDER AND CLINICAL STATUS OF THE SCREEN FOR CHILDREN ANXIETY RELATED EMOTIONAL DISORDERS, IN A ROMANIAN SAMPLE OF 9–16-YEAR-OLDS

[A. Dobrean](#), A. Robe, R. Georgescu, R. Balazsi

Babes-Bolyai University, Romania

Background: Anxiety disorders in youth are one of the most debilitating forms of psychopathology. The Screen for Child Anxiety Related Emotional Disorders (SCARED) is an instrument widely used to screen children with anxiety. Despite the good reliability indices proven, there is evidence that the factor structure may vary across different countries, cultures, and ethnicities. Additionally, since the initial publication, the psychometric properties have been extensively studied less evidence has accumulated for the invariance of the construct across group although establishing measurement invariance is required prior to compare symptom levels across different groups. Therefore, the purpose of this study was to examine the factor structure and the psychometric properties of SCARED in a large Romanian Sample and test its measurement invariance among different populations.

Methods: The factor structure and measurement equivalence across age, gender and clinical status were examined in the 41-item, both child- (1106 primary and junior high school children) and parent-report (485 children) versions of the SCARED. The reliability and the construct validity were also examined.

Results: The five-factor solution fitted accurately with our data, containing moderated to high correlations corresponding to somatic/panic, general anxiety, separation anxiety, social phobia and school phobia. Both parent- and child-rated version, showed moderate to high internal consistency with most subscales reaching acceptable levels. Correlations with a wide range of anxiety symptoms measures demonstrated similar construct validity for the Romanian SCARED compared to the original version. Results for divergent validity were mixed. Also, strict measurement invariance across age, gender and clinical status was established.

Conclusions: The study confirms the five-factor structure and supports the measurement invariance across different population for the SCARED. The scale can be trusted as a child- and parent-report screening instrument for anxiety disorder in clinical practice and research. Implications for theory, assessment, and future research are discussed.

MEASURING INTERSUBJECTIVE UNDERSTANDING: EMPATHIC EXPERIENCE SCALE

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Empathy is a key notion of sociality with strong relevance for certain clinical conditions as well as for therapeutic relationships. From a phenomenological perspective on its perceptual and cognitive aspects, two empathy constructs can be distinguished: vicariously experiencing and intuitively understanding others' emotions. Accordingly, we developed and validated a new empathy questionnaire. In a first study (N=921), exploratory factor analysis suggested to retain two factors ("Intuitive Understanding" and "Vicarious Experience"). In a second study (N=504), confirmatory factor analysis of a 30-item version of the questionnaire indicated that a two-factor structure best represented its latent factor structure. The results show that our questionnaire could be considered a reliable and valid measure of empathy with internal consistencies of 0.93 and 0.95 for Vicarious Experience and Intuitive Understanding, respectively. Whereas our questionnaire showed the expected convergence with existing scales of empathy, the correlations also suggest that it adds valuable new information to the assessment of empathy. The psychometric distinction between the perceptual experience and the basic cognitive awareness of others' emotional states connects theoretical, empirical, and clinical data from psychology and neuroscience.

FEARED POSSIBLE SELVES IN OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Obsessional concerns and preoccupations that implicate the self (e.g. "I might be a deviant"; "I might be an infected person") have long been recognized to play an important role in obsessive-compulsive disorder (OCD). However, the notion of a feared possible self (i.e. "the self as *could* be") only recently has found a systematic application in cognitive-behavioral formulations of OCD. In particular, there is an increasing interest in the role of the feared self as a core cognitive construct in OCD that may both give rise to obsessional intrusions, as well as lead to the misinterpretation of these thoughts. This construct, originally captured in the social and clinical literature, represents a set of qualities or traits that the person fears or worries being part of oneself, currently or in the future. While current definitions are therefore quite broad, feared qualities that seem most relevant to OCD appear to revolve around a fear of self as corrupted, dangerous and culpable, echoed in well-known concepts like pollution of the mind, guilt and responsibility for harm. In addition, the origin of the feared self has been linked to a pathological distrust of the self through dysfunctional reasoning (i.e. "inferential confusion"), leading the person to give credibility to an imagined feared self without any real evidence to support it, highlighting the ego-dystonic nature of the construct. The current symposium will present the latest research on feared-self perceptions and associated constructs, which appear promising in advancing our understanding and treatment of OCD and related disorders.

DEVELOPMENT AND VALIDATION OF THE MULTIDIMENSIONAL VERSION OF THE FEAR OF SELF QUESTIONNAIRE: CORRUPTED, CULPABLE AND MALFORMED FEARED POSSIBLE SELVES IN OBSESSIVE-COMPULSIVE DISORDER

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In recent years, the notion of a feared self has found a systematic application in inference-based conceptualizations of OCD, its clinical application during treatment, as well as its measurement through the development of the Fear of Self Questionnaire (FSQ). Improvements in its measurement has led to an increase

in studies investigating feared self-perceptions in OCD, but the construct covers a wider range of feared qualities potentially relevant to OCD than currently captured by the FSQ. In particular, the notion of a corrupted feared possible self has been proposed to play an important role in obsessive-compulsive symptomatology, as well as a fear of being culpable or blameworthy, consistent with cognitive formulations that emphasize the role of mental contamination, moral sensitivity and inflated responsibility, and elevated concerns about guilt in OCD. Following an introduction on the potential role of these feared selves in OCD, the current presentation describes the development and validation of a multidimensional version of the FSQ and investigates its relationship with obsessive-compulsive symptomatology both in a non-clinical and clinical population. Preliminary results indicate that these feared self-perceptions relate strongly to symptoms of OCD and provide unique contributions in the prediction of OC symptoms. In addition, evidence will be presented suggesting an interaction between feared possible selves and the significance a person attaches to intrusive cognitions, highlighting the important role of vulnerable self-themes in OCD development and maintenance.

FEARED SELF AND OBSESSIVE-COMPULSIVE SYMPTOMS: AN EXPERIMENTAL MANIPULATION USING VIRTUAL REALITY

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Feared self-perceptions (e.g., 'I'm scared I am a sexually violent person') are proposed to cause and maintain symptoms of obsessive-compulsive disorder (OCD). Recent research has shown that self-reported feared self-perceptions are uniquely associated with OCD symptoms, independent of the obsessional beliefs identified by traditional cognitive theories of OCD. The current study aims to clarify the causal role of feared self-perceptions in OCD by experimentally manipulating these using a virtual reality paradigm. One-hundred and forty-nine undergraduate participants were randomly assigned to having their feared self-perceptions increased (feared self-condition) or decreased via virtual reality (control condition), followed by completing self-report and behavioural measures of OCD symptoms (e.g., the frequency of and distress associated with intrusive thoughts). Preliminary analyses revealed that those in the feared self-condition, relative to the control condition, experienced significantly more frequent and distressing intrusive thoughts related to contamination. Comparisons on other variables of interest were not significant. Conclusions are pending and subject to completion of the final analyses.

NOT ALL INTRUSIONS ARE CREATED EQUAL: THE ROLE OF CONTEXT, FEARED-SELF PERCEPTIONS AND INFERENCEAL CONFUSION IN THE OCCURRENCE OF ABNORMAL INTRUSIONS

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It is commonly accepted that intrusions are universal phenomena that differ from obsessions in frequency, intensity and distress, but are similar in content. This understanding has guided research in obsessive compulsive disorder (OCD) to focus on the appraisals of intrusions, rather than the content of the intrusive thoughts themselves. However, recent evidence suggests that some factors might distinguish intrusions from obsessions, namely the context in which these thoughts arise. Thoughts that occur without direct evidence have been found to be related to more OCD symptoms, obsessive beliefs, as well as the tendency to confuse reality with the imagination, especially confusing a feared possible self with the person's actual self. However, there is no experimental evidence supporting these findings, a gap the current study aimed to fill. Five hundred and fifty-seven undergraduate students completed a battery of questionnaires online, including an experimental task made up of scenarios designed to elicit intrusions with and without direct evidence supporting them. Results showed that intrusions without direct evidence supporting them uniquely predicted

OCD symptoms, whereas intrusions with evidence did not predict OCD symptoms; and that the tendency to confuse reality with the imagination and feared-self perceptions predicted characteristics of the intrusions without direct evidence (likelihood, distress, and unwantedness), controlled for symptoms of depression and obsessive beliefs. Implications for cognitive-behavioural formulations of OCD are discussed.

DYSFUNCTIONAL REASONING PROCESSES AND THEIR RELATIONSHIP WITH FEARED SELF-PERCEPTIONS AND OBSESSIVE-COMPULSIVE SYMPTOMS: AN INVESTIGATION WITH A NEW TASK-BASED MEASURE OF INFERENCEAL CONFUSION

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Previous research has highlighted the potential role of dysfunctional reasoning (i.e. "inferential confusion") and feared self-perceptions in the development and maintenance of Obsessive-Compulsive Disorder (OCD). However, these investigations have primarily relied on self-report measures, and experimental investigations into inferential confusion in relation to feared self-perceptions remain scarce. Also, previous experimental investigations only pertain to a limited number of reasoning processes in inferential confusion (i.e. inverse reasoning) and fail to cover the entire spectrum of processes proposed to be relevant to OCD. In the present study, a new task-based measure, the Dysfunctional Reasoning Processes Task (DRPT), covering a wider range of dysfunctional processes, was used to investigate the relationship of inferential confusion with feared self-perceptions and symptoms of OCD. 172 undergraduate students completed computerized versions of the DRPT and self-report measures: the Fear of Self Questionnaire (FSQ) and a symptom measure of OCD (VOCI). Results showed that the DRPT and the FSQ uniquely predicted OCD symptoms, even when controlling for depression and obsessive beliefs. In addition, the current presentation will report and discuss the interrelationship between dysfunctional reasoning and feared self-perceptions and their potential role in the development and maintenance of OCD, emphasizing the need to address both in cognitive-behavioral treatment.

EXPLORING THE ROLE OF FEAR OF SELF IN BODY DYSMORPHIC DISORDER SYMPTOMATOLOGY

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Self-themes and self-perceptions have been proposed as underlying mechanisms in the development and maintenance of Obsessive-Compulsive Disorder (OCD), including the concept of "fear of self", a set of qualities that the person fears or worries being or becoming. Body Dysmorphic Disorder (BDD) is characterized by an excessive preoccupation with perceived defects, overemphasis on appearance for self-worth, and is also associated with highly negative evaluations of valued self-domains. The aim of this study was to examine the relationship between fear of self and BDD symptomatology in a non-clinical sample. The Multidimensional Fear of Self Questionnaire, the BDD Symptom Scale (BDD-SS), and the Depression, Anxiety and Stress Scales (DASS-21) were administered to 626 participants (87.7%, female; $M_{age}=22.54$, $SD=4.50$). Correlation analyses showed strong and significant associations between BDD checking, avoidance, and cognitions, and all FSQ subscales). Significant relationships with total number and severity of symptoms were also found. Hierarchical regressions were conducted with FSQ subscales as independent variables, and number and severity of symptoms as dependent variables. DASS-21 total score was entered into the analysis in the first step to control for anxious-depressive symptoms. Results indicated that DASS-21 total score and FSQ subscales predicted number of BDD symptoms, and their severity, both significantly adding to the models. Results suggest the role

of fear of self as a possible vulnerability factor for BDD symptomatology. In the discussion, we will discuss implications of this relationship in the development and treatment of BDD.

EMOTION REGULATION IN DISTINCT SETTINGS: FROM SCHOOLS TO TELEHEALTH

Emotion regulation is intrinsically related to our overall wellbeing and mental health. Yet, this is not always easy to achieve in practice, this may be related to difficult access, cultural differences between populations, poor utilization of transtheoretical knowledge or simply the frustration that may arise from emotional regulation skills training that have been proven to be helpful to patients. This round table will explore how emotion regulation enhancement can be used in a series of different settings and with the use of different knowledge and technologies. New research findings and strategies, based on a transtheoretical program with pre-school and first-year teachers, will demonstrate how we can improve the emotion regulation of teachers and students. In addition, we will explore how DBT skills can be adapted to different cultures, based on the experience with Latin population, without losing treatment fidelity and efficacy. Finally, we will address how new technologies are being used to improve emotion regulation in patient care. For that, we will present how the use of Virtual Reality (VR) enhanced DBT® Mindfulness Skills Training can improve Mindfulness engagement and, hence, emotion regulation. And how iEMDR is effectively being used via long-distance telehealth to help clinicians reach populations that do not have direct access to therapy, thus helping individuals that otherwise would not be able to gain emotion regulation skills.

VIRTUAL REALITY (VR) ENHANCED DBT® MINDFULNESS SKILLS TRAINING: USING TECHNOLOGY TO AUGMENT EMOTION REGULATION

M. Sampaio, LMHC, MSW

Co-founder of Mind Over Matters Institute, Licensed Mental Health Counselor (LMHC), approved supervisor in the State of Washington, USA, National Certified Counselor, Board Certified Telehealth Provider, Ph.D. student (Universidade de Coimbra and Universidade Catolica Portuguesa in Portugal)

Among several physical and psychological benefits, empirical evidence suggests that mindfulness is extremely effective to improve our emotion regulation. Albeit simple, mindfulness is not easy for many people as it does require patience and dedication before one may notice and experience the long-term benefits of this practice; consequently, many people can become flustered with mindfulness exercises and prematurely stop practicing mindfulness skills, especially those who have emotion regulation challenges. In the past few years, scientists have started to investigate the use of Virtual Reality (VR) enhanced DBT® Mindfulness Skills Training to assist patient's undergoing psychological distress.

VR decreases distraction, immersing users into the virtual world, creating what scientists call a sense of presence. This sense of presence is also an aspect we seek to achieve while practicing mindfulness. There has been increasing evidence in the potential benefits of VR as a powerful tool to enhance Mindfulness training adherence and efficacy. During this presentation, we will explore recent areas of research that have been using Virtual Reality (VR) enhanced DBT® mindfulness skills training, how VR Mindfulness can be useful in emotional regulation enhancement, and how it can change our clinical practice in the near future.

THE EFFECTIVENESS OF iEMDR ON EMOTION REGULATION

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The difficulty in identifying emotions and the failure in building emotional relationships with others are some of the main characteristics of psychological disorders such as Post-Traumatic Stress Disorder (PTSD). Scientific research suggests that Eye Movement Desensitization and Reprocessing (EMDR) – a well-defined protocol-based treatment with strong empirical support to the treatment of PTSD and other mental health disorders, including addiction – is useful in reprocessing traumatic experiences and improving overall emotion regulation (ER). EMDR procedures work as emotional neuro training to teach clients to recognize emotions in others and themselves, understand how emotions work, being able to explore it rationally, and skillful how to deal with and regulate emotions. New advances in technology and with the unique way people can connect in our modern society, the healthcare system has been exploring care in rural locations. EMDR therapy has been following the path of other evidence-based modalities such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Prolonged Exposure (PE) treatments by growing its telehealth (online therapy) access. Although those therapies are very effective in treating clients, the number of professionals trained with a focus on trauma is still limited in several parts of the world. It is noted that evidence-based protocol therapies, when applied in telehealth settings, are not considered less effective or safe than in-person services.

TRAINING TEACHERS OF YOUNG CHILDREN FOR BETTER EMOTIONAL AND BEHAVIOR REGULATION IN CLASSROOM: A TRANSTHEORETICAL MODEL

D. C. Fava

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The prevalence of emotional and behavioral problems of children and adolescents is very common, reaching 30% of school-age Brazilians. This prevalence can be reinforced by teachers' educational practices, with whom Brazilian children spend a large part of their time. For this reason, the scientific investment in developing programs to address issues related to guiding behavior and supporting students' social-emotional development is growing. This presentation will encompass the emotional regulation in the school setting with a focus on a transtheoretical program addressed to pre-school and first year teachers, and will consider the contributions of behavioral, cognitive and social-emotional learning (SEL) theories. The program content includes teachers' cognitive model in relation to student's behavior and educational practices so that teachers can best manage problem behavioral challenges while supporting children's social-emotional development. Furthermore, we will discuss the present results of a randomized pre-post-test experiment comparing two modalities, one of them including the cognitive model content and the other with the educational practices and supportiveness SEL. The results show that the cognitive model is a new subject for teachers and very useful for classroom situations also that the understanding of the cognitive model by the teacher is important for students' behavior modification in the classroom because teachers can change their own dysfunctional thoughts, promoting better emotional regulation and the capacity to use functional practices to guide children's behavior.

IS CBT A GOOD MATCH FOR COACHING? CURRENT STATE-OF-THE-ART AND FUTURE DIRECTIONS IN COGNITIVE-BEHAVIORAL COACHING

Coaching is currently a fast-growing field that is in great need of evidence-based solutions. Cognitive-behavioral therapy shows a great fit with coaching and has the potential to fill this gap. This symposium will discuss state of the art knowledge in the cognitive-behavioral coaching (CBC) field and future advancements. Thus, first paper will start from introducing the CBC field, together with its commonalities and distinctions from CBT, and discussing applications of CBC using technology. Efficacy of CBC will be discussed in the second paper together with its mechanisms, based on a meta-analytic study. The comparative efficacy of solution focused versus traditional problem-solving models of coaching will be presented in the next paper. The fourth paper will present the efficacy of various methods of CBC delivery, such as online or while walking coaching, together with future directions of the field.

FROM CBT TO CBC

O.A. David

International Coaching Institute, Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University Cluj-Napoca/ and International Association of Cognitive Behavioral Coaching

This paper will provide an overview on what coaching and CBC are, emphasizing the characteristics that make CBT very well suited for the coaching field. Distinctive characteristics of CBC will be also discussed together with the gaps in knowledge regarding the field. Results of trials investigating CBC based programs and technology-based applications will be presented. More specifically, the example of the Prescriptive executive coaching model will be given. The PsyPills app for coaching emotion management skills will also be discussed, together with virtual reality technologies to build interview skills. In the end, future trends in the field will be discussed.

A META-ANALYSIS TO INVESTIGATE THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL COACHING

C. T. Lorint, O.A. David

Evidence-based psychological assessment and interventions Doctoral School, Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University Cluj-Napoca / and International Association of Cognitive Behavioral Coaching

Background: The cognitive-behavioral coaching is an emerging field that becomes more popular every day, although research in the field at the beginning, most of the studies focusing on the organizational area. If we look at the effect of coaching as an intervention, there are few records that had studied it, and even fewer in the cognitive-behavioral approach. There are two systematic reviews on the effect of coaching in workplace environment (Theeboom et al. ,2014; Jones, Woods & Guillaume, 2016), but none investigating the cognitive-behavioral approach.

Method: We conducted a systematic search on several databases, using the following keywords: “coaching AND cognitive AND behavioral”; “coaching AND cognitive-behavioral”, “coaching AND rational emotive”; “coaching AND rational” and after applying inclusion criteria, 26 articles were used for the analysis.

Results: Findings reveal that CBC intervention has improvements on behavioral, affective and cognitive outcomes. Also, we found that CBC is effective in different types of delivery, format and in different types of intervention and types of coaching and we tested some other potential moderators.

Conclusion: This systematic review shows positive significant impact of cognitive-behavioral coaching on several types of outcomes. Further studies using quantitative methods are needed.

MODELS AND GENERAL FACTORS AS MECHANISMS IN CBC. IS SOLUTION-CBC BETTER THAN CLASSIC CBC?

L. Comsa, O.A. David

Evidence-based psychological assessment and interventions Doctoral School, Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University Cluj-Napoca/ and International Association of Cognitive Behavioral Coaching

Introduction: Research on the effectiveness of coaching has offered support for its benefits but has also highlighted the need of documenting why, how and in what ways coaching leads to the positive effects (Jones, Woods, & Guillaume, 2016). This research aims to identify which of the two coaching approaches: Problem Solving (PS), using PRACTICE model or Solution Focused (SF), using GROW model is more effective in terms of attaining goals, changing attitudes and emotional state and to examine general and specific factors of the coaching intervention.

Method: We conducted a randomized controlled study. We monitored the peer coaching activity of nineteen groups of two (PS and SF), four sessions. The participants were master students in second year at UBB Cluj-Napoca.

Results: The results show that although both models are effective in terms of goal orientation, emotional state and cognitions, there are no significant differences between them. In this research, the only difference

between these two approaches is that PS was also effective in increasing positive emotions. The regression analysis showed that self-efficacy to attain the goal is a predictor for goal oriented, resource activated and emotions. Also, working alliance reported by client is a general factor that predicts emotional states.

Conclusions: Both approaches have similar efficacy levels. They might work differently based on the type of issue approached and future research will need to examine this hypothesis. Working alliance reported by client and self-efficacy to attain the goal are general factors that predicts the outcomes of coaching sessions.

THE EFFICACY OF DIFFERENT TYPES OF CBC DELIVERY METHODS

C. T. Lorint, O. A. David

Evidence-based psychological assessment and interventions Doctoral School, Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University Cluj-Napoca

Introduction: Much of the coaching sessions are delivered nowadays online but little research has been done to document if they are as affective as face to face coaching. While walking coaching is an innovative way of coaching delivery, there is also no research to test its efficacy yet. The aim of this study was to assess the efficacy of different delivery methods for cognitive behavioral coaching in terms of goal orientation and attainment, emotional and cognitive change, and satisfaction with life.

Method: Participants were divided into four groups: face-to-face CBC, online CBC, while walking CBC and wait list. The participants underwent one peer CBC session.

Results: The results showed improvements in all CBC groups in terms of outcomes after the session and after comparing the CBC groups, online CBC showing higher efficacy in terms of goal attainment and positive emotions.

TRANSFORMATION AND INNOVATION IN THE PREVENTION AND TREATMENT OF ALCOHOL USE AND MENTAL HEALTH DISORDERS: THE USE OF EMERGING TECHNOLOGIES

Background: Alcohol use and mental health disorders are highly prevalent and are the leading contributors to death and disability worldwide. In recent years, there has been extraordinary growth in computer and mobile technologies available to the general public. Exploiting the growth of these new technologies, an increasing number of computerized and internet-delivered interventions have been developed to promote changes in alcohol use and mental health disorders.

Methods: This symposium brings together exceptional researchers and clinicians from Australia, Germany and the Netherlands, to showcase the development and outcomes of evidence-based, computerised/online prevention and treatment approaches for alcohol use and mental health problems.

Results: Presentation1 will discuss the long-term outcomes of a computerized brain training program for alcohol-dependent patients. Presentations 2-4 will focus on co-occurring disorders, including the moderating impact of comorbid affective disorders on the effectiveness of a computerized brain training program for alcohol-dependent patients (Presentation2), the feasibility and acceptability of an online brain training program for comorbid anxiety and alcohol use problems in youth (Presentation3), and the outcomes of an integrated online treatment for co-occurring anxiety and alcohol use problems among young people (Presentation4).

Conclusion: These interventions are at the forefront of innovation in the prevention and treatment of psychiatric disorders, and have the potential to reduce the prevalence, severity, and cost associated with these conditions.

Disclaimer: There is no potential or perceived conflict of interest in this symposium submission

LONG-TERM RESULTS OF INHIBITION TRAINING FOR CURRENTLY ABSTINENT ALCOHOL-DEPENDENT PATIENTS TO PREVENT RELAPSE

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Background: Alcohol-dependent individuals tend to selectively approach alcohol cues in the environment, known as approach bias. This reinforces alcohol consumption contributing to maintenance of the addiction and relapse after treatment. Likewise, their stronger positive automatic attitude towards alcohol elicits the tendency to approach alcohol due to its rewarding value. This strengthens the existing positive evaluation, increasing consumption. The Approach-Avoidance-Training (AAT) successfully reduces approach bias, decreasing consumption in heavy drinkers and relapse rates in abstinent alcoholics. An inhibition training, the Go/No-Go-Training (GNGT), was found to effectively devalue and reduce the consumption of alcohol. Since devaluation appears to initiate changes in approach towards and consumption of alcohol, this study investigated whether the effects of AAT on reductions in approach bias and relapse can be amplified by GNGT.

Methods: For six sessions, 429 abstinent alcohol-dependent inpatients received AAT followed by either active (active training) or sham GNGT (sham training) in addition to standard treatment. Ratings were used to assess changes in the evaluation of alcohol after the training. Three and twelve months after discharge from treatment, relapse rates were assessed.

Results: AAT successfully reduced approach bias, but against expectations, without differences between active and sham training. The evaluation of alcohol did not change after training but remained negative. Similarly, the majority of patients was abstinent after three months in both trainings. The effects of the training combination on relapse after one year are pending.

Conclusion: Inhibition training via GNGT to change the evaluation of alcohol does not amplify the relapse-preventing effects of AAT.

AFFECTIVE COMORBIDITY MODERATES THE RELAPSE-PREVENTIVE EFFECT OF ALCOHOL-RELATED APPROACH BIAS MODIFICATION

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Introduction: Approach bias modification (ApBM) is a promising new add-on training intervention for patients with alcohol use disorder (AUD), although there is substantial variability in effectiveness. Given that comorbid anxiety and mood disorders are very common in AUD, and that such comorbidity affects psychological treatments negatively, the primary aim of the current study was investigating whether ApBM training is moderated by affective comorbidity. The secondary aim was to examine whether ApBM's relapse-preventive effect can be replicated.

Methods: We conducted a large-scale randomized controlled trial in a clinical sample of AUD inpatients (n=729) with a 1-year follow-up assessment. All patients received 12-weeks of inpatient treatment as usual (TAU). On top of that, half of the patients were randomized to a 12-session ApBM (TAU+ApBM), and half to a no-training control condition (TAU-only).

Results: We found that TAU+ApBM had significantly higher success rates than TAU-only at 1-year follow-up. Importantly, affective comorbidity moderated ApBM's effects: ApBM increased success rates more for patients with a comorbid affective disorder than for patients without such comorbidity.

Conclusions: Our data suggest that ApBM works better in patients with a comorbid affective disorder; a promising finding given the high rates of comorbidity in clinical practice.

FEASIBILITY AND ACCEPTABILITY OF AN INTERNET-DELIVERED, COMORBIDITY-FOCUSSED COGNITIVE BIAS MODIFICATION PROGRAM FOR YOUNG PEOPLE WITH ANXIETY AND HAZARDOUS ALCOHOL USE

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Background: Up to 60% of young people who receive treatment for their alcohol use quickly relapse to heavy drinking. This is particularly true for people who drink to alleviate anxiety symptoms. Research has shown that Cognitive Bias Modification (CBM) interventions are an effective adjunct treatment for these disorders individually. However, there is little research on the effectiveness of CBM in treating co-occurring anxiety and alcohol use problems. This presentation will outline the feasibility and acceptability of an online comorbidity-focused CBM program for young adults with co-occurring anxiety and problematic alcohol use.

Methods: A demo anxiety-alcohol CBM intervention was developed, after which feedback was sought from treatment providers and young people to inform and further refine the intervention. Treatment providers ($n=14$) were recruited via existing networks and young people aged 18-25 years with heightened anxiety and hazardous alcohol use ($n=15$) were recruited via Facebook and Instagram.

Results: The majority of treatment providers ($n>10$) found the program to be 'mostly' or 'very' acceptable, user friendly, of good quality, simple to complete, logical, age appropriate, and relatable for the target age group. The program was not perceived to be particularly engaging, enjoyable, or motivating ($n<6$). Young people had a slightly more positive perception of the program, particularly with regards to enjoyment and engagement.

Conclusions: This world-first CBM program carries enormous potential to improve outcomes in a complex group that respond poorly to standard treatments. If efficacious, the program will help young adults lead healthier lives by interrupting the trajectory into chronic, life-long disorders.

ARE WE MAKING INROADS? RESULTS OF AN RCT OF EARLY INTERVENTION FOR CO-OCCURRING ANXIETY AND ALCOHOL USE PROBLEMS

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

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

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

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

TREATMENT WITHOUT BORDERS: FEASIBILITY AND ACCEPTABILITY OF PSYCHOLOGICAL INTERVENTIONS ACROSS DIFFERENT CULTURES

Psychopathology does not know any borders. Despite that fact, there are numerous challenges in the treatment of psychopathology, specifically when it does not concern the well-studied Western populations. Many questions are still unanswered, such as to what extent are adaptations to the content of effective therapies in the West required to make it acceptable to patients in other, non-Western cultures? How can we scale up our psychological care quickly and effectively to serve the large flow of immigrants from non-Western cultures who are dealing with psychological problems? In this symposium we will focus on these questions by sharing several clinical research projects conducted in Turkey, Switzerland, Netherlands and Indonesia amongst others. Marit Sijbrandij and Naser Morina will present their data and experiences on two randomized control trials on the problem management plus treatment program among Syrian refugees in several countries in Europe, focussing on the effectiveness of the intervention on a range of psychological problems and reflecting on the feasibility of such a treatment program. Ceren Acarturk will share her data on a RCT looking at the effect of self help plus program to prevent mental health problems in Syrian refugees in Turkey. Theo Bouman and Miriam Lommen will present their data on the acceptability of cognitive behavioural therapy in Indonesian mental health care. The symposium will end with a discussion including all presenters and the public about the challenges that were faced and the lessons learned to further improve the mental health care in non-Western cultures and countries.

PROBLEM MANAGEMENT PLUS (PM+) FOR SYRIAN REFUGEES IN THE NETHERLANDS

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Background: To address the mental health needs of people exposed to war and crisis, scalable interventions based on cognitive behavioural therapy techniques have been developed. The World Health Organization developed Problem Management Plus (PM+), a transdiagnostic brief psychological intervention that is delivered by trained non-professional counsellors (e.g., peer refugees) under supervision of local clinicians. Within the EU H2020 STRENGTHS project, PM+ has been adapted to the Syrian language and culture, and is evaluated among Syrian refugees across Europe and the Middle East. We will present the results of a pilot randomized controlled trial on PM+ among Syrian refugees in the Netherlands.

Methods: Syrian refugees (N=60) with elevated distress (10 item-Kessler Psychological Distress Scale >15) and impaired functioning (WHO Disability Assessment Schedule 2.0 >16) were randomized into PM+ (N=30) or care-as-usual control (CAU; N=30). Main outcomes were symptoms of depression and anxiety at 3 months. Secondary outcomes were symptoms of posttraumatic stress disorder (PTSD), functional impairment, self-identified problems, and health costs.

Results: At 3 months follow-up, the PM+ group had significantly lower scores for depression ($d=.52$) anxiety ($d=.48$), PTSD symptoms ($d=.66, p = .006$), functional impairment ($d=.73, p = .009$) and self-identified problems

($d=.81$, $p = .005$). PM+ potentially may be cost-effective with an ICER of €5,047, (95% CI €0, €19773) per additional recovery achieved.

Conclusions: PM+ is feasible and acceptable to be delivered by non-specialist peer-refugee helpers. It has the potential to be effective in reducing depression, anxiety, improving functioning, and reducing health costs. Challenges in implementing PM+ are discussed.

FEASIBILITY AND ACCEPTABILITY OF A SCALABLE PSYCHOLOGICAL INTERVENTIONS IN SYRIAN REFUGEES IN SWITZERLAND - RESULTS FROM THE PILOT RCT

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Around 125'000 officially registered refugees are currently living in Switzerland, amongst those around 18'000 originating from Syria. Given the high prevalence of distress, they are vulnerable to the development of common mental health disorders. To offer these individuals adequate mental health care, appropriate interventions, which are effective and easy to deliver, are needed. Within the STRENGTHS project we are aiming to test and implement Problem Management Plus (PM+) in Switzerland. PM+ is an evidence-based, low-intensity intervention which is delivered by trained lay-helpers from the same cultural background. The aim of the pilot RCT was to test the feasibility and acceptability of individual PM+ in Syrian refugees in Switzerland.

59 Syrians with elevated distress levels and impaired functioning were included and randomized to either the intervention condition ($n=31$), receiving five sessions of PM+, or the enhanced TAU control condition ($n=28$). Assessments and intervention were carried out in three Swiss Cantons with the largest populations of Syrian refugees.

At the post assessment, individuals who received five sessions of PM+ showed significantly lower symptom scores of depression and PTSD compared to baseline. Furthermore, participants in the PM+ condition also reported a significant reduction in post-migration living difficulties. The results are consistent at 3-months follow-up.

The results suggest that PM+, delivered by lay-helpers of refugee background, might be a feasible and effective treatment option for refugees in Switzerland. The importance, as well as the challenges, of implementing and scaling-up low-intensity interventions in high-income countries, such as Switzerland, will be discussed.

PREVENTION OF MENTAL HEALTH DISORDERS AMONG SYRIAN REFUGEES IN TURKEY: SELF HELP PLUS (SH+)

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Background: Recently, number of people who are seeking refuge in other countries due to instability and conflict in their country of origin has dramatically increased. Refugees have higher risk of developing common mental health disorders than that of host population. To respond to the humanitarian crises, World Health Organization developed a guided multimedia self-help preventive psychosocial intervention, Self Help Plus (SH+). SH+ is a peer to peer intervention which is based on acceptance and commitment therapy. SH+ consists of an illustrated self-help book and a pre-recorded audio course. REDEFINE, an EU funded project, aims to examine the effectiveness of SH+ for preventing the onset of common mental health disorders in refugees and asylum seekers in Europe and Turkey. We will present the current status of the implementation of the SH+ among Syrian refugees in Turkey.

Methods: In Turkey, SH+ which was previously adapted to Syrian culture and language was examined in a large RCT. Syrian refugees ($N=600$) with psychological distress (General Health Questionnaire – GHQ - > 3) but without a formal diagnosis of any mental health disorder according to the Mini Neuropsychiatric Interview (MINI) were randomly allocated to SH+ ($N=300$) or enhanced treatment as-usual control (E-TAU; $N=300$).

Primary outcome was incidence of any mental health disorder at 6-month follow-up. Secondary outcomes were posttraumatic stress disorder and depression symptoms, functioning, and well-being.

Results: SH+ was delivered by trained non-specialist facilitators. Preliminary findings will be presented.

Conclusions: We will discuss the implementation of SH+ among Syrian refugees in Turkey.

THE ACCEPTABILITY OF COGNITIVE BEHAVIOUR THERAPY IN INDONESIAN COMMUNITY HEALTH CARE

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Background: Although CBT is currently considered to be an empirically supported treatment in the Western world, little is known about the acceptability of its principles and procedures by local health care consumers in non-Western countries. In order to increase availability and acceptance of treatments for mental health problems in a non-Western context, cultural adaptations of CBT may be considered. This explorative study aimed to investigate the acceptability of CBT's principles and specific interventions as a first step in an attempt to tune CBT to the specific values of Indonesian consumers.

Method: To explore its acceptability, video clips demonstrating mainstream CBT procedures and interventions were shown to a total of 32 outpatients and mental health volunteers from various Indonesian community health centres (*Puskesmas*). They were asked to rate to what extent the principles and practice of CBT, as well as the video clips were in accordance with their personal, cultural, family, and religious values.

Results: Acceptance in all four value domains was rated as very high for the general features of CBT as well as for the content of the video clips. There were no significant differences in acceptability between the value domains.

Conclusion: The presented study suggests that even mainstream CBT applications, that were slightly culturally adapted in terms of language, therapist-patient interaction, and presentation, might resonate well with consumers in community health centres in Indonesia.

BREACH OF COUPLE RELATIONSHIPS

Cognitive Behavior Therapy is acknowledged as one of the most worldwide implemented treatment model for couple problems. Cognitive Behavior Couple Therapy has been extensively evaluated in treatment outcome studies that have demonstrated its effectiveness for decreasing couple distress and dissatisfaction addressing communication and/or problem-solving difficulties (Dugal et al., 2014). However, a lot of cognitive behavioural couple therapists are facing both in theory and practice tremendous difficulties when they encounter couple issues such as jealousy, low sexual desire, infidelity and loss. In addition, there are few empirical studies investigating both the therapists' stance and interventions with couples experiencing the above issues.

The objective of the present symposium is to present the rationale and the implementation of therapeutic interventions so as to help clinicians organise their own thinking and increase their effectiveness when dealing with such challenging couple issues.

ABOUT JEALOUSY

E. Heinz, PhD

Clinical Psychologist, Accredited Cognitive Behavioral Therapist/Supervisor and Advanced Level Schema Therapist, GBA

Jealousy is a quite common causal factor for relationship problems. It is a kind of "passive aggressive" feeling which leads many times a relationship to become dysfunctional and unhappy for both partners or to be terminated.

In this presentation the discrimination between jealousy and paranoid obsession is going to be commented about as well as the cognitive mechanisms of the jealous partner. The intervention model implemented is this of Leahy's and Wells's, which defines jealousy as a form of agitated worry.

Attachment theory will be also used as a basis for understanding jealousy and attachment problems as a cause of the insecurity the jealous partner feels, which leads to several kinds of behaviours that exacerbate relationship conflicts. The reaction and the "victimisation" of the other partner are also discussed in parallel to some open clinical questions which arise.

INFIDELITY: WHAT DO WE (COUPLE AND THERAPIST) DO NOW?

E. Papadakis MSc in Clinical Psychology

Accredited Cognitive Behavioral Therapist/Supervisor and Advanced Level Schema Therapist, GBA

Fidelity in a romantic relationship ranks prominently in the hierarchy of individual and societal values. Although fidelity is widely expected there is evidence that some partners engage in infidelity (Allen et al., 2005). On the one hand, in various cultures the discovery or the disclosure of an affair appears one of the most reported reasons for separation or divorce (Betzig, 1989) and on the other hand, is one of the most common presenting problems in couple therapy (Gordon et al., 2004) and for couple therapists one of the most difficult problems to treat (Atkins et al., 2005). Not only couples are confused and uncertain about how to proceed but a majority of couple therapists also report that they need guidance in addressing this clinical challenge (Baucom et al., 2006).

The scope of this presentation is to discuss themes and patterns that emerge both for couples and therapists into the following areas: assessment, processes and interventions and cultural and ethical factors that may be relevant, as well as discuss areas of debate among clinicians.

HYPOACTIVE (LOW) SEXUAL DESIRE DISORDER

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Sexual desire is the initial stage of the sexual arousal circle/response. However, under certain circumstances in women, and possibly in men, it may not be essential for a satisfactory response to sexual stimuli. In any case, the lack of sexual desire may be very distressful and may create tension and marital difficulties. The lack of desire is generally expected to cause arousal and other sexual problems. The aetiology of low sexual desire may be multifactorial. Various medical (eg hormonal), substance related, psychological (eg depression) interpersonal, sociocultural and other factors may be implicated. Negative automatic thoughts related to sexual performance, body image and other issues may play a crucial role.

Therapy targets-if possible-known etiological factors. An interdisciplinary approach may be needed. CBT treatment, in the context of a flexible therapeutic plan, be very helpful.

"UNFINISHED BUSINESS" AND COMPLICATED GRIEF FOLLOWING THE DEATH OF A SPOUSE

C. Hionidou PhD

Clinical Psychologist, Accredited Cognitive Behavioral Therapist/Supervisor, GBA

The grief following a spouse's death (duration, manifestations, etc.) is influenced by many components. The quality of the preexisting relationship is considered as one of great importance. Unelaborated and unresolved conflicts because of infidelity, jealousy or miscellaneous secrets may lead to complicated grief. The so called 'unfinished business' may postpone or even prevent the necessary processes, in order to allow the survivor spouse to continue his/her life in a healthy and meaningful way. The above issues will be discussed through clinical examples.

COGNITIVE FLEXIBILITY IN EMOTIONAL DISORDERS

In recent years, psychological flexibility is emerging as crucial for mental health (Kashdan & Rottenberg, 2010). In rapidly and constantly changing environments, rigid and habitual responses can contribute to the emergence and maintenance of psychopathology, whereas flexible cognitive, emotional, and expressive abilities are linked to lower emotional distress and to enhanced well-being. Flexibility has been defined and measured in multiple ways, most often referring to an ability to override habitual response patterns that occur across situations in a reflexive manner in order to be guided by goals (e.g., Wood & Neal, 2007), and to a good person-environment fit (e.g., Bonanno & Burton, 2013). Psychological flexibility encompasses cognitive flexibility (such as sensitivity to context and the ability to adjust the response according to new information), expressive flexibility (such as the ability to express as well as suppress emotional states) as well as coping flexibility (such as utilization of a large arsenal of regulatory strategies).

The present symposium focuses on cognitive flexibility and explores various perspectives used to study flexibility in depression and anxiety, as well as modification procedures designed to enhance flexibility. It is a well-established fact that depression and anxiety are characterized by negative cognitive biases (e.g., LeMoult & Gotlib, 2019; Mathews & MacLeod, 2005). These biases have been targeted by bias modification procedures in an attempt to reduce both biases and related emotional symptoms (for a review see Jones & Sharpe, 2017). Regardless of the role of these biases in emotional disorders, researchers are now emphasizing that negative biases may not be consistently maladaptive, but become so when applied inflexibly without reference to situational demands (Everaert, Bronstein, Castro, Cannon & Joormann, 2020). In line with these recent developments, the presentations in the current symposium explore links between emotional disorders and the ability to revise and update negative beliefs (Perلمان & Mor) and expectations (Kube), shift attention from negative to positive goal-related stimuli (Godara, Sanchez-Lopez, Baeken & De Radet), and modify punishment-reward learned contingencies (Zabag, Levi-Gigi, Gilboa-Schechtman). We present work that demonstrates impaired flexibility along with efforts to design innovative methods of remedying these impairments. We seek to engender a discussion concerning both the definitional and the methodological approaches to the study of this important concept.

COGNITIVE BIAS MODIFICATION FOR INFERENCE FLEXIBILITY

B. Perلمان, N. Mor

Seymour Fox School of Education, Hebrew University

Inferential flexibility has been defined as the tendency to assign different causal inferences for different events and inflexibility has been linked to depression (Fresco, Rytwinski, & Craighead, 2007). We propose an additional form of inferential flexibility: the ability to flexibly switch between causal inferences generated for a specific event. More precisely, we examine the possible benefits of switching from a negative causal inference to a positive one. Using a novel cognitive bias modification procedure, we trained participants to switch initial negative inferences of presented scenarios with positive ones. Participants in the control condition were presented with identical events and inferences but were repeatedly encouraged towards rigid inferences. Following the training, participants were asked to revisit a personal event they wrote about in the beginning of the experiment. The success of the training was measured by the participants' tendency to shift from their initial negative inference to a more positive one. Initial analyses reveal a significant interaction between condition and causal inference ($F(1,93)=74.95, p<0.001, \eta^2=.17$). Thus, participants in the training condition switched to a more positive causal inferences for their personal event compared to participants in the control condition ($t(93)=3.44, p=0.001, d=0.7$). Following this causal inference, participants in the training condition reported less negative mood compared to those in the control condition ($t(93)=2.84, p=0.006, d=0.58$). These findings point to a possible novel procedure to assess and promote inferential flexibility which may increase cognitive flexibility and contribute to emotion regulation.

A CONTEXT-DEPENDENT APPROACH TOWARDS TRAINING AFFECTIVE ATTENTION FLEXIBILITY

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Affective flexibility, i.e. ability to shift attention flexibly between emotional and non-emotional goals, is associated with reappraisal ability, rumination levels, and resilience. Current training procedures aimed at modulating affective flexibility have yielded no long-term improvements in flexibility, and no changes in psychopathology or resilience. In the current study, a novel affective attention flexibility training paradigm was tested wherein dysphoric individuals had to switch between different context-dependent goals. Goal-directed gaze behaviour was reinforced using music and white noise in a gaze-contingent manner. One hundred and one participants were recruited based on elevated negative mood symptoms. In a close transfer task, participants in the training condition became significantly faster in switching attention from negative to positive goal-related stimuli pre- to post-training ($F(1, 48) = 5.96, p = .02, \eta^2 = .11$), specifically compared to a control condition ($F(1, 96) = 13.37, p < .001, \eta^2 = .12$). On an ecologically valid task, participants in the training condition displayed a more flexible pattern of attending to positive and negative faces depending upon which goal was activated ($F(4, 380) = 3.14, p = .03, \eta^2 = .03$). Comparatively, participants in the control condition remained rigidly attentive towards negative faces despite the goal activated. These findings provide proof-of-concept for the successful modulation of affective biases in depressive states as a function of the current goals of the individuals. These results add to the growing evidence for a dysfunctional flexibility mechanism in depression, and importantly indicate scope for clinical applications of the training procedure.

Conflict of interests: None

SOCIAL ANXIETY IS ASSOCIATED WITH A SPECIFIC DEFICIT IN COGNITIVE FLEXIBILITY AS MEASURED BY A NOVEL REVERSAL LEARNING TASK

R. Zabag, E. Levy-Gigi, E. Gilboa-Schechtman

Social anxiety (SA) is postulated to be associated with a tendency for avoidant rigid coping. However, research about SA, cognitive flexibility and the specificity of the relationship is sparse.

The current research examined the association between SA and cognitive flexibility using a novel reversal learning task which test to what extent individuals adapt their behaviour according to environmental changes. The task includes acquisition and reversal phases. During the acquisition, participants learn by trial and error that certain faces are associated with punishment while others are associated with reward outcome. Following a successful learning, the outcome is reversed. Hence, a punishing person is later associated with reward outcome and vice versa.

Study 1 (n=89 students) has found that high-SA individuals struggled to learn that a punishing person was later associated with reward. **Study 2** replicated this result in an online sample (n=254). In **Study 3**, (n=529) participants were randomly assigned to a reversal learning task using social stimuli (i.e. faces) or non-social stimuli (i.e. geometric shapes). Results suggest that the SA deficit in reversal learning is specific to social stimuli. To summarize, our research has found that SA is associated with a deficit in reversal learning from punishment to reward, and this deficit is specific and selective to social stimuli.

WHY NEGATIVE EXPECTATIONS IN DEPRESSION PERSIST-EXPERIMENTAL FINDINGS AND IMPLICATIONS FOR CLINICAL PRACTICE

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It is well-established that negative expectations affect depressive symptoms. An important question from a clinical perspective is whether negative expectations are revised if novel positive experiences are made. In a

series of experimental studies, we investigated this question and aimed to identify factors that contribute to the revision vs. maintenance of negative expectations. In Study 1 ($N_{\text{clinical}}=58$; $N_{\text{healthy}}=59$) and 2 ($N_{\text{clinical}}=76$; $N_{\text{healthy}}=81$), we demonstrated that the main problem of depression seems to be the integration of novel positive information, rather than increased sensitivity to unexpectedly negative information. In Study 3, we found that negative reappraisal of novel positive information underlies the lack of updating negative expectations in people with depressive symptoms ($N=59$). In Study 4, we examined whether such a maladaptive devaluation of positive information can be inhibited through therapeutic strategies; we compared three strategies aimed at inhibiting negative reappraisal in people with depression ($N=113$), and found that particularly increasing the value of novel positive information was an effective strategy to help patients modify their negative expectations. In Study 5 ($N=152$), we found that the negative influence of depressive symptoms on the revision of negative expectations was particularly pronounced if participants reported on increased negative mood. These findings have two implications for clinical practice: first, when attempting to modify negative expectations, therapists may aim to address patients' tendency to disregard novel positive information, e.g. by increasing its value; second, to facilitate the integration of positive information, it may be important to reduce the presence of negative mood prior to it.

CHILDREN OF OUR COUNTRY WHO COME FROM FOREIGN COUNTRIES: THE ACTIONS OF TRAUMATHERAPY-GROUP OF THE INSTITUTE OF BEHAVIOUR RESEARCH AND THERAPY IN ATHENS

The Traumatherapy-group of Institute of Behavior Therapy and Research (IBRT) (www.ibrt.gr) is one of the scientific teams of the Department of Child and Adolescent Psychotherapy of IBRT. The traumatherapy-group operates on a voluntary basis and performs social work in the field of mental health of refugee children/adolescents and their families. Founded in 2017, it is comprised of psychologists and child psychiatrists, all of them being students and graduates of the CBT training program of IBRT.

The first three presentations of this symposium are referred to brief training programs of a broader psychosocial nature that can be implemented by any professionals involved in the care of refugee children and adolescents. The fourth presentation is referred to a 14-hour intensive training seminar which is addressed only to psychologists and psychotherapists.

1st Presentation: «The Child and the Liberation from the shadow of the terrible big Fear». (Traumabilderbuch, www.susannesteein.de)

2nd Presentation: «A Guide for Refugee Parents: How Can I Help My Traumatised Child» (www.bptk.de)

The material of the above two intervention programs (1st and 2nd) has been translated and adapted into Greek, and they are available through the website of IBRT. IBRT offers training seminars for these two programs for Non-governmental Organizations and other stakeholders.

3rd Presentation: «The Little I am Me» («Das Kleine ich bin ich», <http://www.jungbrunnen.co.at/>) of Mira Lobe. The picture book was published in 4 languages (Greek, German, Arabic, Farsi) in 2017 by TOPOS and IBRT editions. This picture book addressed to children, has been used in groups both in typical and multicultural schools. Also, it has been used from therapists as a supportive material for individual psychotherapy. The experiences of professionals using the book are recorded in order for a manual to be published, the «Little I am Me manual for teachers and psychotherapists».

4th Presentation: «Trauma-Focused CBT training program applied to Unaccompanied Refugee Minors (URMs) with PTSD». The TF-CBT specialization seminar was translated and adapted in collaboration with the Katholische Universitaet Eichstaett Ingolstadt, Department of Psychology, Germany Prof. Rita Rosner (<https://tfkvt.ku.de/>). Its pilot implementation has taken place in cooperation with NGO PRAKSIS. So far, 39 psychologists-psychotherapists have been trained in Greece.

THE CHILD AND THE LIBERATION FROM THE SHADOW OF THE TERRIBLE BIG FEAR

C. Varveri

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The present presentation is about an online illustrated preventive manual titled “The Child and the Liberation from the shadow of the terrible big Fear”. The manual addresses parents and children that have experienced war and other traumatic experiences such as leaving their country and also specialists (psychologists, pediatricians, teachers etc.) and others working with children refugees. It is also really useful to parents who want to better understand their child and help him. The book is currently available in 13 languages (www.susannestein.de). In Greece it was translated and applied in a pilot study with 6 children and teenagers from Afghanistan who lived in a refugee camp, during the summer of 2016. The manual includes an illustrated story, themes for drawing, resources for getting support and advice for parents with children that have experienced war. From the assessment of the application of the program in Greece, there seems to be evidence in support of its contribution as a prevention program. As a result, educational workshops and presentations of the program in congresses and other specialized organizations are being held by the trauma team of the Institute of Behavioural Research and Therapy.

A GUIDE FOR REFUGEE PARENTS, HOW CAN I HELP MY TRAUMATIZED CHILD?

R. Laious

Clinical Psychologist (MSc.), PhD Candidate University of Athens, Cognitive Behavioral Therapist, Schema Therapist

As part of the trauma-therapy group we translated “A Guide for Refugee Parents: How Can I Help My Traumatized Child” of Bundes Psychotherapeuten Kammer (www.bptk.de) into **Greek** for use with refugee parents and children in Greece. The number of refugee parents and their children is increasing and the psychological need for support is becoming mandatory. Many mental health specialists lack the knowledge of the psychological needs of those suffering from traumatic events, so it is of paramount importance to educate the specialists and offer psychoeducation to parents and children. The guide includes crucial advice to enable health specialists to cope with refugee parents and how to support them. It constitutes a psychoeducational guide that deals with the emotional needs of children who have been exposed to traumatic events and their emotional and behavioral reactions to those events. Furthermore, it emphasizes understanding the children and their needs, as well as how parents can help them deal with their daily routine and create practical and emotional stability in their lives. The guide is separated into age groups: infants and toddlers; preschoolers; school age children; and adolescents, reflecting how children show different reactions and need different ways of fulfilling their emotional needs. The guide is informative and comprehensive, written in simple language and aimed to be useful for those treating refugee parents and children.

THE LITTLE I AM ME

K. Sofianopoulou

Psychologist (MSc.), Cognitive Behavioral Therapist

This presentation is about the picture book “The Little I am me” addressed to children 4-10 years old who have experienced traumatic events. The picture book is written by Mira Lobe and is translated in 4 languages (Greek, German, Arabic, Farsi) <http://www.jungbrunnen.co.at/>. The greek translation is made by Em. Professor Anastasia Kalantzi-Azizi. This picture book works as a tool that promotes children's social, emotional and cognitive development. The picture book recounts the adventure of a small animal wandering alone in search of its identity “who am I?”. It is a colorful animal with indefinable characteristics that strives to find its identity by comparing itself with other animals, until one day it discovers the meaning of the self, feels confident and finds its place among others by gaining recognition and love. This picture book gives young readers the opportunity to be identified with this colorful animal, and follow it on the journey to discover itself. Through knowledge and acceptance of the self, reader’s self-esteem is enhanced and the need for connection and

acceptance of the other - the different, arises. The picture book can be used by parents, educators, and mainly by therapists as a useful therapeutic tool especially for children who have experienced a traumatic event and need to "find" themselves.

TRAUMA-FOCUSED CBT TRAINING PROGRAM APPLIED TO UNACCOMPANIED REFUGEE MINORS (URMS) WITH PTSD

T. Anastasiou

Psychologist (MSc.), Cognitive Behavioral Therapist

Up to 97% of URMs is traumatized and 20-54% has elevated PTSD symptoms. As a result they constitute an especially vulnerable group of refugees with high needs of treatment. In Greece there is a big therapeutic gap and a lack of therapeutic tools for the mental health professionals who work with this group. This presentation refers to the related action of Trauma Group (TG) organized by IBRT. The interest of TG emerged after collecting information about TF-CBT and how it was adjusted in order to meet the needs of URMs with PTSD (Unterhitzenberger et al., 2015). The above-mentioned article was studied and discussed in the context of CBT training. Subsequently, the collaboration between TG and the Department of Psychology of Katholische Universitaet Eichstätt-Ingolstadt of Germany (Prof. Rita Rosner) (<https://tfkvt.ku.de/>) emerged. This department is known for its specialization in the research and training concerning the URMs with PTSD. The close collaboration between IBRT and the aforementioned university was initially associated with the training in CBT of 22 members of IBRT and other mental health specialists. Furthermore, the translation, adaptation and pilot implementation of the material in Greek followed, in collaboration with NGO PRAKSIS as a part of IBRT thesis. Since then two training programs of TF-CBT for URMs have been conducted in Greece with 39 psychologists and psychiatrists who work mainly in camps or other services for refugees, offering an important therapeutic tool for this vulnerable population.

SELF-COMPASSION AS A PREDICTOR AND AS A MEDIATOR IN VARIOUS SETS OF RELATIONSHIPS (INCLUDING SELF-EFFICACY, DEPRESSION, ANXIETY, MINDFULNESS, EMOTION REGULATION)

Self-compassion seems to have become a very popular topic in the recent years and Compassion Focused Therapy seems to have already won a prominent place in the contemporary Cognitive Behavior Therapy. As it is always the case, psychopathology examines the factors that maintain a psychological problem or disorders and CBT intervenes in order to deactivate, eliminate or lessen these maintaining factors. In the process of psychopathology one has to examine any relationship that a given variable has with other identifiable variables that collaborate, coexist, precede or follow, predict, mediate or moderate such a relationship.

In the present symposium we examine self-compassion as a variable in a set of linear (?) relationships with other significant and attention attracting constructs. Self-compassion and self-efficacy on their way to state anxiety. Self-compassion and social anxiety on their way to depression. Self-compassion, mindfulness training, and emotion regulation on their way to well-being.

SELF-COMPASSION AND SELF-EFFICACY ON THEIR WAY TO STATE ANXIETY

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Introduction/background: Anxiety is a common experience, something that nevertheless may become extremely distressing. Self-efficacy, the way that people view their own coping abilities, may create iverse adjustment and anxiety related problems. Self-compassion, a much newer influential construct, seems also to

be related to lower levels of anxiety. Aim of the present study was to examine the relationship among self-efficacy, self-compassion, and anxiety in a non-clinical sample.

Method: We administered three scales to 254 university students. Scales were a) the Self-Efficacy Questionnaire (SEQ), the “positive” subscales (Self-kindness, Common Humanity, and Mindfulness) of the Self-Compassion Scale (SCS), and the Anxiety subscale of the Depression, Anxiety and Stress Scale (DASS-A). The SEQ has two subscales, SE-General, and the SE-Social.

Results: SES and SCS-positive correlated to DASS-A ($r=-0.37$, $P<0,001$ and $r=-0.24$, $P<0,001$ respectively). SES subscales and SCS-positive subscales correlated also significantly with the DASS-A, but with low coefficients, expect for the Self-Efficacy-General ($r=-0.38$). When we examined the relationship between SES-subcales and DASS-A, after controlling for the SCOM-positive, the relationship SES-General/DASS-A did not change, but the relationship SES-Social/ DASS-A lost its significance. Stepwise regression analyses that followed, showed that from all the above variables, only the SES-General could predict DASS-A.

Conclusions/discussion: Although both general and social self-efficacy, and self-compassion influence state anxiety, they do it via different ways. General SE do it independently of self-compassion, while self-compassion mediates almost exclusively the way from Social SE to anxiety.

THE ASSOCIATION OF SELF-COMPASSION AND EMOTION REGULATION ON POSITIVE MOOD STATES THROUGH MINDFULNESS TRAINING IN A NON-CLINICAL SAMPLE

S. Evans, Ph.D., K. Wyka, Ph.D.

Weill Cornell Medicine

Emerging evidence indicates that self-compassion may play a key role in mediating the positive effects of mindfulness training. Research has also shown significant associations between emotion regulation and psychological symptomatology. This study seeks to elucidate the role that mindfulness training has on the cultivation of self-compassion and emotion regulation on psychological well-being in a community-based sample participating in a Mindfulness Based Stress Reduction (MBSR) Program.

Participants ($n = 14$) completed an 8-week MBSR program at a major academic medical center and completed the Profile of Mood States (POMS), Self-Compassion Scale (SCS) and the Difficulties in Emotion Regulation Scale (DERS).

Results demonstrated that there were statistically significant improvements in positive mood states as measured by the POMS (effect size $ES=-.68$; $p=.022$) and self-compassion (SCS) ($ES=.66$, $p=.025$) post-MBSR training. There was a trend toward improvement in emotion regulation (DERS) ($ES=.66$; $p=.095$). At baseline and end of treatment, increased scores on the DERS (greater dysregulation) was significantly associated with lower SCS (self-compassion) (pre: $r=-.72$, $p=.004$; post: $r=-.89$, $p<.001$) and POMS (positive mood states) (pre: $r=.58$, $p=.028$; post: $r=.66$, $p=.010$). Finally, changes in DERS scores were significantly correlated with changes in SCS post treatment ($r=-.56$, $p=.036$). Improvements in DERS was associated with improvements in POMS but this relationship, while not weak ($r=.26$), was not statistically significant.

In this pilot study, mindfulness training appeared to be associated with the cultivation of emotion regulation and self-compassion affecting overall well-being. Limitations include a small, non-randomized sample. Future research may explore the mediational pathways to psychological enhancement.

SELF-COMPASSION AND SOCIAL ANXIETY ON THEIR WAY TO DEPRESSION

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Introduction/background: Research in various samples has found that self-compassion is correlated with symptoms of depression and social anxiety. We also know that social anxiety seems to precede depression and increases the risk for depression in all ages. Aim of the present study was to examine the way that self-compassion, social anxiety and depression relate in a non-clinical sample.

Method: Participants were 276 university students. We administered a) the “positive” subscales (Self-kindness, Common Humanity, and Mindfulness) of the Self-Compassion Scale (SCS), b) the Social Interaction Anxiety Scale-Social Phobia Scale (SIAS-SPS) and c) the Depression subscale of the Depression, Anxiety and Stress Scale (DASS-A).

Results: No one of the three variables related significantly to age. SCS-positive correlated to SIAS-SPS ($r=-0.26$, $P<0.001$) and DASS-D ($r=-0.39$, $P<0.001$), and SIAS-SPS to DASS-D ($r=0.43$, $P<0.001$). Self-kindness, Common Humanity, and Mindfulness also correlated significantly to both SIAS-SPS and DASS-S (coefficient r s ranged from -0.15 to $-.34$, and P s from <0.05 to <0.001). A series of partial correlations where all variables were consecutively treated as possible mediators, did not result in any meaningful results. Nevertheless, it is of notice that the DASS-D mediated to a large degree the relationship between SCS-positive, and its subscales on the one hand, an SIAS-SPS on the other. A series of stepwise regression analyses supported that both SIAS-SPS and DASS-D could equally predict each other, while Self-kindness and Mindfulness played also a secondary role.

Conclusions/discussion: Our results seem to partly support the direction of the relationship self-compassion-social anxiety-depression, but certainly need further elaboration and discussion.

THE WORLD CONFEDERATION OF COGNITIVE AND BEHAVIOURAL THERAPIES: AN IDEA WHOSE TIME HAS COME

K. Dobson, Canada

L. McGinn, USA

R. Holland, UK

M. Sungur, Turkey

The World Confederation of Cognitive and Behavioural Therapies (WCCBT) was launched in 2019 as a bold initiative, and as an association of associations. As the first global organization developed to CBT, the WCCBT has several critical aims. These are: 1. To support the development of CBT worldwide; 2. Develop a worldwide network to share news, information, and issues in CBT; 3. Promote and advocate for CBT and its role in mental health; 4. Develop and support the ethical use of CBT through training, and 5. Facilitate and support research in CBT. In this panel presentation, three of the key global leaders for CBT will discuss the potential activities of the WCCBT in the various areas, as well as the steps taken to date. Some of the mechanisms through which CBT can be developed globally, the early communications and sharing of ideas that have already been developed, and potential advocacy areas for the WCCBT will all be highlighted. In contrast, as a new organization some of the developmental, technical and practical challenges for this global organization will be also be discussed. As a panel discussion, audience questions and participation will be encouraged.

APPROACH-AVOIDANCE BIAS MODIFICATION: A VERSATILE ADD-ON TREATMENT FOR VARIOUS DISORDERS

Approaching positive healthy stimuli and avoiding negative unhealthy ones are natural tendencies that aid survival. In several mental disorders, however, maladaptive tendencies have been observed, such as automatic approach of addictive substances. Therefore, new methods have been developed to re-train maladaptive behavioral tendencies, called Approach-Avoidance Bias Modification (AABM).

This symposium brings together researchers and clinicians from Australia, Germany and the Netherlands, to showcase a wide variety of applications of AABM. The presentations address Alcohol Use Disorder, chocolate (over-)consumption, and depression.

Presentation 1 by Victoria Manning reports the results of a large randomized-controlled trial that speaks to the effectiveness of AABM in the treatment of AUD. Presentations 2 and 3 address unwanted (over-)consumption of food, in this case chocolate. Presentation 2 by Eva Kemps shows the causal effects of approach-avoidance tendencies on chocolate consumption, a prerequisite for clinical applications of

chocolate-avoidance training. Presentation 3 by Mike Rinck also addresses unwanted chocolate consumption, reporting a pilot study for a to-be-conducted randomized controlled trial. Presentation 4 by Eni Becker reports long-term outcomes of a positivity-approach training for depressed inpatients. Finally, Hilmar Zech presents a new AABM methodology: It employs smartphone movements as proxies of approach and avoidance, and it can be used in a variety of trainings.

In conclusion, AABM represents a new class of interventions that can be applied as add-ons in the treatment of various mental disorders. Some of these applications have already proven their effectiveness, some are very promising, and some still require evaluation in large-scale trials.

Disclaimer: There is no potential or perceived conflict of interest in this symposium submission

“PUSHING AWAY YOUR POISON”: A MULTI-SITE RCT OF APPROACH BIAS MODIFICATION DURING INPATIENT WITHDRAWAL TO PREVENT EARLY RELAPSE

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Background: Approximately 70% of people with alcohol use disorder (AUD) relapse within a month of withdrawal treatment, and many patients therefore fail to subsequently engage in or benefit from psychological interventions. As such, novel approaches that reduce early relapse are needed. In a pilot-RCT, 4 sessions of Approach Bias Modification (ApBM) delivered during inpatient withdrawal reduced relapse by 30% relative to controls. The current trial aimed to replicate this finding in a well-powered, publicly-registered, multi-site RCT.

Method: Using a double-blind, sham-controlled, parallel-group design, the efficacy of 4 consecutive daily sessions of ApBM to reduce relapse was examined in 300 participants from 4 withdrawal units in Melbourne, Australia. Approach bias was measured pre- and post-training and abstinence was assessed 2-weeks post-discharge.

Results: Rates of complete abstinence from alcohol were significantly higher in the ApBM group relative to controls (54.4% versus 42.5%; $p=.039$) and 17% higher among those who completed all 4 sessions (63.8% versus 46.8% $p=.008$). A significant group by time interaction ($p<.001$) showed a greater reduction in approach bias among ApBM participants (shifting from a mean approach bias pre-training to a mean avoidance bias post-training), relative to controls, where approach bias persisted after training.

Discussion: These findings add further weight to the growing body of research supporting the clinical efficacy of CBM in the treatment of AUD. Being safe and easy-to-implement, and requiring only a computer, joystick and no specialist training, ApBM is a cost-effective, adjunctive approach that should be routinely offered during withdrawal treatment to optimize patient outcomes.

APPROACH BIAS MODIFICATION AFFECTS CHOCOLATE CONSUMPTION

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Background: Cognitive biases, such as approach bias – the tendency to automatically reach for a desirable target such as chocolate – are at the heart of unwanted (over)consumption. Using an approach-avoidance task, we examined whether cognitive bias modification could reduce approach bias for chocolate and subsequent chocolate consumption.

Methods: Undergraduate women (N = 120; 18-27 years) were randomly assigned to a chocolate approach or chocolate avoid condition, in which they were trained to approach or avoid chocolate pictures by pulling or

pushing a joystick, respectively. Chocolate intake was measured by a so-called taste test in which participants tasted and rated a chocolate muffin.

Results: Training had the predicted effect on approach bias, such that participants trained to avoid chocolate developed an avoidance bias away from chocolate stimuli. In addition, participants trained to avoid chocolate ate significantly less of the chocolate muffin in the taste test than participants trained to approach chocolate.

Conclusions: Theoretically, the results lend support to dual process models which conceptualize consumption as being driven by implicit processes such as approach bias. At a more practical level, approach bias modification may be a useful component of interventions designed to curb the (over)consumption of unhealthy foods.

REDUCING UNWANTED CHOCOLATE CONSUMPTION BY MEANS OF CHOCOLATE-AVOIDANCE TRAINING: A PILOT STUDY

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Background: Eating healthier by reducing unhealthy food intake is a common goal. Because many deliberate attempts to reach the goal fail, the present study investigated whether a chocolate-avoidance training (CAT), addressing implicit mechanisms in chocolate consumption, could be a useful intervention. Avoidance training has been shown to be effective in the treatment of alcohol addiction, but it is less studied in eating behavior. Therefore, before conducting large randomized trials, we aimed to determine the acceptability and feasibility of such a training.

Methods: Eleven university students who indicated that they wanted to reduce their chocolate consumption received four 10-min training sessions each. In these sessions, they pushed chocolate pictures away and pulled positive pictures closer with a joystick. They answered questions about their chocolate consumption before each training session and at two weeks follow-up. In addition, they answered questions about the feasibility of the training at two weeks follow-up.

Results: Over the course of the four training sessions, the training changed participants' response tendencies in the expected direction, creating a chocolate-avoidance tendency, whereas chocolate consumption did not decrease. Participants were motivated and their general impressions of the training were positive, but they did not experience it as effective. They gave several suggestions for improvements.

Conclusions: The results suggest that CAT is feasible and effective in changing chocolate-approach tendencies. For a randomized controlled trial, the suggestions given by the participants should be taken into account.

MEASURING DYNAMIC APPROACH-AVOIDANCE TENDENCIES IN THE FIELD

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Background: Automatic approach-avoidance tendencies have already explained phenomena as diverse as phobias, addiction, and discrimination (e.g., Mogg et al, 2005). Classical approach-avoidance tasks measure these tendencies based on reaction times while participants pull stimuli toward themselves (approach) or push stimuli away from themselves (avoidance). To detect these reaction times, most AATs require stationary equipment such as joysticks, computer, mice, or keyboards (e.g., Rinck & Becker, 2007). One of the disadvantages of these tasks, is that most they are difficult to deploy in the field. Dual-process models of behavior as well as momentary assessment studies using self-reports, indicate, however, that approach-avoidance tendencies likely fluctuate greatly with time and context (Strack & Deutsch, 2004; Hofmann et al., 2013).

Methods: Measuring such fluctuations is difficult with most modern AATs. Here, we introduce a new, mobile AAT, which runs entirely on smartphones.

Results: Using this AAT, we show that approach tendencies to food dynamically fluctuate based on time and need states. We further show how problems with dynamically regulating food approach tendencies can lead

to suboptimal health outcomes, such as overweight and obesity. Using modern sensor technology tapped by the mobile AAT, we further show that approach tendencies can not only be measured based on traditional reaction times, but also based on response force, which is extensively used in animal research to study motivation (Brown, 1948).

Conclusions: We discuss implications of dynamic approach tendencies both on the measurement unhealthy approach tendencies and on the training of healthier approach tendencies.

COGNITIVE BEHAVIORAL THERAPIES FOR OBSESSIVE-COMPULSIVE DISORDER: MECHANISMS OF CHANGE AND NEW INTERVENTION STRATEGIES

Cognitive behavioral therapies are effective treatments for obsessive-compulsive disorder, but a substantial proportion of patients does not benefit sufficiently from current concepts. To improve outcomes, it appears necessary to better understand mechanisms of change, and to develop new interventions strategies addressing well-known problems of established therapies. Regarding mechanisms of change, Jana Hansmeier shows that self-rated and therapist-rated changes in experience and reactions on a behavioral avoidance test predicted symptom reduction during behavior therapy and metacognitive therapy in a randomized-controlled trial. Björn Elsner investigated the predictive value of self-report measures based on inhibitory learning and emotional processing theory in a large sample. He found that within-session habituation and expectancy violation may contribute to the outcome of exposure and response prevention (ERP). Regarding new intervention strategies, Jakob Fink presents an experimental study showing that different imagery regulation strategies reduce disgust in response to individualized disgust-related images in control participants and particularly in patients with washing compulsions. Lena Jelinek presents a case series using virtual reality to induce disgust during four consecutive exposure sessions. Virtual reality evoked self-reported distress as well as psychophysiological responses, and symptoms decreased during the course of treatment. Finally, Karina Wahl discusses the potential of wearable technology to enhance adherence to ERP. In her feasibility study, participants were instructed to wash hands in a natural way and to simulate obsessive-compulsive hand washes while wearing smartwatches. The data suggest that compulsive washing and natural washing are distinguishable, which encourages to test wearables for assistance in exposure exercises in future studies.

THE RELEVANCE OF BEHAVIOR-RELATED CHANGES FOR THE TREATMENT OUTCOME IN OBSESSIVE-COMPULSIVE DISORDER - A PILOT STUDY

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Behavior therapy of obsessive-compulsive disorder (OCD) aims to reduce avoidance, feelings of discomfort and rituals in the respective OCD-relevant situations of the treated patient. The relevance of these behavior-related changes for treatment outcome, is, however, unclear. The current study investigates, (1) if treatment with behavior therapy or metacognitive therapy in a randomized-controlled trial (n = 19 patients with OCD) changes the experience and reactions on an individual behavioral-avoidance-test (BAT) and (2) if these changes are relevant for the treatment outcome of OCD symptoms as measured by the Yale Brown Obsessive Compulsive Scale (YBOCS). Patients rated the variables of the BAT across three individualized situations (composite score). In addition, therapist and an external observer gave an external rating (ER) of avoidance, levels of discomfort and rituals for one of these situations. A repeated measures ANOVA with pre- and posttest scores could show that the composite score and the ER-ratings of avoidance, discomfort and rituals significantly decreased during treatment. In hierarchical regression analyses (controlling for YBOCS pretest scores), changes in the composite score and in ER levels of discomfort predicted the YBOCS posttest score. Additionally, changes in ER levels of discomfort were predictive on trend level of the YBOCS follow-up score at three months after treatment. These findings give support to the assumption that behavior-related reactions

in relevant OCD situations can change during treatment and that these changes are relevant for the treatment outcome of OCD symptoms.

SHORT-TERM OUTCOME OF CBT FOR OCD CAN BE PREDICTED BY HABITUATION AND EXPECTANCY VIOLATION DURING EXPOSURE

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Exposure with response prevention is the central component in cognitive-behavioral therapy (CBT) for obsessive-compulsive disorders (OCD). Multiple studies showed its utility for symptom reduction. Little is known, however, about underlying processes that may link exposure to treatment outcome. Currently, two different theories are discussed: While the emotional processing theory assumes that treatment effects of exposure therapy are associated with habituation within and between exposure sessions, the inhibitory learning approach focusses on the acquisition of additional associations during exposure, implying alternative mechanisms like expectancy violation. In a university outpatient unit, 110 patients with OCD received manualized CBT with high standardization of the first two exposure sessions. Specifically, therapists repeated the first exposure session identically within a few days and assessed subjective units of distress in the course of exposure as well as expectancy ratings. On the basis of these data, we calculated individual scores for habituation and expectancy violation. Employing these scores, we intended to predict short-term symptom change after 20 therapy sessions on the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) in terms of both, percentage change and remission status. In a multiple regression model, within-session habituation predicted percentage change significantly. In a logistic regression predicting remission status, however, expectancy violation revealed significance. The results suggest that habituation and expectancy violation both are processes that contribute to treatment benefits of exposure in OCD.

DISGUST REDUCTION THROUGH IMAGERY STRATEGIES IN PATIENTS WITH CONTAMINATION-RELATED OBSESSIVE-COMPULSIVE DISORDER

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Disgust and fear are strongly experienced by patients with contamination-related obsessive-compulsive disorder (C-OCD). So far, there are only a few studies that have investigated specific disgust regulation strategies in this context. In a previous study by Fink et al. (2018), we found that patients with C-OCD reduced their disgust experience significantly by applying cognitive reappraisal and imagery rescripting. However, there was a lack of a suitable control condition to differentiate the underlying mechanisms. Therefore, in the present experimental study three different imagery regulation strategies were compared. The disgust experience was induced by individualized disgust-related images. Afterwards, 24 patients with washing compulsions and 24 parallelized healthy controls went through a total of three different conditions on two days. Disgust regulation was applied through 1) imagery rescripting, 2) a compassion-focused imagination and 3) an unspecific imagery control condition (imagining a hobby). The strategies were guided by standardized audio instructions. The results show that all strategies reduced disgust equally, with the clinical cohort tending to regulate disgust more strongly. From the results, various underlying mechanisms can be deduced. Especially in comparison to the previous study, this can provide indications to improve the classical therapeutic methods for changing the disgust in individuals with C-OCD.

EXPOSURE AND RESPONSE PREVENTION IN VIRTUAL REALITY FOR OBSESSIVE-COMPULSIVE DISORDER: THE ROLE OF DISGUST

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Background: Exposure therapy in virtual reality (VR) is effective in patients with anxiety disorders. In obsessive-compulsive disorder (OCD) data is limited to feasibility studies. Besides anxiety, disgust is a predominant emotion in patients with contamination-related OCD (C-OCD). However, it is unclear whether “disgust” can be induced and addressed during exposure and response prevention in VR (VERP). The aim of the present case series was to investigate the induction and treatment of disgust in VERP in patients with C-OCD.

Method: Eight female patients with C-OCD were treated with VERP. At baseline and post assessment after six weeks, the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was conducted. During the four consecutive exposure sessions (i.e., virtual dirty public restroom), subjective disgust-related distress, heart rate, and skin conductivity as well as sense of presence (i.e., the illusion that the virtual reality is real), and simulator sickness were measured.

Results: VERP was able to induce self-reported disgust-related distress (measured as subjective units of distress, SUD) in patients with C-OCD. Skin conductivity and heart rate measurements significantly changed from baseline to peak. On average, compulsions (Y-BOCS compulsions subscale) significantly decreased from baseline to post assessment.

Conclusions: VERP can be used for patients with C-OCD and may represent a viable alternative to ERP in vivo.

THE UTILITY OF CBT IN DEPRESSIVE AND NEURODEVELOPMENTAL DISORDERS THROUGHOUT THE AGE RANGE

Cognitive Behavioral Therapy (CBT) is a psycho-social intervention that aims to improve the management of personal and physical problems but also mental health disorders. It is based on the combination of the basic principles from behavioral and cognitive psychology and focuses on challenging and changing unhelpful cognitive distortions (e.g. thoughts, beliefs, and attitudes) and behaviors, improving emotional regulation. Originally, it was designed to treat depression, but its uses have been expanded to include treatment of a number of mental health conditions. CBT includes a number of evidence-based cognitive or behavioural techniques and strategies that treat defined psychopathologies. In addition, CBT is recommended as the first line of treatment for the majority of psychological disorders in children and adolescents. Based on empirical research data and on our clinical and educational experience we will present the application and utility of the model in all age phases.

USING CBT TECHNIQUES IN CHILDREN WITH AUTISM SPECTRUM DISORDER

E. Tsirempolou

Aegean College, Athens, Greece

ASD is a neurodevelopmental disorder associated with a) deficits in social interaction and b) repetitive or restricted patterns of behavior or activities. These deficits result in difficulties in understanding and articulating emotional concepts, engaging in social interactions, and having rigidity in thoughts and behaviors. These difficulties as well as those, related to poor pragmatic skills, deficits in theory of mind skills, and poor skills in generalizing learning, can create significant challenges both for the client and the therapist. Cognitive Behavioral Therapy (CBT) is an effective intervention as long as it is adapted for people with ASD. These adaptations may include the use of written and visual information, use of concrete language, inclusion of parents, shorter sessions, and use of a variety of media/technologies. The discussion focuses on case examples of how the above CBT principles may be applied in therapy settings with children with ASD.

CBT's CONTRIBUTION TO ADOLESCENTS WITH MILD DEPRESSIVE SYMPTOMS AS A RESULT OF BULLYING BEHAVIOR

E. Karra

Aegean College, Athens, Greece

School bullying among teenagers is a phenomenon of systematic and repeated aggressive behavior that intentionally inflicts physical, emotional and mental injury on students who are unable to defend themselves. Its consequences vary and have a significant physical and psychological impact in adolescent victims', bullies' and bystanders' lives. Many studies have indicated the connection between bullying and emotional symptoms such as depression and anxiety. The effects of depression symptoms are extensive and can significantly prevent teenagers' cognitive, emotional and social development, threatening their overall wellbeing and quality of life. Teen bullying has high prevalence and potential risk of severe mental health disorders in adulthood. Many studies have indicated Cognitive Behavioral Therapy as one of the most effective treatments in reducing depression symptoms in teenagers. Main therapeutic aims are the teenager to work together with the therapist/counselor to acknowledge his/her maladaptive thoughts and dysfunctional coping strategies, to alter them with more rational ones, to correct cognitive distortions and to decrease negative self-talk, which result in rebuilding confidence and regaining control of the situation. Bullying needs to be addressed both individually and by a school-wide intervention. This discussion focuses to the presentation of teen bullying and its different forms, the involved parts and their individual characteristics, its physical and psychological consequences and its connection with depression symptoms. Furthermore, it will highlight how Cognitive Behavioral Therapy works with teenagers, its main cognitive and behavioral techniques and its evidence-based effectiveness.

CBT IN MENOPAUSAL DEPRESSION

M. Fiste

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Menopause is an important and normal developmental process in a woman's life. During this period of time, women experience physical, psychological and social changes. Among these, depression is a major psychological problem that needs intervention. Cognitive-Behavioral Therapy is a systematic model that its contribution to menopausal depression is very important. The use of the Cognitive-Behavioral model and its effectiveness in depressive disorder, which is one of the predominant symptoms of menopause in women, is well documented. It is also effective for specific menopausal symptoms such as discomfort caused by hot flashes as well as for a number of problems that once become manageable improve their quality of life. The Cognitive-Behavioral therapist takes into account all the cultural, social and economic factors of menopausal woman that contribute to the creation and maintenance of perceptions, deeper thoughts and beliefs in order to create a woman's cognitive profile and develop a therapeutic plan based on behavioral analysis. Women learn to develop practical ways of managing their problems, new skills and coping strategies.

THE EFFECTIVENESS OF THE COGNITIVE-BEHAVIORAL APPROACH IN THE TREATMENT OF DEPRESSION IN ELDERLY

A. Koinis

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Depression is less prevalent among older adults than among younger adults but can have serious consequences. Over half of cases represent a first onset in later life. Although suicide rates in the elderly are declining, they are still higher than in younger adults and more closely associated with depression.

Depressed older adults are less likely to endorse affective symptoms and more likely to display cognitive changes, somatic symptoms, and loss of interest than younger adults. Risk factors leading to the development of late life depression likely comprise complex interactions among genetic vulnerabilities, cognitive diathesis,

age-associated neurobiological changes, and stressful events. Insomnia is an often-overlooked risk factor for late life depression. We suggest that a common pathway to depression in older adults, regardless of which predisposing risks are most prominent, may be curtailment of daily activities. Accompanying self-critical thinking may exacerbate and maintain a depressed state. Offsetting the increasing prevalence of certain risk factors in late life are age-related increases in psychological resilience. Cognitive behavioral therapy is readily adaptable to use with older adults. This review integrates discussion of cognitive and behavioral intervention techniques with recent research and clinical observations of depression in the field of gerontology.

CBT APPLICATIONS WITH UNACCOMPANIED REFUGEE MINORS

The connection between migration and trauma has been extensively acknowledged in the literature and discussed as a tripartite process, consisting of pre-migration, in-journey, and post-migration stressors. Unaccompanied refugee minors (URM), both during their flight from their homeland and journey to safety, experience multiple stressful events and hardships. Although each URM report unique migration stories, there are commonalities in these narratives that URM experience as a collective. The end of migration's hazardous journey marks the beginning of the post-migration phase, during which URMs experience unique challenges related often to living "in limbo" situation and an uncertain residence status. Research evidence suggests that URM are at a higher risk of developing post-traumatic stress disorder (PTSD) and other psychological sequelae such as depression and anxiety. The clinical framework for assessment through trauma-informed and distinct psychosocial needs perspective is required for setting up effective and culturally sensitive interventions addressing the needs of this population within a wider context. The need for evidence-based interventions, delivered in a manner that is acceptable and meaningful for young URMs, has been by the use of CBT approaches. This symposium will address targeted interventions for PTSD, such as Narrative Exposure Therapy and group-based psychoeducational interventions, such as Teaching Recovery Techniques.

AN OVERVIEW OF PSYCHOTHERAPEUTIC INTERVENTIONS USED WITH UNACCOMPANIED REFUGEE MINORS

I. Giannopoulou

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The increase of individuals and families forcibly displaced because of persecution, conflict, violence or human rights violation poses several challenges to health and other public sector services in reception countries. The unique challenges that URMs face during the stages of pre-flight, flight, and resettlement in the host country make them a particularly vulnerable group when it comes to the development of mental health problems, such as post-traumatic stress disorder, anxiety, and/or depression. Studies up to date have indicated that URMs needs for mental health care are largely unmet, as the access to public mental health care in most countries seems to be restricted for refugee children in general and, more specifically, for URMs. A growing literature describes a wide range of psychotherapeutic interventions designed to reduce trauma- and stress-related symptoms and improve psychological well-being of URMs. A brief appraisal of up to date evaluated individual and group-based approaches that have been shown to be applicable and feasible for URMs will be discussed, with emphasis on factors that may impede therapeutic process and outcome.

TREATING CHILDREN AND ADOLESCENTS WITH MULTIPLE TRAUMAS: A RANDOMIZED CLINICAL TRIAL OF NARRATIVE EXPOSURE THERAPY

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Millions of children and adolescents worldwide suffer from post-traumatic stress disorder (PTSD) and other problems due to prolonged exposure to traumatizing events. Forms of cognitive-behavioural therapy are the

most commonly used treatment for PTSD, but evidence from sophisticated studies in clinical settings among children is limited. Method: This multi-centre, parallel, non-blinded, pragmatic randomized controlled trial assessed the effectiveness of narrative exposure therapy (NET) in traumatized children and adolescents including unaccompanied minors. Fifty 9–17-year-old participants, who had experienced prolonged traumatic conditions in the form of refugeedom or family violence and suffered from PTSD symptoms, were randomized into NET (n = 29) and treatment as usual (TAU; n = 21) active control groups. The objective was to determine whether NET can be feasibly implemented within the existing healthcare system of a high-income country and whether it would reduce mental health problems, especially PTSD, and increase resilience more effectively than TAU. Results: Analysis of variance revealed that PTSD and psychological distress, but not depression symptoms, decreased regardless of treatment group. Resilience increased in both groups. Within-group analyses showed that the decrease in PTSD symptoms was significant in the NET group only. The effect sizes were large in NET but small in TAU. The reduction in the share of participants with clinical-level PTSD was significant in the NET group only. Conclusions: Despite its shortcomings, this study gives preliminary support for the safety, effectiveness, and usefulness of NET among multiply traumatized children and adolescents in clinical settings.

TEACHING RECOVERY TECHNIQUES TO UNACCOMPANIED REFUGEE MINORS: AN EVIDENCE-BASED CBT GROUP APPROACH.

W. Yule

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Teaching Recovery Techniques was developed by the Children and War Foundation to ameliorate the psychological effects of traumatic events experienced by children in wars and disasters. It has been successfully used with groups of children in many countries following wars, earthquakes, maritime disasters, as well as with children affected by domestic violence and those who are in residential care following separation from their families. The most recent application of the manual has been with adolescents who have arrived in Europe as unaccompanied refugee minors.

It was quickly realised that this group was far from homogeneous and that their needs were more complex than previous recipients of the intervention. The young people were predominantly male adolescents who had been traumatised in their country of origin, during their journey to a place of safety and even then by the bureaucracy of obtaining leave to remain. The initial studies demonstrated that TRT did help the participants but could be improved on. This paper will describe the CBT based techniques that are part of the intervention and how the package has been adapted on the basis of shared experiences of a number of clinical research groups. Results of studies in Sweden, Norway, Austria and the UK will be presented.

COGNITIVE BEHAVIOURAL THERAPIES IN MEDICAL CONDITIONS

The interest of applying cognitive psychotherapy techniques in individuals with a co morbid disease is rapidly expanding. The use of psychotherapeutic treatments is added to the treatments available.

CBT in medical conditions is about applying psychotherapeutic treatments in patients with chronic diseases, such as autoimmune diseases, neurological diseases, metabolic diseases etc. In this panel, we will share our experience working with patients with autoimmune diseases such as rheumatoid arthritis, systemic lupus erythematosus, fibromyalgia, and also Parkinson's disease and patients with chronic headaches.

Literature reports show that patients with chronic diseases suffer more often from psychiatric disorders, most usually with anxiety, depression, adjustment and sleep disorders. Psychiatric phenomena in some of those individuals are either due to psychosocial difficulties because of the chronicity of the disease such as changes in everyday life, reduced social support, or to pathophysiological factors that arise from the disease itself (not covered in this panel). Cognitive behavioural therapies in those patients usually cover such areas as managing

anxiety, depression and helplessness symptoms, managing fatigue, pain, sleep difficulties, adjustment with disease and reducing avoidance behaviours.

We will briefly review the literature on CBT protocols concerning patients with rheumatic autoimmune diseases, fibromyalgia, Parkinson's disease and chronic headaches and we will present selected case reports of implementing cognitive behavioural therapy in patients with co morbid organic disease.

PSYCHOLOGICAL FACTORS IN RHEUMATIC AUTOIMMUNE DISEASES

C. Golemati

Psychologist, Hellenic Society of Cognitive Psychotherapies

Rheumatic autoimmune diseases are chronic inflammatory diseases which may impact a patient's everyday life, psychological and organic well-being. Studies about psychological factors in these populations show high percentages of comorbid anxiety, depression, adjustment disorders and lower scores in quality of life measures as compared to the general population. Psychological interventions, such as cognitive-behavioural therapies usually involve areas of drug compliance, pain catastrophising, anxiety, avoidance behaviours. The psychological processes that are thought to be carried out, have a typical cognitive representation: the person appraises a situation as positive or negative, which then affects their behaviour and emotions. These representations are preceded by predisposing factors such as personality characteristics, stressful life events and social support. A person with high neuroticism (personality trait), may catastrophise a situation, thus isolate himself from social activities (behaviour), and feel sad or anxious (emotion).

In literature, there are several CBT based protocols, self-management protocols, mindfulness-based therapies and acceptance and commitment based therapies. Their efficacy ranges, with, in general, moderate outcomes of short duration, which differ from one individual to another. The timing of therapy is of importance: whether it is at time of diagnosis, or later at the chronic phase. Administration of psychometric questionnaires and close collaboration with the rheumatology specialist can contribute to a better classification. All the above factors should be carefully considered to provide tailored therapy.

THE EFFICACY OF COGNITIVE BEHAVIOURAL THERAPY IN FIBROMYALGIA- REVIEW AND DESCRIPTION OF A CASE STUDY

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Fibromyalgia is defined as a chronic widespread pain, that can't be explained by another medical condition. Non pharmacological therapies aim at improving well-being of patients. One of those therapies is cognitive behavioural therapy. The aim of this report is to review the literature about the efficacy of CBT interventions in patients with fibromyalgia. For this purpose, Pubmed and Cochrane databases were used, with keywords "behavior therapy", "cognitive therapy", and "fibromyalgia". Study populations were adults and teenagers that were diagnosed with fibromyalgia according to the American College of Rheumatology (ACR) criteria. Most of the studies described the efficacy of CBT in anxiety and depression in patients with fb, in their quality of life, in pain and the number of painful joints as well as their functionality. The efficacy of therapy in pain behaviours and cognitive variables (coping mechanisms, locus of control) was also studied. Studies' outcomes show a reduction in limitations in somatic functionality, a reduction in pain intensity and a reduction in the number of reported tender points. Pain behaviours are improved with behavioural techniques in contrast to the ability of control and coping mechanisms which improve with a combination of behavioural and cognitive processes. Furthermore, reduction in anxiety and depression is observed and an improvement in quality of life. While cognitive behavioural therapy is overall a useful tool in the treatment of fibromyalgia, we cannot obtain a safe conclusion about its outcome. More studies need to be carried out to establish results and integrate treatment in clinical practice.

We present a case of a 48year old female with Generalized Anxiety Disorder and Fibromyalgia, treated with CBT for 8 months (23 sessions).

COGNITIVE BEHAVIOURAL THERAPY AND PARKINSON'S DISEASE

I. Beratis

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Parkinson's disease (PD) is a slowly progressive, degenerative disease of the basal ganglia with motor dysfunction as a cardinal feature, manifesting commonly with bradykinesia, rigidity and resting tremor. In addition to motor dysfunction, PD is related to cognitive and psychological symptoms, such as depression, anxiety, and intense stress. According to recent scientific evidence cognitive-behavioral therapy (CBT) appears to be effective on attenuating the psychological symptoms that are commonly present in patients with PD. Along this vein, for increasing the effectiveness of CBT is it important the unique needs of the specific clinical population to be carefully considered by including an increased amount of behavioral techniques as well as of anxiety management and relaxation activities. In addition, the inclusion of additional sessions that focus on the psychoeducation of the caregivers appears to be a useful element that enhances the positive outcomes of the overall psychotherapeutic process. In light of the above considerations, the current work presents material from a CBT intervention that took place on a female individual that was recently diagnosed with PD. After the completion of the psychotherapeutic process an important attenuation of depressive and anxiety symptoms was observed according to the relevant scales that were administered.

COGNITIVE BEHAVIOURAL THERAPY IN CHRONIC HEADACHES

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Headache is the most commonly reported cause of pain in both adults and children and adolescents, and is one of the most common symptoms in everyday medical practice. In the general population, its lifetime prevalence exceeds 90%, with a slightly higher prevalence of women in all types of headaches, with the exception of higher cumulative headache associated with men. The presence of comorbid psychiatric disorders, especially anxiety and depression, in headache patients is now a well-documented phenomenon. Combined drug and cognitive-behavioural therapy (CBT) show promising in providing the most benefit for this often intractable condition. Cognitive-behavioral therapies focus on preventing mild pain from becoming disabling pain improving headache related disability, affective distress, and quality of life, as well as reducing overreliance on medication. Cognitive behavioural interventions which target at managing headaches are psycho-education, addressing lifestyle and personality factors associated with vulnerability to developing headaches, provision of alternative/ non-catastrophic interpretation of symptoms and its consequences, modification of the dysfunctional beliefs associated with headaches, reversal of avoidance and maladaptive coping behaviors, inculcating behavioral coping skills, instilling problem solving and time management skills and finally educating relaxation techniques.

WORKSHOPS

PARADOXICAL AGENDA SETTING AS A TOOL TO ENHANCE MOTIVATION

Y. Bar Shalom
Hebrew University, Israel

Dr. David Burns, emeritus professor at Stanford, is known to be one of the pioneers of CBT in the world. Dr. Burns has worked in the last two decades in improving the motivation of clients to enter treatment. His new form of therapy, TEAM CBT, which continues to be developed by Dr. Burns and his associates, puts much emphasis on the need for increasing motivation and reducing resistance to treatment.

The workshop will be lead by Prof. Dr. Yehuda Bar Shalom, a TEAM CBT trainer, who has introduced TEAM CBT to Latin America. In the workshop he will give the participants the advanced TEAM motivational techniques to be able to apply in their own practice

In the workshop, Bar Shalom will introduce the methods, and then he will lead small group exercises via the online modality. The exercises will be a chance for the practitioners to practice the new skills. Bar Shalom will also demonstrate the techniques with workshop participants.

Participants will be able to use these tools to enhance motivation with their clients and melt away different kinds of resistance.

Prof. Dr. Yehuda Bar Shalom is a professional educational counselor, formerly the president of Hebraica University in Mexico City. Currently trains educators and counselors at Hebrew University and the Ramat Gan College in Israel. He is a trainer in David Burns' TEAM CBT, having studied closely with Dr. Burns and his senior associates. He has trained four generations of therapists in TEAM CBT in Latin America

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COMPASSION AND METACOGNITION IN TREATING SCHIZOTYPAL PERSONALITY DISORDER

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Scientific Background: A growing body of research suggests that many diagnosed with personality disorders and psychosis experience deficits in metacognition or the ability to form integrated ideas about themselves and others. They also struggle to regulate their brain's evolved systems for decoding and responding to communication signals. Schizotypal Personality Disorder (SPD), a severe mental illness at the crossroads between personality disorder and psychosis, is an understudied area of psychopathology that we suggest considering from these deficits in metacognition and socially evolved systems. We tested how metacognition may be a primary target of a tailored psychotherapy. We are recently exploring the role of compassion for one's own distress, as a way to strengthen ability to generate a self-soothing response to suffering.

Key Learning Objectives: Participants will be able to: (i) assess SPD deficits in metacognitive and self-soothing functions; (ii) outline a treatment plan for targeting these deficits.

Training Modalities: Workshop involves didactic and experiential methods, including compassion practices, learning exercises based on case discussion.

Implications on Everyday Clinical Practice: SPD reports high prevalence and scarce treatment options. This workshop will present the key elements and research supporting a psychotherapy for SPD.

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Simone Cheli is adjunct professor at the University of Florence, CBT therapist with an expertise in metacognitively oriented psychotherapy and compassion-focused therapy.

COMING-OUT AND ACCEPTING, A PROCESS! PROMOTING FAMILY ACCEPTANCE AS A PROTECTIVE FACTOR FOR OVERCOMING THE CHALLENGES OF TRANSGENDER AND GENDER DIVERSE YOUTH AND YOUNG ADULTS

C. Bouwens

Potsdam University, Germany

Transgender and Gender Diverse Youth and Young Adults (T&GDY) are a vulnerable minority group who suffer from a heightened up to strong risk of psychological distress, including NSSI and suicidal thoughts and behaviours. Trans people are up to seven times more vulnerable. Risk factors are, amongst others, missing support from their non-accepting family (Marshall 2016).

Affirmative Attachment Based Family Therapy (AABFT) is based on Bowlby's attachment theory, which has been extensively researched by Bosmans (2016) and applied on Attachment Based Family Therapy – an evidence-based systemic treatment programme for depressed and suicidal youth, developed by Diamond (2010).

AABFT closely aligns with the symptoms and risk factors of T&GDY &YA, and provides a gender sensitive framework and techniques that focus on recovering family relations, intertwined with the acceptance of gender identity as a process.

AABFT wants to build a safe home for flourishing T&GDY youth and their rejecting families, as a dynamic basis for youth to thrive in the world and find safety to bring their pain and struggles home.

The workshop will shed light on AABFT using a case study, brought to life with video material. Participants will actively practice specific techniques, including how to handle resistance.

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LIVE SUPERVISION IN CBT

U. Maas

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International guidelines on supervision recommend that supervisors directly observe the supervisees' performance in sessions with their clients. In addition to video-based supervision, the concept of live

supervision (i.e., the simultaneous oral or written support via video transmission) in particular fulfils this objective.

The aim of the workshop is to give an overview of the different types of live supervision. Furthermore, recommendations based on the current state of research on the conception and implementation of live supervision will be presented. Finally, the main focus will be the practical application of live supervision in the form of role-plays and on the discussion of demonstrations from the class leaders' own research.

Ulrike Maass is a licensed psychotherapist working at Potsdam University, Germany. She is currently conducting a randomized-controlled trial on live supervision with psychotherapy novices.

The method of live supervision could provide the supervisor with comprehensive information about the current skills of the supervisee to adapt the structure of the supervision process. The immediate support could be particularly relevant for beginners who often feel overwhelmed by the demands of psychotherapy.

References:

Maass, U., Ay, D. S., Kühne, F., Heinze, P. E., & Weck, F. (in prep.). *Live supervision for novices in Cognitive Behavior Therapy: A randomized controlled trial.*

Weck, F., Jakob, M., Neng, J. M. B., Höfling, V., Grikscheit, F., & Bohus, M. (2016). The Effects of Bug-in-the Eye Supervision on Therapeutic Alliance and Therapist Competence in Cognitive-Behavioural Therapy: A Randomized Controlled Trial. *Clinical Psychology & Psychotherapy*, 23(5), 386–396
<https://doi.org/10.1002/cpp.1968>

CULTURAL ADAPTATION OF CBT FOR SOUTH ASIAN CLIENTS

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Nov Rattan Sharma, Supervisor and Head of the Department, Maharshi Dayanand University, India

Background: Cognitive Behaviour Therapy (CBT) which has developed in the west needs to consider cultural adaptation to the therapy when applied to clients from South Asian origin in order to make it effective. As European countries are now more culturally diverse, the need to adapt the treatments provided for mental health issues is also increasing. There have been a few studies who have provided some guidelines for the adaptation of CBT: Kuruvilla (2010), Kumar and Gupta (2012), Bhargav, Kumar and Gupta (2017). Gautam et al (2017) produced Clinical Practice Guidelines and reported that there was less literature on the efficacy of CBT in India. They advocated further studies on the efficacy and cost-effectiveness of CBT. We have made an effort to test these adaptations suggested by other researchers. The awareness of the culture, engagement and adjustment in therapy becomes a significant part of the adaptation process (Naeem et al, 2015). The participants will be able to apply the adaptation of CBT in their daily practice in general.

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

1. Develop an awareness of South-Asian culture that may affect the therapy.
2. Engagement of South-Asian clients in therapy to deliver more effective outcomes by being culturally sensitive.
3. Making the formulation effective to South-Asian clients.
4. Tailor the treatment for these clients.

Skills Class Leader: Mallika Sharma is a CBT Therapist at Talking Therapies, Berkshire NHS England. She provides CBT to clients with anxiety disorders and depression. She deals with clients from various cultures and provides therapy in Hindi, Urdu and Punjabi apart from English. She also provides CBT for clients with long term health conditions. She has a keen interest in adaptation of CBT for South-Asian clients. She has been working on a research project in India and testing out adapted CBT models.

Professor Nov Rattan Sharma has decades of experience researching in the area of applied positive health and psychology. He has published a number of books and papers in this area. Professor Sharma has keen interest in mental health.

Background readings:

Kuruvilla, K. (2010). "Indian contribution to behavior therapy". *Indian Journal of Psychiatry*, 52(S3): 371–377.

Kumar, N. K., & Gupta, P. (2012). "Cognitive Behavioural Therapy in India: Adaptations, Beliefs and Challenges." In F. Naeem & D. Kingdon (Eds.), *CBT in Non-Western Cultures*. New York: Nova Science Publishers Inc

Bhargava, R., Kumar, N., & Gupta, A. (2017). "Indian Perspective on Psychotherapy: Cultural Issues." *Journal of Contemporary Psychotherapy*, 47(2): 95-103.

Gautam, S., Jain A., Gautam, M., Vahia, V. N., Gautam, A. "Clinical Practice Guidelines for the Management of Generalised Anxiety Disorder (GAD) and Panic Disorder (PD)." (2017) *Indian Journal Psychiatry*, 59: 67-73.

Naeem, F. & Phiri, P. & Munshi, T. & Rathod, S. & Ayub, M. & Gibbi, M. & Kingdon, D. (2015). "Using Cognitive Behaviour Therapy with South Asian Muslims: Findings from the Cultural Sensitive CBT Project." *International Review of Psychiatry*. 10.3109/09540261. 2015. 1067598.

DEALING WITH DISGUST – IDEAS FOR A BROADER THERAPEUTIC APPROACH

J. Fink-Lamotte, University of Leipzig, Clinical Psychology and Psychotherapy, Leipzig, Germany
C. Stierle, IUBH Internationale Hochschule, IUBH Fernstudium, Bad Reichenhall, Germany

Scientific background: Disgust is a prominent phenomenon in psychopathology across different psychological disorders. Although there are more and more studies on disgust, a recent review only found two studies that actually investigated interventions for disgust reduction (see Knowles, Jessup & Olatunji, 2018). One of these studies was conducted by the two class leaders (Fink, Pflugradt, Stierle & Exner, 2018), which showed a superiority of cognitive reappraisal and imaginative rescripting on disgust reduction in patients with contamination-related obsessive-compulsive disorder. Another study by these two authors is currently testing the effect of compassion-focused strategies on disgust reduction (Fink-Lamotte, Stierle & Exner, in prep.).

Key learning objectives: Participants should learn about theoretical ideas to the origins of disgust (evolutionary function and development) and their relationship to pathological disgust as a transdiagnostic phenomenon (OCD, BDD, misophonia, eating disorder, specific phobias, sexual disorders). Herefore we will introduce and discuss different models of disgust, traditional treatment approaches and their limitations to introduce a broader treatment conceptualization. The focus will be set on cognitive techniques, imagery rescripting and compassion-oriented approaches to change pathological disgust experiences. Finally, important clinical requirements and implications when working with disgust will be discussed. Throughout the workshop participants will learn from a variety of clinical cases.

Training modalities: The workshop will include theoretical input, clinical case discussion as well as specific therapeutic exercises. Participants will work in both plenary and small group setting.

References:

Knowles, K. A., Jessup, S. C., & Olatunji, B. O. (2018). Disgust in anxiety and obsessive-compulsive disorders: recent findings and future directions. *Current Psychiatry reports*, 20(9), 68.

Fink, J., Pflugradt, E., Stierle, C., & Exner, C. (2018). Changing disgust through imagery rescripting and cognitive reappraisal in contamination-based obsessive-compulsive disorder. *Journal of Anxiety disorders*, 54, 36-48.

Fink-Lamotte, J., Stierle C., & Exner, C. (in prep.). Changing disgust through different imagery-based strategies.

Brief presentation of class leaders: Dr. Jakob Fink-Lamotte is a trained cognitive-behavioral therapist, currently working as a post-doc at the University of Leipzig. He worked in a special treatment unit for OCD patients at a hospital in Leipzig and is currently treating patients at the university' outpatient clinic.

Prof. Dr. Christian Stierle is a trained cognitive-behavioral therapist and was head psychotherapist at the Schön-Klinikum Bad Bramstedt and is currently Professor of Clinical Psychology at the IUBH University and

head psychotherapist at Blomenburg Hospital. His main focuses are Compassion-Focussed therapy, as well as the treatment of patients with OCD and BDD.

Implication on everyday clinical practice: Disgust is a common phenomenon in everyday clinical practice. Nevertheless, many psychotherapists only use a limited set of interventions to tackle disgust. The workshop aims to deepen the understanding of disgust and to increase the therapeutic repertoire for effective treatment.

SEEING THE WORLD THROUGH A DIFFERENT LENS: RECOVERY-ORIENTED COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS

D. Perivoliotis, Ph.D., Y. Gallegos Rodríguez, Ph.D.

VA San Diego Healthcare System & University of California San Diego School of Medicine Department of Psychiatry

CBT for psychosis (CBTp) is an evidence-based practice, but its delivery can be complicated by difficult presentations such as persistent delusions and cognitive impairment, or when the client lacks insight or does not identify with CBT's implied Western cultural values. This workshop will present a flexible, recovery-oriented, and culturally sensitive CBT approach for people with challenging psychosis, integrating methods from classic CBTp, Recovery-Oriented Cognitive Therapy, and compassion-focused and trauma interventions. Presenters will illustrate crafting a culturally-informed and recovery-oriented cognitive conceptualization, eliciting and capitalizing upon recovery goals, and treating challenging problems in a culturally competent manner.

Learning objectives: a) Describe how a recovery-oriented approach is therapeutic for psychosis; b) Construct an effective culturally-sensitive case conceptualization; c) Apply three interventions for ameliorating psychosis. Training modalities will include clinical vignettes, modeling, and audience interaction. Attendees will be able to immediately apply skills learned in a variety of treatment settings to better understand and treat people with psychosis.

The presenters are psychologists at a psychosis clinic of a Veterans' hospital. Dr. Perivoliotis manages the clinic and specializes in CBT for psychosis. Dr. Gallegos Rodríguez is the hospital's Recovery Coordinator and specializes in culturally competent mental health care.

Grant, P. M., Bredemeier, K., & Beck, A. T. (2017). Six-month follow-up of recovery-oriented cognitive therapy for low-functioning individuals with schizophrenia. *Psychiatric Services, 68*(10), 997-1002.

Rathod, S., Kingdon, D., Phiri, P., & Gobbi, M. (2010). Developing culturally sensitive cognitive behaviour therapy for psychosis for ethnic minority patients by exploration and incorporation of service users' and health professionals' views and opinions. *Behavioural and Cognitive Psychotherapy, 38*(5), 511-533.

RETHINKING ADULT ADHD: CBT AND HELPING CLIENTS TURN INTENTIONS INTO ACTIONS

R. Ramsey

University of Pennsylvania Perelman School of Medicine, USA

ADHD numbers among the more impairing disorders encountered in outpatient clinical practice, including risks for impairments in most domains of adult life. A central problem in the treatment of ADHD is that, in addition to the myriad of functional impairments, the disorder itself interferes with follow through on and effective use of treatment recommendations, particularly the very coping skills that are essential to the management of ADHD. CBT is an evidence-supported treatment for adult ADHD. It is clear that the main objective is behavioral – the use of the coping strategies that will improve functioning. However, such behavioral follow through is a

fundamental problem of ADHD, specifically difficulties organizing and sustaining behaviors over time towards deferred goals. This clinical workshop will review and illustrate a CBT model of adult ADHD and its implications for treatment. In particular, it emphasizes implementation-focused interventions designed to increase the likelihood of client follow through outside the therapy room. Intervention domains include cognitive and behavior modification, emotional management, specific implementation skills, and interpersonal skills. Special attention is given to research on and clinical utility of the cognitive interventions in promoting follow through on valued behaviors by clients. The clinical issue of procrastination will be used to illustrate specific interventions adapted to adult ADHD to improve follow through and improve functioning. Review of a professionally produced video of a CBT session with a young adult with ADHD and a small group exercise will allow attendees an opportunity to observe and practice some of these strategies.

Learning Objectives: Attendees will be able to (1) describe the defining self-regulation difficulties of ADHD, (2) summarize the different domains of CBT interventions for adult ADHD, and (3) leave with at least three new implementation-focused interventions to use with adult ADHD clients.

Learning modalities: Presentation/lecture, case examples, a video of a CBT for adult ADHD session (with presenter serving as therapist; DVD produced by American Psychological Association), a small group exercise, and Q&A.

Leader: J. Russell Ramsay, Ph.D. is co-director and co-founder of the University of Pennsylvania's Adult ADHD Treatment and Research Program, is senior staff psychologist at the Center for Cognitive Therapy, and is widely published on CBT for adult ADHD. He is an inductee in the Children and Adults with ADHD (CHADD) Hall of Fame for his contribution to the treatment of adult ADHD

Relevance for everyday practice: The model and interventions reviewed in the workshop are directly relevant to the practice of CBT for adult ADHD. These interventions can easily be adapted for work with other populations and clients for whom follow through is difficult.

Key references:

- Ramsay, J. R., & Rostain, A. L. (2015). *Cognitive behavioral therapy for adult ADHD: An integrative psychosocial and medical approach* (2nd ed.). Routledge.
- Ramsay, J. R., & Rostain, A. L. (2016). Adult ADHD as an implementation problem: Clinical significance, underlying mechanisms, and psychosocial treatment. *Practice Innovations, 1*, 36-52. doi: 10.1037/pri0000016
- Ramsay, J. R. (2020). *Rethinking adult ADHD: Helping clients turn intentions into actions*. American Psychological Association.

DIALECTICAL BEHAVIOR THERAPY FOR BINGE EATING DISORDER

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²Assistant Professor of Psychiatry, School of Medicine, NKUA, Eginition Hospital

Since 2013 when Binge Eating Disorder was coded as an autonomous diagnosis in *DSM-5* there is a growing research interest in the impact of the emotion on the onset and maintenance of BED. People with BED diagnosis according to research data have difficulties in recognizing, expressing and regulating their emotions (Corstorphine et al, 2007; Svaldi et al, 2012). Emotions, mostly the negative ones, often urge people with BED to eat in order to tolerate and regulate their emotion in the absence of effective emotion regulation skills. Negative emotions, such as sadness, anger, loneliness often precede binge eating episodes (Bongers et al, 2013). Dialectical Behavior Therapy which was originally developed to target emotion dysregulation (Linehan, 1993) teaches patients with BED mindfulness, emotion regulation and distress tolerance skills and also focuses on behavior analysis and modification in order to stop using food as an emotion regulation means (Safer et al,

2009). DBT has proven an effective treatment for BED (Telch et al, 2001, Safer et al, 2010). During this workshop the principles and strategies of DBT for BED and the skills that are taught will be presented, as well as the therapy protocol that is used at the Eating Disorders Unit, Eginition Hospital. Participants will also practice some of the skills through brief exercises

COMPASSION FOCUSED THERAPY FOR SELF-CRITICISM

P. Gilbert

University of Derby, UK

Self-criticism is known to be a transdiagnostic problem and a common core focus for therapy. Beck Identified it as a part of a triad of negative views of the world, the future and the self. In this workshop we explore the different functions of self-criticism, how to do a functional analysis of self-criticism and how to generate compassionate self-correction. It is important clinicians can help clients recognise that hostile forms of self-criticism, far from being helpful (or deserved) increase vulnerability to mental health problems. We will explore some of the interventions for self-criticism.

HOW TO BECOME A TIC THERAPIST - BEHAVIOUR THERAPY FOR TICS AND TOURETTE SYNDROME

C. Verdellen

PsyQ/Parnassia Group, the Netherlands & Jolande van de Griendt, TicXperts, the Netherlands

Background: Tourette syndrome (TS) is a common, disabling, childhood-onset neurodevelopmental condition. International guidelines recommend that behavioural therapy (Habit Reversal Training (HRT)/ Exposure and Response Prevention (ERP)) should be offered as first-line treatment for children with tics. This workshop teaches participants the basic behavioural principles and techniques of HRT and ERP. The treatment manual "Tics" for children, (Verdellen et al., 2011) is discussed step by step and illustrated with video material and a live telemedicine session. Also, BT-Coach, a newly developed app which serves as a supporting tool for practicing ERP at home is demonstrated.

Training Modalities: Theoretical background is explained in a didactic way, while the actual techniques are demonstrated in videos and a live telemedicine session.

Key learning objectives:

1. Learn the basics about TS to be able to give good psychoeducation to patients
2. Learn behavioural techniques as HRT and ERP for TS
3. Use of different treatment modalities like telemedicine or by app

Skills Class Leader: Cara Verdellen, PhD, is a clinical psychologist/ cognitive behavioural therapist, with a PhD on the effectiveness of ERP in Tourette syndrome. Jolande van de Griendt, MSc, is a healthcare psychologist/ cognitive behavioural therapist, doing a PhD on comparing ERP with medication for tics. Both are founders of the BT-Tics Foundation, having a mission to disseminate behaviour therapy for tics worldwide.

Background readings:

Verdellen, C., Griendt, J. van de, Hartmann, A. & Murphy, T. & ESSTS Guidelines Group (2011). European clinical guidelines for Tourette syndrome and other tic disorders. Part III: Behavioural and psychosocial interventions. *European Child & Adolescent Psychiatry*, 20, 197-207.

Verdellen, C.W.J., Griendt, J.M.T.M. van de, Kriens, S. & Oostrum, I. van (2011). *Tics: Therapist Manual, Workbook for Children & Workbook for parents*. Available in 8 languages. Amsterdam: Boom/BT-Tics Foundation.

What are the potential implications for the everyday practice of CBT? Many patients with TS cannot access appropriate care, because of a shortage of therapists trained in delivering these interventions. This workshop aims to increase the availability of trained tic-therapists. The online component will broaden the range of patients that can be reached.

USE OF METAPHORS IN DELIVERING PSYCHOEDUCATION TO CHILDREN AND YOUNG PEOPLE

V. Gormez, MD, MRCPsych, MSc

Assoc Professor, Chair

Department of Child and Adolescent Psychiatry, Faculty of Medicine, Istanbul Medeniyet University

As a certified therapist, supervisor and trainer for Cognitive Behavioral Therapy, Dr. Gormez completed diploma and MSc programs in CBT at Oxford Cognitive Therapy Centre and has been organizing training courses for Turkish mental health professionals in collaboration with international CBT experts for some time.

Metaphors are commonly and effectively used in cognitive behavioral therapy (CBT) to illuminate an abstract concept by correlating it with a concrete experience and can subsequently enhance the therapeutic outcome. Use of metaphors can reflect the creativity of the therapist and the process can surely be enriched with contribution from the client.¹⁻³ The existing literature about metaphors in CBT are mainly for adult age group and does not tell us much about what works for children and young people and a sharing a first-hand experience of using metaphors in this age group is likely to be beneficial.

In this workshop, it is aimed to provide case-based examples of metaphors that have been effectively used to provide psychoeducation, build client motivation and generate behavioral experiments. In addition, examples of metaphors generated and used by the child and adolescent clients will be demonstrated and their impact on the therapy process will be discussed in this interactive workshop.

References:

1. Friedberg, R. D., & Wilt, L. H. (2010). Metaphors and stories in cognitive behavioral therapy with children. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 28(2), 100-113.
2. Stott, R., Mansell, W., Salkovskis, P., Lavender, A., & Cartwright-Hatton, S. (2010). *Oxford guide to metaphors in CBT: Building cognitive bridges*. OUP Oxford.
3. Otto, M. W. (2000). Stories and metaphors in cognitive-behavior therapy. *Cognitive and Behavioral Practice*, 7(2), 166-172.

FINE-TUNING IMAGERY RESCRIPTING

R. van der Wijngaart MSc

Psychotherapist, healthcare psychologist, CBT trainer/supervisor, vice president of the International Society for Schema Therapy (2016-2018). Producer of the audio visual production 'Fine Tuning Imagery rescripting' (www.schematherapy.nl) and author of a recently published book on imagery rescripting in the Netherlands: 'Imaginaire Rescripting, theorie en praktijk'

Summary: The effectiveness of imagery rescripting has been shown in a number of studies (Morina et al., 2017). Imagery rescripting is nowadays generally regarded as an effective technique in treating different disorders, such as PTSD, Social Anxiety Disorder and as part of schema therapy for personality disorders. However, it is often difficult to apply this technique. For instance, therapists are regularly faced with challenging situations in which, for example, the client says 'I have no memories of my childhood' or 'I don't want to dredge up those old memories, what would be the point of that?'. Furthermore, patients have often been so damaged by their childhoods that childhood memories are very emotionally charged. As a result, therapists are inhibited from using imagery to bring back images from that charged past for fear of decompensation.

The objective is that this workshop should be an enjoyable, educational experience involving a lot of roleplay demonstrations and practice within a secure atmosphere, in order to enable the therapists to apply imagery rescripting more often and more effectively.

Key Learning Objectives: This workshop aims to make therapists more proficient in applying imagery rescripting. Existing skills will be refined and challenging situations discussed and practised.

Training modalities: Short introductions will be followed by demonstrations, either roleplayed or by showing audio visual clips. Exercises: 3 plenary imagery exercises and 1 exercise in pairs

Key References:

Morina, N., Lancee, J., & Arntz, A. (2017). Imagery rescripting as a clinical intervention for aversive memories: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 55, 6–15. <https://doi.org/10.1016/j.jbtep.2016.11.003>.

Arntz, A. (2015). Imagery rescripting for personality disorders. Healing maladaptive schemas. In N. C. Thoma, & D. McKay (Eds.). *Working with emotion in cognitive-behavioral therapy: Techniques for clinical practice* (pp. 175–202). New York: The Guildford Press.

ACCEPTANCE AND COMMITMENT THERAPY: HOW CAN WE SUBTLY INTRODUCE THE MODEL FROM THE FIRST SESSION?

G. Amara

Private Practitioner, Psychiatrist, the 2020 President of The Tunisian Association of Behavioural and Cognitive Therapy

Scientific Background: Acceptance and Commitment therapy had been developed and validated by S. Hayes during the ninety's. He has developed new CBT processes, especially the psychological flexibility, and emphasized the importance of considering them in the case conceptualization.

The first ACT session seems crucial for the therapy outcome. The patient understanding of the model, the case conceptualization and the establishment of a good therapeutic relationship are considered, in the majority of CBT studies, as the main targets of this first session. In this workshop, we mainly propose a simple guided discovery, in four steps, that aims to reach these targets. The workshop leader will also show, how we can suggest subtly to patients to try some ACT techniques during this first psychotherapeutic step. In CBT literature, it is well known that applying some CBT techniques in the first session is correlated to a better therapeutic relationship.

Key learning objectives:

- a) Learn basic ACT processes
- b) Observe and then practice the first session approach

Training modalities: Powerpoint support, role play and interactive role play between participants.

Class leader: Ghanem Amara is a psychiatrist and a CBT therapist. He is an ex-professor assistant in Sousse university of Medicine. He is an instructor of the Tunisian university diplomas of CBT and the 2020 president of the Tunisian Association of CBT.

Key references:

Hayes, S (2005). *Get out of your mind and into your life: The New Acceptance and commitment Therapy*. New Harbinger Self-Help Workbook.

Raue, P.J., & Goldfried, M. R. (1994). The therapeutic alliance in cognitive-behavioral therapy. In A. O. Horvath & L. S. Greenberg (Eds), *the working alliance: Theory, research, and practice* (pp. 131-152). New York: Wiley.

Implication on every day clinic practice: Facilitate the introduction of the ACT model and better conceptualize the case.

THE TRANSDIAGNOSTIC APPLICABILITY OF COGNITIVE INTERPERSONAL MAINTENANCE MODEL OF ANOREXIA NERVOSA TO THE GREEK CONTEXT

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In the past two decades, there has been a rise in the number of studies that investigate the experiences of caregivers with an eating disorder and explore the association between the maintenance of eating disorders and family interaction.

However, eating disorders have a great impact on caregivers eliciting emotional reactions such as high expressed emotion and accommodating and enabling behaviors that collude with illness by organizing the family around eating disorder rules, disregarding or covering up the negative consequences of illness.

These emotional responses and behaviours form one facet of the set of maintaining behaviours which are described in the interpersonal domain of cognitive interpersonal model in Anorexia Nervosa which explains how these responses to the illness and behaviours may allow the symptoms to persist and hinder recovery.

There is strong empirical evidence suggesting that families from different cultures and countries can adopt some common and some different culture-specific family values and goals, according to which they develop appropriate caregiving styles which influence family interaction. Despite the growing interest in the caregivers' experiences on eating disorders, the transdiagnostic applicability of cognitive interpersonal maintenance model of Anorexia Nervosa has been tested for first time in different sociocultural context (Greece). The findings underline the impact that living with an ED has on multiple aspects of family functioning and highlight that cultural factors can play an important role in the family's response to an individual with an eating disorder.

Key learning objectives:

- a) Describe and learn how to conceptualize family interaction based on the cognitive interpersonal maintenance model of Anorexia Nervosa.
- b) Explain and experience functional contextually-based experiential exercises in the area of maintaining behaviours which are described in the interpersonal domain of cognitive interpersonal model in Anorexia Nervosa.

Training modalities: The workshop will be based on an interactive didactic style, using a PowerPoint presentation. Relevant research findings as well as role playing will be provided to support and illustrate key points.

References:

- Anastasiadou, D., Medina-Pradas, C., Sepulveda, A. R., & Treasure, J. (2014). A systematic review of family caregiving in eating disorders. *Eating Behaviors, 15*(3), 464–477.
- Bhugra, D., & McKenzie, K. (2003). Expressed emotion across cultures. *Advances in Psychiatric Treatment, 9*(5), 342–348.
- Schmidt, U., & Treasure, J. (2006). Anorexia nervosa: Valued and visible. A cognitive interpersonal maintenance model and its implications for research and practice. *British Journal of Clinical Psychology, 45*, 343–366.
- Treasure, J., & Schmidt, U. (2013). The Cognitive-Interpersonal Maintenance Model of Anorexia Nervosa Revisited: A summary of the evidence for cognitive, socio-emotional and interpersonal predisposing and perpetuating factors. *Journal of Eating Disorders, 1*, 13.

Brief presentation of class leader(s):

Dr. Maria Tsiaka is a Founder and Executive Director of the Hellenic Center for Eating Disorders, a profit support and outpatient treatment facility established in 2006 in Athens, Greece. She has been working on the field of eating disorders since 1997.

She has developed and implemented the Home-Based Treatment Program for adolescents and adults with severe and enduring anorexia nervosa all over the country. She has practiced the cognitive interpersonal maintenance model on Greek families and investigated its applicability on bulimia nervosa and binge eating disorder in collaboration with Professor Janet Treasure. Furthermore, she delivers the Temperament Based Treatment by Supports (TBT-S) a four-day intensive multifamily program in Greece.

She is an active supporter and community presenter, a member of European Family Therapy Association (EFTA) as well as a member of the Academy for Eating Disorders (AED). She is working towards empowering Greek families through eating disorders awareness and she is at F.E.A.S.T advisory panel.

Professor Janet Treasure, OBE PhD FRCP FRCPsych has specialized in the treatment of eating disorders at the South London and Maudsley Hospital and had an academic career at King's College, London for the majority of her career. The Unit continues to be one of the premier European academic centers for eating disorders. In their innovative approach to training and treatment they have adopted the newest technologies including iPods, DVDs and web-based programmes as part of their interventions. Professor Treasure has spearheaded projects that introduce recovered patients and carers into the audit and development plans for clinical services and also in the delivery of training for professionals, carers and patients.

She holds various posts as Trustee, or other various roles. on several eating disorders charities: BEAT, SUCCEED, Student Minds, FEAST, Diabetics with Eating Disorders DWED, Psychiatry Research Trust, Charlotte's Helix. She is currently collaborator and PI on several NIHR and HTA grants and BRC PhD and charity scholarships. She has supervised over 25 PhD students over her career, examined over 14 UK PhDs and 3 PhDs from Australia as well as many MSc projects.

She is on the board of Section for Eating Disorders of the World Psychiatric and Vice Chair World Biological Psychiatry Associations. She was elected as a Fellow of the Academy of Eating Disorders in 2008. She was co-chair of the Section of Neuropsychology 2008-2012. She is an International Representative on the Credentialing Task Force for residential services of the Academy of Eating Disorders. Professor Treasure is an associate editor of the European Eating Disorder Review and The Journal of Eating Disorders and is on the board of the International Journal of Eating Disorders and Weight and Eating Disorders.

Implications on everyday clinical practice: Clinician's will leave with a greater understanding of how caregiving responses and behaviors may maintain eating disorder symptoms. Particularly attention will be made toward the cultural concerns that arise as family dynamics and interactions are not similar among Southern and Northern European countries.

POSITIVE CBT. THE TREATMENT PROTOCOLS

F. Bannink

Private practice, The Netherlands

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. It captures the essential importance of building on positive feelings, motives, imagery, memories and behaviors. It changes what we focus on and how we work in helping people change.

After the workshop the attendants will have:

- knowledge of positive CBT and how it differs from traditional CBT.
- an overview of the two treatment protocols - for individual and group therapy.

- skills to enhance positive emotions and have more hopeful and optimistic conversations.
- a few practical positive CBT tools (e.g. positive Functional Behavior Analysis; FBA).

Description workshop

Keynote presentation and online exercises for experience-based learning.

Content:

- What is positive CBT?
- How is positive CBT different from traditional CBT and how can it be combined?
- Research findings: comparison of positive and traditional CBT for depression.
- How to shift the focus from repairing the worst to creating the best.
- The role of the positive CBT therapist.
- The two positive CBT protocols (for individual and group therapy).

References:

Bannink, F.P. (2012). *Practicing Positive CBT*. Chichester: Wiley.

Geschwind, N., Arntz, A., Bannink, F., & Peeters, F. (2019). Positive cognitive behavior therapy in the treatment of depression: A randomized order within-subject comparison with traditional cognitive behavior therapy. *Behaviour Research and Therapy*, 116, 119–130. <https://doi.org/10.1016/j.brat.2019.03.005>

Bannink, F.P. & Geschwind, N. (2020). *Positive CBT. The Individual and Group Protocol*. Göttingen: Hogrefe.

Fredrike Bannink is a clinical psychologist and lawyer. She is a CBT trainer/supervisor and Founder and Chair of the EABCT SIG Positive CBT.

www.fredrikebannink.com

Nicole Geschwind is an assistant professor at the department of Clinical Psychological Science, Maastricht University, the Netherlands.

CBT WITH CHRONIC PAIN PATIENTS, AT THE HEART OF EXISTENTIAL QUESTIONS

C. Favre

Psychologist psychotherapist, Clinique romande de réadaptation, Sion, Switzerland

Chronic pain has many psychological and emotional impacts ranging from worry, sadness over loss, helplessness or anger. It imposes limitations, lifestyle changes and often makes you doubt yourself. Living with pain requires, in addition to the ability to manage it, to "accept" changes and losses and to "struggle" to engage in daily life and rebuild a meaningful life.

We will focus on the therapeutic approach and steps work as well as the adjustment of cognitive and behavioural strategies with these patients. We will see how to engage the patient in psychological work, how to do the case conceptualization and how to identify the dominant psychological problem. Among the problems, the activity occupies a central place because pain limits activity and because activity is intimately linked to self-esteem and mood. The best for him is to learn to do things differently and to take pain into account when doing an activity. This is of course not simple. In psychotherapy, we will identify the obstacles and discuss them in order to help the patient to take his place again.

Clinical examples and exercises will illustrate how to use cognitive and behavioural strategies and will serve as a basis for reflection on therapeutic choices and decisions.

MINDLAB SET - INTEGRATING APPLIED NEUROSCIENCE AND BIOFEEDBACK INTO CBT

T. Scrimali, MD and PhD

Medical School, University of Catania and ALETEIA International – European School of Cognitive Therapy

Neuroscience constitutes one of the most important components among the contemporary scientific background.

The workshop is focused on demonstrating and treating some important topics concerning how some recent developments of neuroscience can be today used in order to better the intervention when carrying out a cognitive therapy with patients affected by different mental disorders.

During the workshop, one method, coming from Neuroscience Laboratories that can be easily applied to the clinic setting of cognitive therapy will be illustrated. It is Quantitative Electrodermal Activity, which is applied using a MindLAB Set, an original device developed and patented by Professor Scrimali.

Such parameters can be monitored in a clinical setting thanks to an original hardware and software that it is inexpensive and that can be easily used, after a short training, by any cognitive therapist.

Basic information will be given on how to use such new methods when treating patients affected by mental disorders with cognitive therapy. In particular, some data about mood, anxiety and eating disorders, different kinds of addiction, schizophrenia and mania will be illustrated.

A new tool, called MindLAB Set, developed by Tullio Scrimali is composed of hardware able to monitor electrodermal exosomatic activity and it is used together with a computer. A specific and original software, called MindSCAN and Psychofeedback, developed by Tullio Scrimali, will be illustrated.

MindLAB Set can be used both when assessing the patient and during treatment. It allows the cognitive therapist to develop and apply some new, interesting methods of self-regulation such as Biofeedback and Biofeedback Based Mindfulness.

ACCEPTANCE AND COMMITMENT THERAPY FOR MENTAL AND PHYSICAL HEALTH CONDITIONS

M. Karekla

University of Cyprus

The application of Acceptance and Commitment Therapy (ACT) for the treatment of mental and health conditions is well established and indeed ACT is considered an empirically supported treatment. This workshop will present the latest developments in ACT for the treatment of mental and health-related conditions that aim to improve functioning and well-being. The latest research and applications of ACT will be discussed (e.g., based on findings from the European Union funded research project “ALGEA”). Emphasis will be given to research regarding ACTs’ mechanisms of action.

a) Objectives:

- (1) Describe the basic tenets and core processes of ACT and how to use mindfulness, acceptance, experiential exercises, metaphors and defusion techniques, to improve well-being.
- (2) Conceptualize cases based on ACT processes and how to practically work with exposure.
- (3) Integrate Relational Frame Theory principles of shared perspective directly when working with the client in the present moment.
- (4) Present the impact of the clients’ social environment (e.g., relationship with significant others) in therapy.

ACT FOR ADOLESCENTS: A POWERFUL TOOL FOR CHANGE

M. do Céu Salvador

University of Coimbra Faculdade de Psicologia

Introduction: There is a generalized idea that certain thoughts and feelings are pathological, and should be avoided or changed. Society reinforces this idea: being happy all the time is the goal; emotional distress is to be eliminated - a very natural tendency; nobody likes to suffer. "Don't think about that", "Don't be afraid", "Cheer up!". Common advices, usually impossible to follow. Thoughts and feelings become the enemy to fight with but this fight may lead to more suffering and to limited lives. Then, we call it psychopathology...

Scientific Background: In fact, scientific literature has told us a long time ago that trying to suppress thoughts and emotions will actually increase them. This is true across all age ranges. Acceptance and Commitment Therapy (ACT) can be an innovative, fun and useful approach to use with adolescents. Rather than targeting the content/frequency/form of inner experience, ACT seeks to change the relationship with these phenomena. The aim is to increase psychological flexibility, to be able to live life guided by what is important. An alternative to live life running away from inner experience without any direction.

Training Modalities: Using metaphors and experiential exercises, in this workshop, you will learn about the ACT model and how to adapt ACT for adolescents, making it fun and interesting. Opportunities to gain knowledge on theory and practice of ACT with adolescents will be provided in an engaging and playful environment.

Clinical Implications: the assessment and intervention strategies targeted in this workshop can be transported directly to practice.

M.C. Salvador is a clinical psychologist, teacher and researcher at the University of Coimbra.

Hayes, L. L. & Ciarrochi, J. (2015). *The thriving adolescent*. New Harbinger Publications: Oakland

Turrell, S. L. & Bell, M. (2016). *ACT for adolescents: treating teens and adolescents in individual and group therapy*. Oakland: New Harbinger.

MANAGEMENT OF COUNTERTRANSFERENCE WITH IMAGERY AND ROLE-PLAYING

J. Prasko¹, M. Ociskova²

¹Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University in Olomouc, University Hospital Olomouc

²Private Practice, Czech Republic

Scientific background: Experiences, generated by multisensory real-life experiences with emotional content, are processed at a deeper level than factual, rational/logical information that lacks meaningful emotional content. Experiential system, that is intuitive, automatic, and narrative, has a direct link to the emotional system. Imagery in supervision can be used for transformative experiential learning. It can help to improve mapping a problematic situation with a patient, including its emotional components and psychological needs, to raise awareness about the specific therapeutic relationship, as well as to modify therapist's attitudes, schemas, and emotional-behavioural responses, and to plan future steps in the therapy. Many therapeutic steps can be learned through imagery exercises. Finally, imagery helps to understand the supervisory relationship itself.

Key learning objectives: During workshop, participants will acquire basic skills that would help them with:

- 1) Recognition of own countertransference using self-reflective practice
- 2) Identification of its triggers, context, and consequences
- 3) Management of countertransference by using imagery and role-playing techniques

Training modalities: CBT, schema-therapy

2-3 key references: Countertransference, self-reflection, therapeutic relationship

Brief presentation of class leaders: Jan Prasko is Czech psychiatrist, CBT therapist, and leader of CBT training in several European countries who predominantly works with individuals with a personality disorder. Marie Ociskova is a Czech clinical psychologist and a CBT therapist who mostly works with individuals with mental disorders resistant to standard pharmacotherapy and psychotherapy.

Implications on everyday clinical practice: Identification and management of countertransference can enhance the outcomes of treatment with challenging patients.

CBT-TIME: A TRANSDIAGNOSTIC TREATMENT PROTOCOL

O.M. Hershkovitz

CBT Institute of Isreal, Israel

Scientific background: Shared mechanisms underlying the development and maintenance of various disorders have been analyzed and treatment strategies have been proposed and tested that address both the mechanisms and symptoms of all disorders targeted by the protocol.

Key learning objectives: To learn the principles and techniques of a new transdiagnostic protocol for the treatment of underlying mechanisms common to anxiety disorders, OCD spectrum disorders, eating disorders, body-focused repetitive behavior disorders (BFRB's), tics, anger management problems, sleep disorders, and problems of self-esteem including perfectionism/control dependencies, time management, decision making, and more.

Training modalities

Background

Rationale and development of protocol

Cognitive Module:

Replacing stress-inducing keywords

Limiting duration and frequency of stress-inducing thoughts

Motivational Thinking

Increasing self-esteem

Emotional Module:

Exposures

Inducing Positive Emotions

Behavioral Module:

Reduction of maladaptive behaviors

Incidental relief behaviors

Routine baseline behaviors

References: The protocol is scheduled to be presented to the Israeli Association for Behavioral and Cognitive Psychotherapy (ITA) on [June 5, 2020](#). A copy of the protocol can be provided upon request.

Brief presentation of class leader: Ohad M. Hershkovitz, Psy.D in Clinical Psychology (Chicago School of Professional Psychology, 2004)

Clinical Director, [CBT Institute of Israel](#), Tel Aviv, Israel

Owner, [CBT Nest](#) - Networking & Training Resources for CBT Providers

Implications on everyday clinical practice: The workshop will provide attendees with a clinical understanding of the common epidemiology to a multitude of mood disorders and/or psychological constructs which do not meet existing definitions of disorders, as well as a clear set of techniques to address the underlying cognitive, emotional and behavioral mechanisms contributing to those disorders.

Therapists will be able to apply the protocol to a wide range of clinical patients without the need for additional disorder-specific training, will be able to address comorbidity with a singular treatment protocol, will be able to address sub-clinical symptoms with clear goals and techniques, and will be able to provide a universal training tool and common treatment environment in the supervision of other therapists.

SKILLS CLASSES

CBTWEBHELPER: A VERSATILE WEB-TOOL FOR MONITORING PATIENT'S PROGRESS, FACILITATING DATA COLLECTION FOR RESEARCH FORMULATION, AND IMPROVING PRACTITIONER'S EFFICACY

M. Betakis¹, M. Simou²

¹ Directorate of Public Health and Social Welfare in the Attica Region

² Greek Association for Cognitive Behavioral Psychotherapies

Scientific background: The use of technologies in the field of mental health is not a new topic, however in recent years there has been a growing interest both in research and in clinical practice over how practitioners can monitor treatment outcome and improve their efficacy through the use of new technologies.

Key learning objectives: By the end of the class participants will be able to apply what they have learnt in the class to their everyday practice and more specifically they will be able to:

- Effectively acquire and organize patient data through the platform
- Deliver psychometrics and mini interviews at ease for local and remote patients
- Acquire session to session feedback and monitor therapy outcome through the platform's various assessment modalities
- Create and provide tailored psycho-educational material for patients
- Use the platform to develop a quick patient's case formulation

Training modalities: The class will be instructor-led, encouraging the active participation of the attendees and providing enough time at the final part of the class for the participants to provide "user" feedback, ask questions and initiate a practice-focused discussion.

Brief presentation of class leader(s): Michael Batakis is a psychologist-psychotherapist (MSc/Dip), working at Directorate of Public Health and Social Welfare in the Attica Region, Central Sector. He is the founder of psydesk.org.

Meropi Simou is a clinical psychologist (MSc), certified cognitive behavioural therapist and teaching associate at the Greek Association for Cognitive and Behavioural Psychotherapies (GACBP) in Thessaloniki, Greece.

CBT AND DBT FOR INPATIENTS SUFFERING FROM ANOREXIA NERVOSA

F. Gonidakis¹, I. Michopoulos²

¹1st Department of Psychiatry, National and Kapodistrian University of Athens, Eginition Hospital, Greece

²2nd Department of Psychiatry, National and Kapodistrian University of Athens, Attikon Hospital, Greece

Eating Disorders (EDs) are quite distinct and difficult to treat mental disorders. Especially Anorexia nervosa (AN) is a serious psychiatric disorder with a high rate of relapse. A high percentage of patients suffering from AN will require hospitalisation due to various reasons such as severe medical complications, ineffectiveness of outpatient treatment and suicidality. Although the main focus of inpatients has traditionally be nutritional and weight restoration the appliance of psychotherapy in the hospital setting has been proven effective and desirable from the patients perspective.

The aim of the skills class is to provide expert knowledge on the application of CBT techniques to inpatients suffering from AN following the three main steps of inpatient treatment that is nutritional restoration, maintenance and generalisation of the positive outcome beyond the psychiatric ward.

Furthermore, the skill class will focus on emotional regulation and the high comorbidity of AN and borderline symptomatology especially in inpatients. The application of DBT skills training and the usefulness of DBT approach for the treatment of suicidal AN inpatients will be presented and discussed.

The three main topics that will be presented during the skills class are:

- a. Exposure and response prevention for nutritional restoration
- b. Cognitive reconstruction for major anorectic beliefs
- c. Emotional regulation and distress tolerance skill for AN

HANDY CBT PROCEDURES FOR PEDIATRIC PATIENTS AND THEIR FAMILIES DURING UNCERTAIN TIMES: EXPRESS COPING SKILLS FOR THE PANDEMIC AND BEYOND

R. D. Friedberg, Ph.D., ABPP

Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA

The COVID-19 pandemic has undeniably changed the state of the world. Countless lives are lost, economic hardships ensue, and health disparities are laid bare. Recent research shows young patients and their caregivers are especially vulnerable during pandemics and other public health crises. At present, major organizations such as the United Nations and the World Health Organization anticipate a tsunami of patients requiring mental health care during and following the COVID-19 pandemic. Psychiatric sequelae such as anxiety, depression, traumatic reactions, and exacerbated OCD are quite likely. While the state of the world is uncertain, the state-of-the-science supporting CBT with young patients is sturdy and steady. The empirical literature is replete with randomized clinical trials, controlled studies, meta-analyses, systematic reviews, and clinical reports documenting CBT as a front-line treatment for most disorders. Clinicians need to stand ready to deliver this powerful approach to diverse populations in varied settings. This clinically focused skills class precisely focuses on equipping attendees with empirically based ready-to-use therapeutic procedures that can be delivered effectively and efficiently.

The pandemic context ruptures young patients' perceptions of certainty and controllability. Accordingly, the skills presented in this class will focus on methods to mitigate these deleterious psychological processes. A brief review the way these psychological conduits form trans-diagnostic pathways to emotional distress begins the class. Descriptions and demonstrations of various techniques including but not limited to *Master of Disaster*, *Fox Talk*, *Pop-Up Controls*, and *Guardians of the Mind* follow. Attendees will leave the session with useful handouts and worksheets.

Description of Leader: Robert D. Friedberg, Ph.D., ABPP is Head of the Child Emphasis Area at Palo Alto University. He is a Board-Certified Diplomate (ABPP) in CBT and a Founding Fellow of the Academy of Cognitive Therapy. Additionally, Dr. Friedberg is a Fellow of the American Psychological Association (Clinical Child Psychology) and the Association for Behavioral and Cognitive Therapy. He has received teaching awards from Wright State University, Penn State University Milton Hershey Center, and the Spotlight on Mentor award (ABCT). He is the author of eleven books including *Clinical Practice of Cognitive Therapy with Children and Adolescents*.

Learning Objectives:

- 1). Recognize the connection between intolerance for uncertainty and perceptions of lack of control to pediatric anxiety.
- 2). Learn to conceptualize cases using these trans-diagnostic pathways
- 3). Acquire skills in efficient cognitive behavioral therapy procedures which target intolerance for uncertainty, lack of control, and catastrophizing,

Training modalities: experiential, didactic, role-play demonstrations

Practice implications: Many children, adolescents, and their families are in need of competent CBT services. Equipping more practitioners with genuine CBT techniques rooted in state-of-the-science findings increases access to care. With increasing demand for services during public health crises, effective and efficient intervention methods are imperative.

References:

- Friedberg, R.D., & Nakamura, B.J. (Eds). (2020). *Cognitive behavioral therapy with youth: Tradition and innovation* New York: Springer Nature.
- Friedberg, R.D. & Paternostro, J. (Eds). (2019). *Handbook of cognitive behavioral therapy for pediatric medical conditions*. New York: Springer
- McClure, J.M., Friedberg, R.D., Thordarson, M.A., & Keller, M. (2019). *CBT-Express*. New York: Guilford.

COGNITIVE THERAPY FOR PTSD FOLLOWING CRITICAL ILLNESS AND ICU ADMISSION

H. Murray

Oxford Centre for Anxiety Disorders and Trauma, University of Oxford, Oxford, UK

Scientific background: Rates of PTSD after intensive care unit (ICU) admissions are approximately 25% (Parker et al., 2015), a timely issue given the increased admissions to ICUs during the COVID-19 pandemic. Besides being critically unwell and fearing they may die, ICU patients often experience delirium, characterised by acute confusion and often terrifying hallucinations.

This class will describe the features of post-ICU PTSD and formulate them within the cognitive model of PTSD (Ehlers & Clark, 2000). Key cognitive therapy (CT) techniques will be described and demonstrated.

Key learning objectives:

- Identify risk factors for PTSD following ICU
- Apply principles from cognitive models of PTSD to formulate these presentations
- Learn practical ways to implement CT techniques with post-ICU PTSD

Training modalities: The workshop will complete Kolb's learning cycle by presenting clinical cases, explaining theoretical frameworks, and giving opportunities for participants to practice and reflect on treatment techniques.

References:

Murray, H., Grey, N., Wild, J., Warnock-Parkes, E., Kerr, A., Clark, D., & Ehlers, A. (2020). Cognitive Therapy for Post-Traumatic Stress Disorder following Critical Illness and Intensive Care Unit Admission. *The Cognitive Behaviour Therapist*, 1-36.

Brief description of workshop leader(s): Dr Hannah Murray is a Research Clinical Psychologist at the Oxford Centre for Anxiety Disorders and Trauma, University of Oxford. She is involved in the development and dissemination of CT for PTSD and teaches widely on this topic.

Implications for everyday clinical practice of CBT

The workshop will equip therapists working with PTSD following ICU with principles, conceptual frameworks and practical skills to improve their practice.

COGNITIVE AND BEHAVIORAL THERAPY FOR BIPOLAR DISORDERS: A NEUROSCIENCE-BASED APPROACH

T. Scrimali

Medical School, University of Catania and ALETEIA International – European School of Cognitive Therapy

The aim of this Skills Class is demonstrating an advanced CBT protocol for treating patients affected by bipolar disorders and preventing relapses.

A comprehensive guideline to the treatment of bipolar disorder from the CBT framework will be presented and fully explained.

The Skills Class is furthermore focused on demonstrating and discussing the important topic concerning how some recent developments of Neuroscience can be used in order to better the intervention when carrying out a Cognitive-Behavioral Therapy with patients affected by bipolar disorders.

A new method, coming from Neuroscience Laboratories that can be easily applied to the clinic setting of Cognitive Therapy will be illustrated and explained: the *Quantitative Electrodermal Activity*, will be presented and discussed.

It can be used, both when assessing the patient and during its treatment. It allows the Cognitive Therapist to apply some new interesting methods of self-regulation such as biofeedback and *Biofeedback Based Mindfulness*.

Another very important topic, which will be presented and discusses is that of monitoring of psychophysiological warning signs of mood changing.

What is very important, in order to treat patients affected by bipolar disorders, is to train them to monitor, by themselves, as a home work, a psychophysiological warning sign of mood change.

To assess the family process when treating bipolar patients, an originale method, developed by Tullio Scrimali (2012) and named *Family Strange Situation* will be presented and discussed.

References:

Monica Ramirez Basco, A. John Rush
COGNITIVE-BEHAVIORAL THERAPY FOR BIPOLAR DISORDER (2nd Edition)
The Guilford Press, New York, 2007
Tullio Scrimali
NEUROSCIENCE BASED COGNITIVE THERAPY
New Methods for Assessment, Treatment and Self-Regulation. Wiley, Chichester, 2012.

GROUP PSYCHOEDUCATIONAL INTERVENTION: ROMANTIC RELATIONSHIP SKILLS TRAINING

E. Kouvaraki, M. Lemonoudi
Institute of Behavior Research and Therapy, Athens, Greece

Human nonverbal and verbal courtship behaviors play an important role in signaling sexual attraction, romantic and dating interest to a potential partner. In addition to expressing romantic or sexual interest, flirting behaviors may be used to strengthen or intensify a dating relationship between individuals. Each person plays a role in influencing the partner and signaling that the other's influence attempts are welcome. Research data on romantic relationships has shown that there are people with intimacy skill deficits in dating, flirting, and relationship initiation. Moreover, some people hold on dysfunctional beliefs and stereotypes that interfere with forming or maintaining a relationship. Romantic relationships are recognized to be an important factor for emotional well-being and competence in intimate relationships is also a vital indicator of healthy psychosocial functioning. Romantic involvement has been found to be positively associated with life satisfaction. The purpose of the skill class is to present the techniques and skills applied to the participants of the group intervention, based on Cognitive-Behavioral Model, mainly through experiential and interactive exercises. Group intervention takes place at the Institute for Behavior Research and Therapy and the participants are adults, men and women.

Elli Kouvaraki and Myrto Lemonoudi are trained and accredited cognitive behavioral therapists and clinical psychologists. Skills training for initiating healthy romantic relationships is their area of interest for the last eight years. The skill class is for people interested in the subject, as well as mental health professionals, who wish to transfer their learning to their clinical practice.

USING VIRTUAL REALITY IN CLINICAL RESEARCH AND PRACTICE

M. Rubo,

University of Fribourg, Fribourg, Switzerland

The use of Virtual Reality (VR) is flourishing in Clinical Psychology – both in investigating and treating mental disorders (Freeman et al., 2017) –, but much its potential for the field still remains to be explored. While setting up a VR lab is now easier and cheaper than ever, the creation of stimuli often remains challenging for all but the simplest experiments (de la Rosa & Breidt, 2018).

In this skill class, I will provide an overview on how to use the *Unity 3D* software (unity.com) to create psychological experiments or treatments and record data in a manner that can be easily processed using R. I will focus specifically on 1) how to create believable behavior in virtual avatars and 2) how to process data from the 3D eye-tracker (tobii.com) that is built into the *Vive Pro Eye* head-mounted display (vive.com). The course will include a few short exercises, so participants who wish to get hands-on experience with Unity are kindly asked to bring a laptop with Unity installed.

About me: I'm a Postdoc in Clinical Psychology at the University of Fribourg, Switzerland. My main research goal is to help unfold VR's potential for the field by staging more believable social situations, allowing participants and patients to act and feel more naturally. A current example of my work (a more ecologically valid version of the *Cyberball* paradigm) can be seen at <https://vimeo.com/388077916>. Some of my code is available at <https://github.com/mariusrubo>.

de la Rosa, S., & Breidt, M. (2018). Virtual reality: A new track in psychological research. *British Journal of Psychology*, 109(3), 427–430.

Freeman, D., Reeve, S., Robinson, A., Ehlers, A., Clark, D., Spanlang, B., & Slater, M. (2017). Virtual reality in the assessment, understanding, and treatment of mental health disorders. *Psychological Medicine*, 47(14), 2393–2400. <https://doi.org/10.1017/S003329171700040X>

EXPERIENCING COMPASSION FOCUSED THERAPY FROM THE INSIDE OUT: CULTIVATING SELF-COMPASSION FOR US THERAPISTS

E. Tholouli

Hellenic Centre for Compassion Focused Therapy

Scientific Background: One of the best ways to learn and deepen compassion focused therapy skills is through self-practice and self-reflection (SP/SR). As therapists we use our ability to think, feel and reflect and compassion focused therapy is based on how our mind is designed and functions. Like the people we work with, we also have a brain capable of ruminating, self-criticism, feeling fear, envy and grief; we too face the challenges of being human and this is a good terrain for learning and cultivating compassion. SP/SR enables therapists to experience the process and challenges of embodying compassion, model self-compassion enhance their self-care. While the practice of therapy may be rewarding, it can also be emotional taxing and may be exposing in empathic distress, burnout and secondary traumatization. Moreover, therapists' resources of wellbeing may have been restricted by the impact of COVID19 like everyone else's. Learning how to practice self-compassion can safeguard our resilience and therapeutic efficiency during these challenging times.

In this skills class we will explore our compassionate intention for facing a difficulty in our occupation and approach it with specific qualities of self-compassion. We shall practice using a compassionate letter and vocal tone. Personal reflections will be explored in writing and therapist reflections can be done in pairs. Safety and safeness are very important and in the group we will explore common themes arising from these practices as well as navigate our intention for SP/SR for the future.

Key references:

Beaumont, E. & Hollins Martin, C. (2016). A proposal to support student therapists to develop compassion for self and others through Compassionate Mind Training. *The Arts in Psychotherapy*, 50, 111-118.

Bennett-Levy, J. (2019). Why therapists should walk the talk: The theoretical and empirical case for personal

practice in therapist training and professional development. *Journal of Behavior and Experimental Psychiatry*, 62, 133-145. <https://doi.org/10.1016/j.jbtep.2018.08.004>
Kolts, RL, Bell, T, Bennett-Levy, J, Irons, C (2018). *Experiencing Compassion Focused Therapy from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*. New York, NY: Guilford Press

Brief presentation of class leader: Elli Tholouli is a psychologist and researcher, founder of the Hellenic Centre for Compassion Focused Therapy and member of the International Center for Compassionate Organizations, passionate about promoting compassion focused approaches in mental health, education, and the community, living in Athens, Greece.

OPEN PAPERS

MANUALIZED SINGLE-SESSION BEHAVIOR TREATMENT WITH SELF-HELP MANUAL FOR PANIC DISORDER WITH OR WITHOUT AGORAPHOBIA

T. Mitsopoulou, Y. Kasvikis, L. Koumantanou, G. Giaglis, P. Skapinakis, V. Mavreas

Objective: We examined the clinical feasibility and utility of a single behavior treatment session, with 11 patients with Panic Disorder with or without Agoraphobia (PD+/-AG). Patients used an individualized, exposure based, homework manual, derived from their behavioral analysis. Treatment was implemented in an outpatient behavior treatment unit.

Method: Patients presented with moderate to severe anxiety, avoidance behavior, functional impairment and depressive symptoms. Treatment was evaluated with a double-baseline case series/pre–post design with four follow-ups.

Results: There was a significant and steady improvement in all self-rated outcome measures and participants were satisfied with the services provided. Nine out of 11 patients (82%) were free of PD+/-AG at 3 months and all patients at 1-year follow-up. The absence of a control group, the small sample and lack of blind assessments, limit the validity of the study.

Conclusions: These case studies provide empirical evidence in support of both the feasibility and utility of a single-session behavior treatment (SSBT) plus self-help implemented in a public mental health unit. Further research with a control group is needed to assess the efficacy of the intervention in routine clinical practice.

A SYSTEMATIC REVIEW AND COMPARISON OF THE SELF-ADMINISTERED INTERVENTIONS (VIA MOBILE APPS) FOR ANXIETY AND DEPRESSION

D. Dias Neto, M. Ferreira

ISPA – Instituto Universitário, Portugal

Introduction/Background: A significant number of mobile applications (apps), that provide psychological interventions, have been developed for depression and anxiety. Although they may seem promising, their efficacy and mechanisms of promoting change are not yet fully researched. The goal of the present research is to systematic review the existent self-administered programs (SAP) for anxiety and depression.

Method: 1935 apps were initially screened, from app stores, and 99 met the inclusion criteria and were analyzed. The analysis focused on the following dimensions: 1) quality, 2) type of intervention, 3) existing research, and 4) adherence strategies. The presence or absence of those dimensions was registered based on the information included in the apps' descriptions.

Results: Apps for depression (63.6%) were more frequent than those for anxiety (36.4%), with only a few supported by scientific research (23.2%). Most apps were based on CBT. The four dimensions were used to compare not only the anxiety and depression groups, but also the apps with or without research. Significant differences were found for both comparisons.

Conclusions/Discussion: There is general lack of quality and research in commercial apps. This strengthens the idea that guidelines are needed for the design and evaluation of quality and accuracy, since they are directed to a population in a state of vulnerability. The present research offers clues as to the venues for this development.

FLASHFORWARD IMAGERY IN STUDENTS WITH SPEECH ANXIETY: PHENOMENOLOGY AND ASSOCIATIONS WITH ANXIETY AND AVOIDANCE

M. Thunnissen¹, M. Nauta¹, P. de Jong, M. Voncken, M. Rijkeboer

¹Clinical Psychology and Experimental Psychopathology, University of Groningen, The Netherlands; Accare, University Centre for Child and Adolescent Psychiatry, The Netherlands

The core cognitive concern in speech anxiety is similar to social anxiety disorder (SAD): being scrutinized and judged negatively, and related processes may play a role in maintenance. Negative imagery of anticipated social catastrophe or “flashforward” (FF) imagery may be especially important in the maintenance of SAD and speech anxiety. Generating or experiencing prospective imagery during anticipatory processing of impending social situations and situations itself, depicting the expectation of negative or feared outcome, might in particular increase anxiety and avoidance and thus maintain social fears. In the current presentation we will show a study that focused on examining FF imagery in students with speech anxiety (i.e., imagery of feared future catastrophe related to speech anxiety). The main objective of the study was to provide insight in the phenomenological characteristics and nature of FF imagery in speech anxiety. The secondary objective was to evaluate the relationship between imagery characteristics and social fears and avoidance. Preliminary results show that the FF images participants generated were largely experienced recurrently in speech situations and were accompanied by negative emotions. The selected FF imagery characteristics appeared to be partly related heightened social fears; image distress and the feeling that something bad will happen, for example, showed positive relationships with speech anxiety and avoidance. Thus, FF imagery may be an important focus to understand and change social fears, both in the context of clinical practice and research.

ARE BARLOW UNIFIED PROTOCOL EFFECTIVE FOR TREATMENT OF COMORBID DISORDERS, AND IMPROVE PATIENT'S QUALITY OF LIFE?

A. Saggino¹, L. Carlucci¹, M. Balsamo¹

¹School of Medicine and Health Sciences, G. d'Annunzio University of Chieti-Pescara, Italy

Several authors demonstrated that transdiagnostic approaches lead to improvements in the severity of comorbid anxiety disorders and depression symptomatology, and generally perform better than controls conditions. Transdiagnostic treatments, also, were associated with high client satisfaction, and positive treatment expectations (McEvoy, Nathan et al. 2009). Unlike other transdiagnostic approaches, the Unified Protocol (UP) by Barlow aimed to emphasize the adaptive role of emotions (by integrating concepts of emotion regulation and dysregulation to the traditional behavioral and cognitive strategies) promoting greater tolerance for intense emotions and ability to identify and correct patients' dysfunctional attempts to cope emotional experiences (Wilamowska et al., 2010).

The present meta-analysis aimed at evaluating whether the Barlow UP treatment for anxiety and depression symptoms displayed significant changes in severity of comorbidity disorders, as well as to quality-of-life. Results from selected studies showed that the UP was efficacious, with large overall mean uncontrolled effects (pre- to post-treatment) for disorders in comorbidity among adults, as well as social and work adjustments. These results were further confirmed in the follow-up studies. Results from Randomized Clinical Trials (RCTs) studies also showed that Barlow UP did not outperform control conditions (eg. waitlist, single-disorder program) on all outcome measures.

Compared to the previous study (Carlucci et al., 2019), these findings showed that the manualized UP treatment was more efficacious for anxiety and depression disorders than comorbid disorders. Quality of life improvements were also found in patients treated with this protocol, after 3-6 months.

MOMENT-TO-MOMENT INTERPLAYS AMONG STRESS APPRAISALS AND EMOTION REGULATION USE: THE ROLE OF PERCEIVED CONTROL ON EMOTION REGULATION FLEXIBILITY IN DAILY LIFE

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¹ Complutense University of Madrid, Spain

² Ghent University, Belgium

³ Autonomous University of Madrid, Spain

Background: Flexibility in the use of emotion regulation strategies (ERS) in daily life is thought to depend on how situations are appraised in terms of their intensity and controllability. This study analysed temporal interplays between stress intensity and controllability appraisals and 7 different ERS (rumination, worry, reappraisal, active coping, future planning, experiential avoidance and external distraction). We aimed to understand how different ERSs are implemented in response to (and predicts) stress, as a function of perceived controllability.

Methods: Ninety-seven undergraduates completed an ESM procedure in their phones, where daily dynamics of stress intensity and controllability appraisals and ERS use were monitored during 5 consecutive days, with three assessments per day. Stress appraisals and ERS use were measured in relation to the most stressful event since the last survey.

Results: First, changes in ERS across time were modelled in relation to ongoing stress appraisals interactions. Perceived control during situations with high stress intensity decreased the use of Rumination, Worry and Reappraisal, while their use increased under similar situations but with low stress intensity. Second, changes in perceived stress intensity across time were modelled as a function of ongoing ERS use and stress control interactions. Rumination and Reappraisal predicted decreases and increases, respectively, in experienced stress intensity, when used under conditions of high perceived stress control.

Discussion: Our study demonstrates a dynamic use of ERS in daily life and the main role of stress control in ERS use, showing how context-based appraisals are on the basis of adaptive ERS flexibility.

IS CONSCIOUS AWARENESS NEEDED FOR FEAR EXTINCTION?

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Anxiety disorders are the most common mental disorders. The typical treatment for these disorders is exposure to the anxiety inducer. However, many patients are reluctant to confront feared objects or situations, and therefore do not receive proper treatment for their distress. Accordingly, previous studies explored the possibility to unconsciously expose subjects to aversive or frightening stimuli as an alternative, less aversive form of alleviating anxiety. The goal of the present study is to test whether extinction of lab-induced fear is attainable while controlling for limitations in methodology in prior research. Moreover, we aimed at testing whether unconscious extinction can be accomplished with two different forms of unconscious stimuli presentation. To do so, we conducted two experiments, in which three groups of healthy participants were first threat-conditioned. Then, one group underwent conscious exposure to the threat-conditioned stimuli to evoke extinction, the second was unconsciously exposed to these stimuli, and the third served as a control group, not undergoing extinction. In experiment 1, visibility was manipulated using Continuous Flash Suppression (CFS), and in experiment 2 – using Visual Masking (VM). In both experiments, a similar decrease in skin conductance under conscious as well as unconscious exposure was found, indexing effective extinction. This demonstrates the effectiveness of unconscious extinction, even when strict measures of awareness are taken. The convergence of both the VM and the CFS techniques further suggests the potential clinical utility of unconscious extinction.

LIVE SUPERVISION FOR PSYCHOTHERAPY NOVICES: PRELIMINARY RESULTS OF A RANDOMIZED-CONTROLLED TRIAL

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Background: International supervision guidelines emphasize the importance of direct observation of psychotherapy novices by a supervisor, which can be implemented with the so-called Live Supervision (LS). In LS, the supervisor observes the novice's session (e.g. via camera connection, one-way mirror) and provides immediate feedback and support (e.g. via microphone, text messages, phone-in). Despite promising findings in terms of improving therapeutic skills or confidence in novices, reliable conclusions on the effectiveness of LS are still limited due to a number of methodological problems. This randomized controlled trial thus investigates the effect of LS versus no LS on therapeutic skills of psychotherapy novices.

Method: A total of $N = 60$ psychology students are randomly assigned to an experimental (EG) or control group (CG). Their task is to conduct two therapeutic conversations with a blinded standardized patient (20 minutes each; goal: setting up an agenda, evaluating homework). In the basic measurement, the conversation takes place without LS. In the main measurement, all test subjects repeat the task, whereby only the EG receives support with the help of LS from a licensed psychotherapist. The sessions are recorded on video. Therapeutic competence is rated by independent and blinded judges using the Cognitive Therapy Scale and other measures.

Results and discussion: Hierarchical linear models are applied to analyze the level of competence over time and between the study groups, controlling for prior helping experiences. The findings are discussed with regard to a possible use of LS in psychotherapy training and further research questions.

A NEW TECHNIC TO INCREASE SELF-ESTEEM BY READING AND MENTAL VISUALIZATION: THE LEXICAL ASSOCIATION TECHNIC

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Self-esteem is an important psychological resource involved in well-being and mental health. For example, robust associations between low self-esteem and depression or anxiety symptoms have been frequently shown. These considerations highlight the importance to develop psychological interventions for self-esteem. On the basis of multidimensional models of self-perception and its anchoring in memory, we designed an original therapeutic and preventive technic aimed at increasing self-esteem through lexical association exercises. This technic consists in facilitating access to positive self-perceptions in memory through reading and mental imagery exercises, which present the advantages of being brief and requiring the mobilization of limited introspective resources.

A controlled randomized trial with 89 students was carried out adopting a pre-post design in order to test the efficacy of this new technic. The results show a medium effect of this technic with a significant improvement of global self-esteem on the Rosenberg Self-Esteem Scale in participant placed in the experimental group compared to participants placed in a placebo control group, $F(1, 87) = 7.73, p = .007, \eta p^2 = 0.082$. The benefit remains at three and five days from the end of the intervention. The impact of this intervention on specific dimensions of self-esteem, and the type of memory processes involved in the effects, are discussed. The clinical applicability and effectiveness of this technic should be investigated in future clinical studies.

ETHICAL BELIEFS AND BEHAVIORS OF EUROPEAN COGNITIVE BEHAVIORAL THERAPISTS

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Introduction: The subject of this research were the ethical beliefs and behaviors of CBT therapists throughout Europe. Previous studies similar to this one, conducted in several countries, showed that many psychotherapists have unusual ethical beliefs that are not in accordance with the ethical codes and that many have broken rules.

Method: The first part of the questionnaire was dedicated to some sociodemographic data, the second consisted of 60 items that represent hypothetical behavior of a psychotherapist and the third part were questions related to professional will and burnout. The task of the respondents in the second part of the questionnaire was to rate how ethical is the behavior and then to answer how often did they behave like this in their psychotherapeutic practice (on a 5-point Likert scale).

Results: The total sample consisted of 1071 respondents from 36 countries. Mean age of the respondents was 41.52 and the mean experience in working as a psychotherapist in the sample was 10.89 years.

When asked about whether they had any training in the field of professional ethics in psychotherapy, 42.1% of the respondents answered that they didn't. Expressed beliefs of therapists that some unethical behaviors (such as breaking the 'sacred' rule of confidentiality in gossip or thinking that therapy is a 'two-way street') can be ethical even in rare circumstances are a clear signal that something in our training is missing.

Discussion: EABCT should consider continuing research in this area and revisit the standards of training for therapists.

EFFECTIVENESS OF GROUP-BASED INTERVENTIONS FOR CONFLICT-AFFECTED PEOPLE IN THE EAST OF UKRAINE

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Military actions in the East of Ukraine have been continuing many years. Approximately 200,000 people reside within 5 kilometres of the 500-kilometre of the demarcation line and in the situation of protracted traumatic events due to ongoing military conflict. For the purpose of psychological support for the local population, we used Skills for Psychological Recovery (SPR) [1], as well as the Group Traumatic Episode Protocol (G-TEP) [4]. The research idea was to evaluate these interventions and find out which combination of group interventions gives us the best effect over a month (5 sessions).

Method: Residents of villages and towns near the demarcation line were eligible to participate. They were approached by local specialists (schools and medical facilities) and signed research consent forms.

It was taken two groups of people at the same time and in one region. Each group were randomly assigned as SPR, G-TEP-1 (4 sessions of SPR + 1 G-TEP session), G-TEP-2 (3 SPR sessions + 2 G-TEP), G-TEP-3 (2 SPR sessions + 3 G-TEP), G-TEP-4 (1 stabilization session + 4 G-TEP), or Control group (varied group work: art, language, etcetera).

The primary outcome measure was PCL-5. Secondary measures were: BDI, BAI, WHO-5 and BRS. The symptomatological assessments were performed at 2 timepoints: baseline (T0) and after treatment in 4-5 weeks (T1). Inclusion criteria was a score of at least 10 on PCL-5.

Results: 511 adult participants were approached, agreed to participate and were randomly allocated to Control/SPR (N= 244) and G-TEP (N=267) groups. 315 participants were included in the completers analysis.

Analysis of the results showed that the SPR and all G-TEP groups had significantly lower PTSD and depression symptoms after interventions (G-TEP effect-sizes by conditions: $d=0.41$, $d=0.99$, $d=0.86$, $d=0.40$ and SPR effect-size $d=0.88$, $p<0.01$, PCL), but not in the control group (PCL, $p=0.722$). The improvement of PCL scores was more pronounced in participants allocated to G-TEP 2 than in those who received SPR (between-group effect-size $d=0.23$, $p<0.01$).

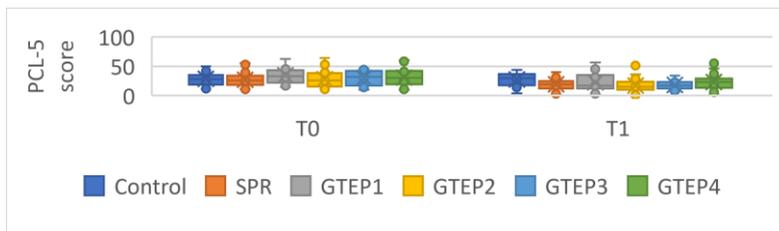


Fig. 1. PCL-5 pre- and postscores of treatment and control groups.

In addition, there were a noticeable increase in the outcomes of WHO-5 and BRS questionnaires that we used.

Condition		PCL-5	BDI	BAI	WHO5	BRS	People
SPR (Skills for Psychological Recovery 5 sessions of group therapy) median	before	26,00	11,00	13,00	56,00	2,80	117
	after	19,00	6,00	7,00	64,00	3,16	117
Varied group work (art, language etcetera), median	before	28,00	13,00	15,00	52,00	3,00	41
	after	29,00	13,00	14,00	52,00	3,00	41
G-T-E-P-1 (4 sessions of SPR + 1 G-T-E-P session) median	before	33,00	12,00	18,00	48,00	2,83	51
	after	17,00	8,00	12,00	60,00	3,00	51
G-T-E-P-2 (3 SPR sessions + 2 G-T-E-P) median	before	26,00	11,50	14,00	52,00	2,94	38
	after	15,00	5,50	6,50	64,00	3,24	38
G-T-E-P-3 (2 SPR sessions + 3 G-T-E-P) median	before	32,00	12,00	16,00	44,00	2,67	19
	after	17,00	5,00	7,00	60,00	3,00	19
G-T-E-P-4 (1 stabilization session + 4 G-T-E-P) median	before	30,00	13,00	16,00	52,00	2,83	49
	after	23,00	7,00	12,00	60,00	3,00	49

Table. 1. Outcomes measurements pre- and postscores of treatment and control groups

Conclusion: This study indicates that both G-T-E-P EMDR and SPR protocols are associated with a reduction of psychological trauma symptoms and increasing quality of life of military conflict-affected people.

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CBT GROUPS FOR ETHNIC MINORITIES

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Existing data and a range of evidence shows Black, Asian and Minority Ethnic (BAME) Groups do not access Mental Health services as successfully as other population groups, and when they do access them, the recovery rate is generally poorer than other groups (NICE, 2011). Evidence suggests that population specific treatments can improve outcomes for minority ethnic patients (van Loon et al., 2013).

An innovative project created in Sheffield Improving Access to Psychological Therapies (IAPT) focused on providing CBT learning and aimed on social integration which is suggested to have positive benefits for the individual and for the wider community. Our vision has been to teach CBT techniques and include BAME communities and cultural groups. We focused our delivery to the Roma/Slovak, Urdu and Arabic speaking community. We identified different needs and worked through different barriers including building therapeutic relationships through working with interpreters, as well as communicating CBT practice and finding alternative ways for in-between sessions work.

We developed sessions and facilitated groups across the city gathering qualitative and quantitative feedback. We conducted an audit to explore effectiveness of our interventions. Results showed that a total of 54 people attended the groups. Of the 38 people that attended two or more sessions: 8 were not in caseness. 18 moved to recovery which was equivalent to 60% and 26 showed reliable improvement equivalent to 68%. Through this process we faced difficulties and explored ways to improve engagement of BAME communities in therapy which resulted in a rewarding challenge.

INVESTIGATING THE RELATIONSHIP BETWEEN EMOTION REGULATION, NEGATIVE AFFECT AND PSYCHOPATHOLOGY AMONG TRAUMATISED REFUGEES: A LATENT PROFILE ANALYSIS

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Introduction: Although refugees are often exposed to traumatic reminders, little is known about the emotion regulation (ER) strategies that they employ under stress, nor how effective different approaches may be at reducing distress. This was the first study to identify individual differences in patterns of spontaneous ER among refugees, and explore their unique associations with negative affect and PTSD.

Method: Spontaneous reappraisal and suppression was measured among 82 refugees following a 5-minute exposure to trauma-salient images. Negative affect was indexed at pre and post. Latent Profile Analysis (LPA) was conducted to identify distinct profiles of participants based on differing levels of ER use.

Results: LPA revealed two distinct profiles: a High Variability profile (37%; high suppression/moderate-high reappraisal) and a Low Variability profile (63%; low suppression/moderate reappraisal). The Low Variability profile was associated with increased negative affect ($p < .001$) and greater PTSD symptoms ($p = .044$) compared to the High Variability profile.

Discussion: Our findings suggest that a more variable ER approach following stressor exposure results in lower distress and is associated with less PTSD. Better understanding the links between ER, negative affect and psychopathology has important implications for the development of effective treatments for refugees.

PSYCHOPHYSIOLOGICAL RESPONSES IN THE TIME COURSE OF EMOTIONS: EFFECTS OF EMOTION REGULATION DIFFICULTIES.

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Objectives: The present study examines the effect of trait-level emotion regulation difficulties on self-report and physiological emotion responses during the anticipation, the duration of and recovery from emotional stimuli.

Methods: Seventy-nine participants viewed three 2-min film clips (neutral, pleasant and unpleasant) and rated continuously how pleasant they felt 30sec prior (anticipation), during, and 30sec after (recovery) each clip. We also recorded autonomic arousal (skin conductance, heart rate) and behavioural expression (corrugator, zygomatic activity) measures during each phase. At the end, participants completed the Difficulties in Emotion Regulation scale and a total score was computed.

Results: Growth models indicated that valence ratings and physiological measures changed over the time course of each film clip as expected and most measures showed some recovery without, though, returning fully to baseline levels. Higher emotion regulation difficulties tended to be associated with less emotional modulation in skin conductance, heart rate and corrugator activity, but with greater reduction in valence over-time during the negative film and greater increase during the neutral one.

Discussion: Current findings provide an overview of the time-course of psychophysiological responding during the experience of emotional episodes. Although weak, results seem to suggest that trait-level emotion regulation difficulties are associated with blunting of some physiological responses, but unchanged or even higher emotional experience, a pattern often linked to internalizing psychopathology.

THE RELATIONSHIP BETWEEN EMOTION DYSREGULATION AND PROBLEM-SOLVING ATTITUDE, APPROACH, AND PERFORMANCE IN GAD

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Introduction: Emotion dysregulation (ED) underpins generalized anxiety disorder (GAD) and is associated with maladaptive strategies that get in the way of using important affective information for constructive actions, including problem-solving. Further, individuals with GAD have negative attitudes about their problem-solving ability and use ineffective strategies that prioritize dampening aversive affect, including impulsive and avoidant problem-solving approaches. We investigated the relations between ED and problem-solving attitudes, approaches, and performance (i.e., effectiveness and concreteness) in GAD.

Method: $N=119$ community members with GAD completed questionnaires and a problem-solving task.

Results: Greater ED was associated with greater intolerance of uncertainty ($r=.52$, $p<.001$), and negative problem orientation ($r=.58$, $p<.001$). Further, greater ED was associated with greater impulsive/careless ($r=.22$, $p=.018$) and avoidant ($r=.33$, $p<.001$) problem-solving styles. ED was not associated with problem-solving performance.

Discussion: Consistent with past research in non-clinical participants (Ouellet et al., 2019), greater difficulties self-regulating were related to greater negative beliefs about one's problem-solving abilities. It is possible that individuals with GAD view ED as a problem to be solved and consequently doubt their ability to down-regulate their emotions. Further, when faced with problems and associated arousal, those with greater ED may use ineffective problem-solving strategies to decrease negative affect quickly that are unlikely to lead to effective resolutions and, instead, perpetuate worry. Consequently, improving negative attitudes towards problem-solving may increase self-efficacy when experiencing aversive arousal. This is the second study to connect problem-solving attitudes with ED, which are constructs previously focused on in different theoretical models of GAD.

GROUP “SUPPORT” INTERVENTION PROGRAM FOR PREVENTION OF BURNOUT IN PRIMARY HEALTHCARE STAFF

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Introduction: Burnout is a psychological syndrome that affects many health care professionals. It usually arises from work-related stressors and entails severe physical, mental, and social consequences. Recent studies have demonstrated that burnout has negative effects on the delivery of health care, patient satisfaction, and patient outcome. Appropriate interventions can reduce burnout among physicians and nurses and result in promotion of the quality of services provided at health centers and hospitals. This paper aims to present the effectiveness of a group intervention program on burnout prevention and reduction among primary health care professionals in Farkadona (Trikala, Greece) health centre. Participants had no other experience on group work.

Method: A group “support” intervention program has been developed which was based on Cognitive Behavioural Model and Systemic Approach. The duration of the group was two hours, once a month and all health care staff were invited to participate. Issues such as group dynamics, interpersonal skills, anxiety management, anger management, conflict resolution and effective communication skills are discussed.

Results: 15 group sessions took place. Professionals who attended the group learned to share emotions and recognize the signs of the burnout syndrome. Group process helped staff to increase its motivation to work.

Discussion: Health care professionals of Farkadona’s health centre had a unique and valuable group experience. Group support work may be a “good practice” for the prevention of burn out and depression among health care staff in Greek primary health care services. However, further studies are needed.

A PILOT STUDY FOR AN INTERVENTION PROGRAMME ADDRESSING PERFECTIONISM

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Introduction: Clinical perfectionism has been studied with various mental health problems and appeared to play an important role in the aetiology, maintenance and course of certain psychopathological states. Moreover, it has been stated that, in many cases, the development of perfectionism can be attributed to the experiences in the family and more specifically to parenting styles. The aim of the present study is to examine the effectiveness of an intervention program designed to diminish clinical perfectionism and to study the relation between perfectionism and symptoms of depression and anxiety. Also this study focuses on the role of parenting styles in the development of perfectionism.

Method: small groups of Greek young adults (N=11) with elevated characteristics of perfectionism participated in the study. Participants were assigned to either the intervention group (IG) or to a non-active control group (CG). Intervention included 10 weekly sessions based on a self-help guide for overcoming perfectionism using cognitive behavioral techniques. Assessments were made in two time points, pre and post intervention.

Results: Measures of the IG in pre and post intervention showed significant decrease in perfectionism, anxiety, stress, depression symptoms and preservative thinking. Data concerning the between group comparisons and the parenting styles in relation with perfectionism will be presented.

Discussion: Data will be discussed in comparison with previous studies and their clinical utility will be emphasized. The key points of addressing perfectionism will be highlighted.

MINDED PAIN: CHANGING MECHANISMS OF MINDFULNESS-BASED GROUP THERAPY FOR FIBROMYALGIA PATIENTS: A RANDOMIZED CONTROLLED TRIAL

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Introduction: Fibromyalgia is a chronic pain syndrome, often involves high levels of depression, anxiety and cognitive deficits. Mindfulness-based Therapy (MBT), is a mind-body intervention, which has been documented as effective among fibromyalgia patients. Nevertheless, not much is known about the mechanisms of change through which MBT works.

The present study had several main aims: (1) To build and evaluate a specific mindfulness-based therapy protocol for fibromyalgia patients (2) To examine what are the changing therapeutic mechanisms and their role in MBT action (3) To examine to which patients MBT is the most effective.

Methods: The study is a randomized-controlled trial. 95 fibromyalgia Patients were randomly assigned to 10-weeks MBT (N=49) or a waitlist-control (WL; N=46). Participants assessed at pre-, middle-, post-therapy and 6-month follow-up. They completed self-report questionnaires tapping fibromyalgia symptoms (FIQR), depression (PHQ-9), stress (PSS), quality of life (HRQOL), mindfulness (FFMQ), flexibility towards pain (PIPS), and more.

Result: Repeated measures ANOVAs indicated that MBT was highly effective among fibromyalgia patients, compared to WL. Large effect sizes were found for PHQ-9, HRQOL, and a medium effect size was found for PSS and FIQR. Linear regression analyses showed that changes in a several cognitive mechanisms, such as mindful nonreactivity and PIPS, accounted for the change in a central outcome measure, such as PHQ-9 or PSS.

Conclusions: Mindfulness-based therapy holds a great potential for fibromyalgia patients. Our results indicate that general mindfulness concepts may be translated into pain-related concepts, such as flexibility towards pain, and may be central targets/change mechanisms in mindfulness-based therapy.

FEAR OF HAPPINESS PREDICTS PROSPECTIVE DEPRESSIVE SYMPTOMS IN ADOLESCENTS

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Research into emotion regulation has to date primarily focused on understanding attempts to down-regulate negative emotions. It is now recognised that studying responses to positive affect is also important given that positive and negative affect are independent of each other and emotion regulation may function differently in each domain. Dampening of positive emotions, for example, prospectively predicts depressive symptoms even when controlling for baseline depressive symptoms and rumination, a typically strong predictor of depression. These findings suggest that response styles to positive emotions are implicated in the development of depressive symptoms. However, it is currently unclear why individuals engage in maladaptive emotion response styles like dampening. One reason may be a fear of happiness, meaning these individuals believe that experiencing happiness, especially excessively, may have negative consequences. Given that fear of happiness is associated with higher dampening and lower life satisfaction, it may be an antecedent of depressive disorders. Similarly, the fear of losing control over one's emotions has been implicated in the development of mental disorders. The fear of losing control over positive emotions was found to correlate with higher negative affect and emotion regulation difficulties. This talk will present results of an unpublished study investigating the predictive value of fear of happiness and fear of losing control over positive emotions on depressive symptoms in a sample of 87 adolescents, followed up over a two-month period.

PANDEMIC-RELATED POST TRAUMATIC STRESS AND ITS PREDICTORS

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Introduction: In December 2019, multiple unexplained cases of pneumonia were reported in Wuhan, China. In the subsequent months the situation has escalated into a worldwide pandemic of the new virus, COVID-19. The pandemic has resulted in significant losses, disruption of daily lives, economic strain, and psychological distress. Prior research of the psychological effects of the infectious disease outbreaks, has found elevated levels of depression, anxiety, and post-traumatic stress symptoms (PTSS) among survivors and affected populations. The goal of this study was to assess the traumatic impact of the COVID-19 pandemic and to identify possible predictors of PTSS in an international sample.

Method: Using snowballing methodology, a convenience sample ($n = 465$) of adults (mean age = 36.87 (SD = 13.39); age range = 18 – 76; 80% female) from 30 countries was recruited for the study. Demographic characteristics, subjective stress level in response to various aspects of COVID-19 pandemic, fatalism, and PTSS symptoms (as measured by IES-R scale) were assessed.

Results: A multiple regression was run to predict PTSS. The multiple regression model statistically significantly predicted PTSS, $F(18, 380) = 25.427$, $p < .001$, adj. $R^2 = .53$. The following variables statistically significantly contributed to the prediction of PTSS: overall level of subjective stress, concerns regarding own health, concerns regarding health of significant others, stress related to diminished job security, stress related to social isolation, and fatalism.

Conclusion: Further research is needed to assess possible long-term consequences of COVID-related PTSS.

“HOME STRESS HOME”: A SELF-HELP WEBSITE TO MANAGE ANXIETY DURING CONTAINMENTM. Rossignol¹, L. Ris², J. Gaugue³¹ Department of Cognitive Psychology and Neuropsychology, University of Mons² Department of Neurosciences, University of Mons³ Department of Child and Adolescent Psychology, University of Mons

Research has shown that many people have suffered from containment as a result of the COVID-19 pandemic. Faced with grief, fear of illness, lack of understanding of policy measures, and an economic recession, many citizens report feelings of depression and anxiety. However, most mental health services are not easily accessible in this crisis period and the economic situation of many people does not allow them to consult online. While this situation is already complicated for adults, young people, children and adolescents seem to be particularly neglected, as they have even less access to useful information and tools. In this context, we have developed and put online a website targeting children, adolescents and young adults up to the age of 25. First, this website allows to assess the level of anxiety of the respondents using well-validated screening tools and provides them a personalized feedback. In a second step, respondents are provided with empirically validated anxiety management tools (psycho-education, emotion management, relaxation and meditation exercises). After one month of online use, participants were recontacted to evaluate the effectiveness of these self-management stress management procedures. The collection of these data is currently in progress. The presentation will detail these results and discuss the usefulness of online self-help tools in times of crisis.

INTOLERANCE OF UNCERTAINTY, VIRUS-RELATED BELIEFS AND ACTIONS AMID THE COVID-19 PANDEMIC: A RESEARCH AGENDA

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Introduction: Anxiety disorders are a highly prevalent psychiatric condition afflicting youth and their families. Intolerance of uncertainty is a trans-diagnostic pathway to multiple anxiety conditions, including obsessive-compulsive disorder, social anxiety, and generalized anxiety disorder. Pandemics such as the current COVID-19 crisis catalyze uncertainty contributing to the initiation, maintenance, and exacerbation of anxiety disorders. We propose a research agenda to study the relationship between intolerance of uncertainty and COVID-19 related thoughts and behaviors in non-clinically-referred youth and their parents using innovative new measures.

Methods: The project surveys youth (ages 7-17 years) and their parents residing in the US. Two new measures will be administered. The *Intolerance of Uncertainty Index-A-C* (IUI-A-C: Rifkin & Kendall, 2020) is a 15 item self-report measure that assesses unacceptability of uncertainty. The *COVID-Related Thoughts and Behavioral symptoms-Child Report* (COV-TaBs: Schneider & Storch, 2020) is a 10-item child self-report instrument that taps worries and behavioral reactions to the virus. Parents will complete the parent version of the COV-TaBs and the Intolerance of Uncertainty Scale-12 (IUS-12: Carleton, Norton, & Asmundson, 2007), which taps adults' perceived aversiveness of uncertainty. Both children and parents will answer a demographic questionnaire containing a COVID impact item.

Results: An initial inter-correlation matrix (ICC) will be crafted. Primary analyses will focus on relationships between the child and parent versions of the COV-TaBs, child and parent intolerance of uncertainty, and virus impact on the COV-TaBs, IUI-A-C, and IUS-12.

Conclusions: Findings will form a platform for data integration/contrast with partnering medical centers.

METAPHORS AND ANALOGIES OF THE COVID-19 GLOBAL CRISIS, USED BY CLIENTS IN CBT THERAPY IN BULGARIA

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Introduction: In CBT language is an essential tool for providing an alternative way of thinking for the client and stimulating the development of a more useful, adaptive and realistic view about the self and the world. And metaphors in particular are a powerful generator of cognitive processes, creating the so-called "cognitive bridges". Within the clinical context *metaphor* is used as an umbrella term that encompasses also analogies and similes (Scott 2010).

The Covid-19 pandemic abolished existing rules and failed to establish new and sustainable ones. The main messages were prohibitions and "not doing" certain things. All this sharply compromised the habitual way of thinking; enormous amounts of contradictory information emerged that it was virtually impossible to make sense of and exploit. It led to a global increase in anxiety. The present study focuses on the use of metaphors in the CBT treatment of anxiety disorder to help patients cope with different aspects of coronavirus crisis.

Method: So far, 37 people are included in the qualitative study. As of 13.03.2020, they all had been in individual therapy (CBT) due to a presence of an anxiety disorder. Age: 18 - 64, of which: women = 21, men = 16, in terms of types of disorders, as follows: PD = 11, OCD = 6, SAD = 8, HA = 9, GAD = 3. During the therapy sessions, each participant was asked to generate a metaphor or an analogy (or to choose one of the already popular ones in the media), which would help him view the Covid-19 crisis differently.

Results: Collected were a considerable number of metaphors that helped to reduce the anxiety associated with this definitely new global crisis. Some of the metaphors are typical of the Bulgarian context, and others seem to have the potential of universal use. Thus, in the context of Covid-19, the present study allows the transdiagnostic and cultural widening of the case conceptualization.

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“HOW TO CONNECT WITH SELF AND OTHERS”: A PREVENTION PROGRAM BASED ON SCHEMA THERAPY FOR CHILDREN AND THEIR PARENTS IN SCHOOL SETTINGS

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Schema Therapy has been proven to be an effective therapeutic model for a large range of psychopathology and there is a growing body of research indicating its effectiveness in adults. However, it has not yet been implemented extensively with children, whether in individual or group settings. In addition, the issue of preventing maladaptive schemas in children with the involvement of both children and their parents has received hardly any attention. Therefore, the aim of this research was to design, implement and evaluate an innovative school-based prevention program which addresses children's core emotional needs, maladaptive schemas, modes and relationships with significant others. Psychoeducational schema-focused training of parents with the aim of strengthening attachment with children is also included. The whole program is based on the rationale, principals and therapeutic techniques of Schema Therapy as well as play therapy. It has two separated yet interrelated components, that is, group work with children and group work with their parents. Sixteen structured meetings were carefully designed for children on a weekly basis and 10 meetings for parents once every two weeks. A total of 35 children (9-13 years old) from four primary schools in Athens, Greece as well as, at least one of their parents participated in the implementation of the program. Four trained schema therapists delivered the intervention. Preliminary results for the effectiveness of the program based on pre- and post-intervention assessment of schemas and mental health are presented and experiences from working with children and their parents are discussed.

ANOTHER LOOK AT MOTHER–ADOLESCENT DYADS: DOES SELF-COMPASSION MITIGATE THE ASSOCIATION BETWEEN INSECURE ATTACHMENT AND INTERNALIZING SYMPTOMS?

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Background: The degree to which parents relate to themselves with self-compassion in distressing situations is shaped by their attachment orientations and may account for the well-known association between the quality of parents' attachment to their children's developmental outcomes. The aim of this study is to explore one proposed mechanism by which attachment orientation is linked to internalizing symptoms within mother-child dyads.

Method: Actor-partner interdependence models were conducted on self-reported indicators of self-compassion, attachment orientations and internalizing symptoms in a sample of $N = 400$ mothers – child dyad ($N = 400$ mothers and 400 adolescents). We tested whether one's own self-compassion will mediate the relationship between attachment orientation and internalizing symptoms for both mothers and adult children. To test the mediation hypothesis for partner effects, we were particularly interested in whether a) the mother's insecure attachment style will have an indirect effect on the child's internalization symptoms through her level of self-compassion and b) the mother's insecure attachment style will have an indirect effect on the child's internalizing symptoms through the child's level of self-compassion.

Conclusions: The implications of the findings reveal an important pathway linking mothers' attachment to their adolescent's internalizing symptoms and underline the importance of designing parenting programs and interventions aimed at helping parents and adolescents become more compassionate toward themselves.

NURTURING COMPASSIONATE SCHOOLS: THE EFFECTS OF A COMPASSION FOCUSED INTERVENTION ON TEACHERS' MENTAL HEALTH, WELLBEING AND PROSOCIAL QUALITIES

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Introduction: Compassion-based interventions have been found effective in promoting emotion regulation, wellbeing and prosocial qualities. Educators present a high risk of stress, which negatively impacts their mental health and professional performance. This study investigates the impact of the Compassionate Schools Program (CSP), a six-module compassionate mind training group intervention for teachers, on indicators of mental health, wellbeing and prosociality.

Method: A randomized controlled study was conducted in a sample of 153 public school Portuguese teachers (CSP N=80; WL Control N=73). Participants completed self-report measures of compassion, mindfulness, positive affect, satisfaction with life, burnout, and psychopathology at pre (T1) and post intervention (T2). A subsample of teachers from the WLC group (N=37) underwent the CSP after T2 and completed the same questionnaires afterwards (T3).

Results: Results reveal significant effects of the CSP, with teachers showing increases in compassion for self and for others, interpersonal mindfulness, feelings of safeness, connectedness and vitality in the workplace, and satisfaction with teachers' life from pre to post-intervention. Additionally, teachers showed reductions in fears of compassion, feelings of threat and disconnection at school, burnout and psychopathology symptoms after the CSP.

Conclusions: These findings suggest that the Compassionate Schools Program may be an effective psychological group intervention to promote mental health, wellbeing and prosocial qualities in educators. The cost-effectiveness and usefulness of this program seems promising, and future work should continue to assess its efficacy and promote its dissemination in other settings/countries.

DOES EARLY CHILDHOOD INTOLERANCE OF UNCERTAINTY PREDICT SUBSEQUENT CHILD ANXIETY?

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Anxiety is common in young people, affecting 2.4 – 6.5%. When anxiety is identified early, intervention can improve children's quality of life and decrease their long-term risk for mental health problems.

Intolerance of Uncertainty (IU) is a construct capturing trait individual differences in reactions to uncertainty; those who are high in IU find uncertainty aversive. In adults and children, IU is associated with elevated worry and anxiety in clinical and nonclinical samples, however to our knowledge, no longitudinal research has been conducted evaluating whether IU acts as a risk factor for the development of psychopathology in children.

We used a longitudinal design to examine the extent to which IU predicts anxiety in children during a naturally occurring stressor (in this case, the COVID-19 pandemic). The design also allowed us to evaluate the stability of IU over time in young children.

We initially assessed IU using parent report in 180 children aged 3-4 years. All families were invited to complete a follow-up 2-3 years later, during the COVID-19 pandemic and 162 participated. At follow-up parents completed measures of child anxiety, internalising problems, externalising problems and IU.

The results provide insight into the role of IU as a risk factor for early anxiety as well as providing data on the continuity of IU over time in young children. The findings will inform targeted prevention programmes for anxiety in children.

EXPOSURE TO SOCIAL NETWORKS: THE ROLE OF SOCIAL COMPARISON ON BODY DISSATISFACTION AND FOOD CONCERNS.

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Introduction: Studies have shown that social comparison is a predictor of body dissatisfaction and eating disorders [2]. Social networks, such as Facebook, make it easier to compare oneself with others [1]. Facebook, with its constant posting of photos and comments, can encourage and make it easier for young people to compare their bodies to others. We want to identify the impact of comments and likes, through the process of social comparison, on body dissatisfaction and eating behaviors.

Method: We conducted an experimental task in which 1854 female students aged 18 to 25 were exposed to a photo depicting a slim young woman with a greater or less number of "likes" and comments. The tendency to compare themselves on Facebook, the level of body dissatisfaction and dietary concerns were assessed.

Results: The results showed that the more physical and eating preoccupations participants have, the more they resort to a negative comparison of their physical appearance on Facebook. In addition, they showed that dissatisfied young women were more likely to compare their physical appearance negatively when confronted with a young woman with few likes and comments than with many likes and comments.

Discussion: This study suggests the importance of thinking in terms of prevention, particularly through media education, as regards the use of social comparison on social networks among young girls. And it leads to take action to warn young women about the dangers of social comparison and the impact it can have on their physical and eating preoccupations.

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PARENTS' EXPERIENCES OF PARENTING A CHILD WITH OBSESSIVE COMPULSIVE DISORDER (OCD)

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Obsessive Compulsive Disorder (OCD) is a debilitating mental health condition affecting up to 4% of children and adolescents (Heyman et al., 2003). Cognitive Behavioural Therapy (CBT) is an effective treatment for childhood OCD; however, access to CBT treatment is limited (Franklin et al., 2015). Treatment for children with anxiety disorders can be efficiently delivered via parents (Creswell et al., 2017) and preliminary evidence has shown parent-delivered CBT is also effective for young children (5 – 7 years) with OCD (Rosa-Alcazar et al., 2019). Parent-delivered CBT may therefore offer an efficient, first-line treatment for children with OCD, helping to overcome limited access to treatment. However, minimal research has examined parents' experiences of parenting a pre-adolescent children with OCD or parents' views/preferences towards parent involvement in CBT for OCD in children. Such knowledge is crucial to ensure the development of effective and efficient treatments which reflect families' experiences and needs.

This presentation will report the results of a qualitative study which explored: (i) parents' experiences of parenting a pre-adolescent child (aged 7 to 14 years old) with OCD, and (ii) parents' views/preferences in relation to parent involvement in CBT for childhood OCD. Twenty-two parents of 16 children were recruited through a local Child and Adolescent Mental Health Service (CAMHS), private treatment providers, charities and social media advertisements, and took part in a semi-structured qualitative interview. Themes generated using thematic analysis (Braun & Clarke, 2006) will be presented and implications for current and future clinical practice for childhood OCD will be discussed.

TACKLING PERSISTENT DEPRESSIVE DISORDER: LOOKING *INSIDE* THE PROCESS OF CHANGE

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Looking back at more than 40 years of depression research including over 500 randomized trials, evidence concerning the long-term course of depression after acute treatment is scarce despite the high chronicity rate of up to 30% and a prevalence of chronic depression of approximately 33-50% in clinical settings. In order to develop effective treatment algorithms, we have to go beyond cross-sectional post-treatment study designs, look *inside* the therapist's room and systematically capture and apprehend the processes and key factors of psychotherapy. To set the course for future research, we conducted a twofold approach by implementing a sophisticated combination of qualitative and quantitative study designs:

First: We present data from one of the most comprehensive RCT on the treatment of persistent depressive disorder with the only disorder-specific treatment for chronic depression (Cognitive Behavioral Analysis System of Psychotherapy, CBASP) vs. an unspecific, common factor approach (Supportive Therapy) regarding acute and long-term efficacy (modeling the complete psychopathological time course over 2 years of follow-up), the influence of childhood maltreatment / comorbidities and the occurrence of adverse events or potential side effects of psychotherapy.

Second: In order to look *inside* the process of change, we analyzed 72 videotaped therapy sessions using cubus analysis with multilevel models to identify the key factors and mechanisms associated with successful treatment of persistent depressive disorder. In this way, pivotal questions can be answered to unravel the underlying mechanisms of change in psychotherapy and to tackle the challenges of treating persistent depressive disorder.

BENEVOLENCE-FOCUSED CBT FOR CHRONIC DEPRESSION: A RANDOMIZED CONTROLLED TRIAL

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Chronic depression is a highly prevalent and difficult to treat disorder. There is only inconsistent evidence for the efficacy of psychological treatments. We developed a group meditation program combining mindfulness with metta (loving kindness) meditation. The specific aim of metta is to enhance a positive attitude, benevolence, towards oneself and others. In previous studies, Metta meditation has shown to be effective in enhancing positive emotions. Based on the results of two pilot studies, we added individual CBT focusing on the principle of benevolence, by using techniques such as behavioral activation and cognitive restructuring.

In the present trial, the efficacy of this combination was examined in 48 patients with chronic depression, randomized to a) either a combination of 8 sessions group meditation and 8 individual sessions CBT, or b) a wait-list control group. Outcome was assessed at pre-, intermediate-, post-treatment and 6-month follow-up. Primary outcome measure was the independent blind rating of depression, using the Quick Inventory of Depressive Symptomatology. Self-report measures were used to assess secondary outcomes.

Four patients (16.7 %) did not complete treatment. At post-test, significant effects of the treatment were found in the primary outcome (QIDS) as well as self-rated depression, behavioral and cognitive avoidance, rumination, mindfulness and social adaptation, with high effect sizes.

The study is the first to demonstrate that metta meditation combined with benevolence-focused CBT is effective for chronic depression. Complete follow-up data will be presented on the EABCT conference 2020. Possible implications for the development of treatments for chronic depression are discussed.

NEW DEVELOPMENTS: POSITIVE PSYCHOLOGY CONTRIBUTIONS TO THE TREATMENT OF DEPRESSION AND ANXIETY.

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Positive Psychology is defined as the “study of the conditions and processes that contribute to the flourishing of people, groups, and institutions” (Gable & Haidt, 2005). The application of Positive Psychology is the positive psychology interventions (PPIs), which are defined as psychological interventions aimed at raising positive feelings, cognitions or behaviors (Sin & Lyubomirsky, 2009). Studies to date indicate that PPIs increase the levels of well-being and decrease depression, anxiety or stress symptoms (Chakhssi, Kraiss, Sommers-Spijkerman, & Bohlmeijer, 2018).

A multi-component PPI, which included interventions on gratitude, optimism, goal-setting, character strengths was designed and tested in a pilot study (Kotsoni, Kanellakis & Stalikas, 2020). The 6-weeks programme is tested in this study. Participants were recruited through the internet and those presenting with symptoms of depression, anxiety or stress were invited to a screening interview. Out of 193 participants, two groups were formed: intervention (13) and control (13) group. All participants completed self-report questionnaires (Depression, Anxiety and Stress Scale, Mental Health Continuum-Short Form, Satisfaction with Life Scale, Scale of Positive and Negative Experiences) when the programme started, on the completion and at 3-months follow-up.

The results indicated statistically significant decreases in depression, anxiety, stress, and negative emotions, as well as increases in well-being, satisfaction with life and positive emotions among the people who attended the programme. No changes were observed in the control group. Our findings suggest that a programme consisted of evidence-based PPIs could be offered to people suffering from depression, anxiety or stress to managing their difficulties.

PREDICTIVE MODEL FOR DEPRESSION IN ADOLESCENCE BASED ON COGNITIVE VULNERABILITY FACTORS

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Introduction: Within the Cognitive Vulnerability-Transactional stress model of depression in adolescence, there is a significant association between risk factors of depression, and the level of symptoms of depression. The main objective is to investigate and determine the role and relationship of predictive risk factors and clinical and subclinical depression in order to build predictive model for depression.

Materials and Methods: The research was conducted in clinics and schools in the three main centers of socio-demographic regions in North Macedonia. The sample consisted of: the clinical group 139 (33.7%); the subclinical group, 133 (32.3%) and 140 (34.0%) respondents in control group, aged 13-17 years. Predictive factors for depression were measured by a set of instruments.

Results and Conclusions: When the predictive model of depression in adolescence was built solely on the basis of risk factors for cognitive vulnerability, negative life events and their interaction, the analysis showed that there was significant prediction of depression levels in predictive models of the clinical group (62.5%), the subclinical group (63.3%) and the control group (65.9%). In the predictive model of the *clinical group*, *ruminative response style* has the role of the strongest predictor of levels of depression symptoms, and the lowest are negative life events. In the predictive model of the *subclinical group* the strongest significant predictors are *dysfunctional attitudes*, and the weakest is the interaction between negative life events and dysfunctional attitudes. The analysis of the results in the *control group* singled out the *negative inferential style* as the strongest predictor, and the weakest is the ruminative response style.

NON-SUICIDAL SELF-INJURY, SUICIDAL BEHAVIOR AND SENSE OF COHERENCE AMONG ADOLESCENTS WITH DEPRESSIVE DISORDERS: CLUSTER ANALYSIS

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Introduction: There is a need for better understanding of the associations and distinctions between non-suicidal self-injury (NSSI) and suicidal behavior. Since low sense of coherence (SOC) has been recognized as a possible marker of suicidality, the aim of our study was to investigate the inter-relation between NSSI, suicidal behavior and sense of coherence among adolescents with depression, using cluster analysis.

Method: A group of 97 older adolescent patients with depressive disorders were interviewed to assess the lifetime presence of non-suicidal self-injury, and suicidal intentions/attempts, and filled in the Sense of Coherence – Orientation to Life Questionnaire. Two-step cluster analysis included the following predictors: NSSI, suicidal intentions/attempts, SOC – comprehensibility, SOC – manageability, and SOC – meaningfulness.

Results: The analysis revealed three different clusters. The first cluster (N=33) comprised patients with NSSI (100%), with suicidal intentions/attempts being present in 60%, and with the low meaningfulness as the most prominent SOC facet. The second cluster (N=38) encompassed patients with suicidal intentions/attempts (100%), with no NSSI, and with low manageability as the dominant SOC facet. The third cluster (N=26) involved patients with no NSSI (100%) and no suicidal intentions/attempts (100%), with high manageability as the leading SOC facet.

Conclusions: The results speak in favour of the NSSI (with or without suicidal behaviors) as an entity distinct from those suicidal behaviors not accompanied by NSSI, with sense of coherence as a possible indicator, among adolescents with depression. These findings may have practical implications.

PSYCHOSIS

THE IMPLEMENTATION OF COGNITIVE BEHAVIOURAL THERAPY FOR PSYCHOSIS DRAWING ON STAFF, SERVICE USERS AND CARERS EXPERIENCES: A META-SYNTHESIS

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Introduction/Background: Despite the availability of national guidelines, evidence indicates limited implementation of Cognitive Behavioural therapy for psychosis (CBTp). The aim of this review was to identify and meta-synthesise current qualitative data regarding the experiences and perspectives of key stakeholders in relation to the routine implementation of CBTp. The meta-synthesis aimed to explore how key stakeholders make sense of the facilitators and the barriers to CBTp implementation.

Method: Systematic searches of Psychinfo, Medline, Pubmed, CINAHL, EMBASE, were completed up to March 2018. Examination of reference lists, citation searches, as well as, hand search of the Clinical Psychology Forum supplemented the search strategy. The methodological quality of the identified studies was also assessed. A meta-ethnography approach guided the synthesis of the data.

Results: Eleven studies were analysed. Three overlapping themes, each consisting of two subthemes were identified: *difficulties in seeking treatment* (motivation to engage, practical difficulties), *challenges of providing care* (professionals' confidence, practical challenges) and *service design* (lack of resources, conflicting needs). Barriers to help-seeking pose specific challenges to professionals who offer CBTp (e.g. confidence, requirements for supervision, training, protected time). These, in turn influence the organisational priorities (e.g. medical model, ethos) when trying to meet targets with limited resources.

Conclusion: Findings indicated that difficulties in seeking, delivering and investing in CBTp are interconnected. This suggests a systemic conceptualisation of successful implementation of CBTp, which relies on the collaboration of all key stakeholders.

A COPING SKILLS ENHANCEMENT PROGRAM FOR INDIVIDUALS WITH PSYCHOTIC LIKE EXPERIENCES: A PILOT STUDY

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Background: Little research effort has been made for evidence-based treatment of psychotic like experiences (PLEs) although they may be a risk factor for developing a future psychological disorder. Therefore, the current study focused on developing a coping skills enhancement program for individuals with PLE.

Method: 755 non-clinical individuals aged between 18-55 participated to the first step of the study. Participants with high scores on Community Assessment of Psychic Experiences (CAPE-42) were listed. 17 participants met the criteria, 7 volunteers were assessed through Symptom Assessment 45 (SA-45), Automatic Thoughts Questionnaire (ATQ) and Ways of Coping Inventory (WCI) and assigned to coping skills enhancement (CSE=4) or waiting list control (WL=3) group. CSE group was recruited according to manual prepared by the authors. 7 CSE sessions both included face to face and online sessions because of pandemic and focused on diathesis-stress model, the role of cognitive dysfunctions in development of psychiatric disorders, their relations with emotions, body sensations and maladaptive behaviors, coping with anxiety during pandemic, and developing self-help skills as coping tool.

Results: The experimental group showed a better improvement at 1-month follow-up, but this improvement was not found as statistically significant. Participants expressed that they could often manage their stress during pandemic via these coping skills.

Discussion: This study is important because it is a preventive group intervention program also included online sessions and considered the effects of pandemic. However, the small size of the participants and the pandemic might influence the results of the study.

SELECTIVE MUTISM, A PSYCHIATRIC CONDITION AT THE CROSSROADS OF SOCIAL ANXIETY AND AUTISM SPECTRUM DISORDER

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In current classification systems, selective mutism (SM) has been added to the anxiety disorder. This makes sense as there is abundant evidence showing that anxiety, and social anxiety in particular, is a prominent feature of SM. In this article, we plead that – besides anxiety – autism spectrum problems are also often implicated in SM. To build our case, we summarize evidence showing that SM, social anxiety disorder (SocAD), and autism spectrum disorder (ASD) are closely allied clinical conditions. Next, communalities in the social difficulties among these three disorders as well as processes and variables that underlie these shared problems are discussed. Following this, we address the role of a special class of symptoms, restricted and repetitive behaviors and interests (RRBIs), which are a prototypical sign of ASD and are assumed to play a special role in the preservation and exacerbation of social difficulties. We then substantiate our point that SM is sometimes more than an anxiety disorder by addressing its special link with ASD in more detail. Finally, we close by noting that the involvement of ASD in SM has a number of consequences for clinical practice with regard to its classification, assessment, and treatment of children with SM and highlight a number of directions for future research on this disorder.

PRELIMINARY RESULTS OF THE FEASIBILITY STUDY OF A NOVEL VIRTUAL REALITY (VR)-BASED TARGETED SOCIAL COGNITIVE INTERVENTION IN THE REHABILITATION OF SCHIZOPHRENIA

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Introduction: Regarding schizophrenia, identifiable trends in the development of social cognitive interventions suggest that targeted interventions focusing on Theory of Mind (ToM) that use learning environments, sufficiently similar to real life interactions might be beneficial in the rehabilitation process. Our research team undertook to develop a novel VR-based targeted ToM intervention for outpatients with schizophrenia. VR-ToMIS (VR-based ToM intervention in Schizophrenia) is a 9-session long, individualized, structured method that uses a mixture of CBT techniques and the advantages of modern technology (inclusion of AVATARS).

Method: Multicenter randomized controlled trial with a 3-month follow-up period. 54 patients have been screened and 22 patients have been included and randomized either to active or control condition so far. All patients were assessed for symptomatology, neurocognitive functions, social cognitive functions, quality of life and pragmatic language skills at baseline, post-treatment and 3 months after the end of the treatment. Possible side effects were also monitored during the intervention, and we asked the patients' and caregivers' or their subjective feedback.

Results: Significant within and between group differences were found on all assessed functions, except from quality of life at the end of the 9th week. Most patients found the intervention interesting, safe and useful. Caregivers detected reduced "degree of distrust toward others" and improvement in the patients' willingness to get involved in conversations.

Conclusion: Considering the promising preliminary results we think that VR-ToMIS might be useful tool in the remediation of ToM deficit and communicative-pragmatic skills impairment and in the rehabilitation of patients with schizophrenia.

BEHAVIOR THERAPY FOR PATIENTS WITH TRICHOTILLOMANIA

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Background: Trichotillomania (hair-pulling disorder) is a prevalent disorder and involves recurrent hair pulling that can cause significant distress and can be associated with serious impairment in functioning. Is a relatively poorly understood disorder comprising of both compulsive and impulsive elements, that may need different intervention(s). Failure to maintain treatment gain is common in trichotillomania. Habit reversal therapy is the treatment with the most empirical support, superior to pharmacological approaches (SSRI and clomipramine) and the only one to report maintenance of gains at follow-up.

Objective: The aim of this study is to record the longitudinal clinical course of people diagnosed with trichotillomania according to DSM IV and V and offered Habit reversal therapy (HRT) behavior treatment. The hair pulling behavior is reinforced through classical and operant conditioning. Hair pulling reduces tension and becomes a coping behavior that develops in response to stressful stimuli. HRT is based on interventions such as self-monitoring and awareness training, in order to identify antecedent cues and apply competing response procedures and stimulus control techniques.

Methods: patients attended the Behavior Treatment Unit of the Center of Mental Health and Research and were offered behavior treatment mainly consisting of habit reversal. Assessment and treatment were delivered by clinicians with the same prior training in behavior treatment and under the supervision of the same psychiatrist. Patients who completed therapy did not meet DSM – IV and V criteria for trichotillomania. Variables included in outcome assessment were absence of bald areas, decrease in frequency and number of hair pulled, degree of impact in functioning. At the time of the study patients were longitudinally followed up by telephone reassessment in order to examine the clinical course of the disorder as well as their current state.

Results: 70% had completed while 30% had discontinued treatment. 90% were free from automatic hair pulling at follow up. 70% exhibited intentional hair-pulling which they contained with self-treatment, using components of habit reversal therapy which best suited them. Engaging in alternative, non – harmful behaviors

in order to experience pleasure and / or relief proved extremely beneficial. One had fully relapsed and one was completely symptom free.

Conclusion: The present study summarizes outcome data from patients treated in routine clinical practice. Although data such as these clearly have limitations (missing data, no untreated controls, etc.), our results support the existing literature according to which behavior therapy, with the component of habit reversal, is an effective treatment for trichotillomania, especially for automatic hair – pulling. Intentional focused hair – pulling in response to an urge or to negative affective states tends to reappear. In this case the “abstinence violation effect” (AVE) is common. AVE refers to the negative affective and cognitive responses experienced by an individual after a return to substance a harmful behavior? use following a period of self-imposed abstinence from substances (Curry, Marlatt,& Gordon, 1987). Patients completing treatment should therefore be prepared to cope with incidents of lapse, before they develop to full relapse.

POSTERS

PERINATAL PSYCHOPATHOLOGY AND COVID-19 IN FRANCE: POSTTRAUMATIC STRESS DISORDER FOLLOWING CHILDBIRTH, POSTTRAUMATIC GROWTH AND INTERPERSONAL EMOTION REGULATION

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The coronavirus disease 2019 (COVID-19) has caused serious threats to people's physical health and lives. It has also triggered many psychological problems. Many factors related to the risk of developing PTSD following birth have been identified as feelings of loss of control, low level of perceived social support, previous traumatic events. What is the impact of COVID-19 pandemic on traumatic symptomatology following birth? The objective of the current study is to determine the influence of COVID-19 (health anxiety during pregnancy) on posttraumatic postpartum symptomatology, as well as to examine potential protective variables.

This study collected data from women at 2 different times: in the last months of pregnancy (t1) and 1 month after childbirth (t2). During pregnancy, 88 women aged 30 years (+/-4) completed a questionnaire about health anxiety relative COVID-19, a state anxiety scale (STAI, Spielberger, 1970), an antenatal depression scale (EPDS, Guedeney & Fermanian, 1998) and a social support scale (MSPSS, Denis et al., 2015). One month after childbirth, they completed a specific posttraumatic postpartum scale (CBTS, Ayers et al., 2018), an interpersonal regulation emotions scale (Hoffman et al., 2016) and a posttraumatic growth scale (PGI, Tedeschi & Calhoun, 1996).

The first correlations (T1) show that anxiety for COVID-19 is linked to anxiety for health of the baby ($r=0.76$; $p<0.05$), state anxiety during pregnancy ($r=0.59$; $p<0.05$), antenatal depressive symptomatology ($r=0.35$; $p<0.05$) and a lack of social support ($r=0.23$; $p<0.05$). The collection of data and results for time 2 are still in progress.

Results provide a basis for care and therapy for women who gave birth during this specific period of COVID-19.

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METACOGNITION ISSUES IN TIME OF CRISIS

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Introduction: During time of stressful events, we are all trying to cope. Depending on our emotional, psychological and mental state, we may not be equal. As Lee (2020) commented we can try to stay safe during

the crisis and avoid too much information processing, to be exposed to media consumption on anxiogenic contents. But the objective is mainly to help people do avoid unhealthy thinking processes (Taylor, 2019). One of the process we can observe regarding our way of thinking is by assessing metacognition.

Methods: We recruited 104 outpatients in 2016, 216 outpatients during the crisis, 176 healthy control during COVID19 crisis and 228 borderline personality disorder before COVID 19. We assessed their level of metacognitive functioning with MCQ30 scale and clinical dimension (Hopelessness, Impulsivity, Aggression) among them Suicidal Risk.

Results: All four group showed differences on a significative level except for BPD patients and Patients before the crisis. Regression revealed different profile of metacognitive dimension predicting suicidal risk. BPD groupe showed no impact of metacognitive dimension on suicidal risk.

Conclusion: Our results showed that metacognitive level were not influences by the COVID 19 Crisis but revealed interesting results regarding out-patients and BPD metacognition dynamics.

PSYCHOLOGICAL CARE IN TIME OF GLOBAL CRISIS: A COMPARISON BETWEEN GENERAL POPULATION AND OUTPATIENTS' REACTIONS

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Introduction: Since March, France is facing like many other countries a sanitary crisis due to COVID 19 outbreak. It's well known that in previous infectious disease went with "emotional epidemiology" (Ofri, 2009) that is often neglected (Duan, Linder & Heremovic, 2019) as professionals of the field are discouraged to do their work (Orru, Ciacchini, Gemignani and Conversano, 2020). This crisis do questions the mental health crisis going along.

Methods: We recruited 384 respondents to an online questionnaire during the 2d month of isolation in France, among them 176 had psychotherapy and 208 were healthy control. We measured demographical characteristics (gender, age, socio-economical status), impulsivity, aggression, hopelessness, suicidal risk and global level of Anxiety and Depression.

Results: we found very little differences between gender and younger participants were more at risk in general. Regarding clinical and non-clinical group, the differences lies on suicidal risk, depression, anxiety, hopelessness but mainly in Agressivity. Regression analysis showed also that this measure influenced anxiety and repression level. Patients with actual therapy compared to patients without actual therapy only showed differences in Suicidal risk, anxiety and hopelessness with actual therapy patients having higher scores. For impulsivity, the outpatient's group with actual therapy had significantly lower impulsivity level.

Conclusion: news research regarding stress reaction need to assess more precisely other clinical signals. Psychiatric care had a major impact in dealing with psychological vulnerabilities.

COMPASSION, SOCIAL CONNECTEDNESS AND TRAUMA RESILIENCE DURING THE COVID-19 PANDEMIC: A MULTI-NATIONAL STUDY

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Background The world is facing an unprecedented crisis due to the COVID-19 pandemic, with detrimental effects on physical and mental wellbeing. In fact, the WHO has issued advice on the importance of protecting mental wellbeing during this pandemic. There are reports about increased stress, anxiety and isolation for the entire population, but especially for health professionals and vulnerable groups. There is evidence from numerous studies that self-compassion and compassion for others can act as a buffer against mental distress and promote feelings of social safeness and connectedness.

Method This study aims to investigate the impact of the COVID-19 pandemic, across time, on compassion, coping mechanisms, feelings of social safeness, isolation, traumatic stress, psychopathological symptoms and posttraumatic growth, in 21 different countries/cultures. Importantly, this study aims to test the buffering effect of compassion against the detrimental impact of the COVID-19 pandemic on wellbeing.

Results The design of the multinational study will be presented. The study is conducted in a sample of general population participants, recruited in 21 different countries from Europe, North and South America and Asia, using a longitudinal correlational design. Participants complete a set of self-report measures at three different assessment moments.

Discussion Implications of the study to advance the scientific knowledge of the impact of the COVID-19 pandemic on mental wellbeing across time and countries/cultures will be presented, as well as the significance of the findings to the understanding of the protective role of compassion against the detrimental effects of the pandemic on mental health and social isolation.

REFUGEES AND MINORITIES

SECONDARY TRAUMA STRESS, VICARIOUS TRAUMA AND RESILIENCE AMONG INTERPRETERS AND AID WORKERS OF HUMANITARIAN ORGANISATIONS: A MEDIATION STUDY.

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Introduction: Because of its geographical position, Greece has become the main gateway of asylum seekers into Europe, currently experiencing an influx of hundreds of thousands of refugees and immigrants. Refugee-helping professionals employed by humanitarian organizations (NGOs) provide vital support for the internationally displaced. The possibility however that their exposure to the trauma survivors' stories might trigger symptoms of secondary and vicarious trauma has received little attention.

Methods: For this purpose, predictive relationships between secondary trauma, anxiety, vicarious trauma, world assumptions and resilience were examined via surveying a sample of aid workers and interpreters employed by NGOs in Athens, Greece. Specific predictions are made regarding differential perceived experience of the outcome variables by the two occupation types.

Results: Anxiety and Occupation group were identified as significant predictors of secondary trauma, with interpreters scoring higher than aid workers. Vicarious trauma was only predicted by the secondary trauma score of the participants. Resilience was shown not to mediate the relationship between Occupation and Secondary and Vicarious Trauma. Aid workers exhibited higher scores than interpreters, while Education level and Age were also identified as significant resilient predictors.

Conclusion: To our knowledge, this was a first attempt to map secondary trauma among refugee workers. Despite conceptual differences discussed in the literature, Secondary Trauma Stress and Vicarious Trauma levels were found to be related in this sample. Potential theoretical underpinnings of the differential experience of trauma and perceived resilience between aid workers and interpreters are discussed

TRAUMATIC EXPERIENCE OF HOMOPHOBIC BULLYING: THE ROLE OF SELF-COMPASSION IN SHAME AND DEPRESSION IN SEXUAL MINORITIES

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Introduction: Given prevailing heteronormativity, lesbian, gay, bisexual and pansexual people tend to show higher levels of shame and depression when compared to heterosexual individuals. Potentially shaming homophobic bullying has also been reported by gay men. Furthermore, there is evidence that self-compassion is negatively related to feelings of shame.

The current study aimed to analyse the mediator effect of self-compassion in the relationship between feelings of shame in homophobic bullying experiences and depression symptoms, among sexual and gender minority individuals.

Method: Sample: 160 individuals, including lesbians (11.30%), gays (55%), bisexuals (23.80%), pansexuals (8.80%), 27.50% female, 64.40% male and 6.90% non-binary, aged between 18 and 57 years ($M = 28.09$, $SD = 7.51$). Measures: *Trauma-Related Shame Inventory*, *Compassionate Engagement and Action Scale* and *Depression, Anxiety, and Stress Scale*. Data analysis: SPSS, IBM, v.22 and PROCESS-MACRO.

Results: The direct effect of internal shame related to traumatic experiences of homophobic bullying on depressive symptoms was significant (Effect = .46, $SE = .07$, $t = 6.82$, $p < .001$), as well as the total effect (Effect = .58, $SE = .06$, $t = 8.91$, $p < .001$). Significant mediation model ($p < .001$), explaining 40% of depression variance.

Discussion: Shame felt in traumatic experiences of homophobic bullying has a significant effect on depressive symptoms and part of this relationship is due to the lack of self-compassion. Our results reinforce the importance of developing compassionate actions towards the self (developing abilities of identifying and relieving suffering) as a possible protective factor in depressive symptoms among sexual minorities.

THE MEDIATING ROLE OF SELF-COMPASSION IN THE RELATIONSHIP BETWEEN TRAUMATIC EXPERIENCES OF HOMOPHOBIC BULLYING AND SOCIAL ANXIETY IN SEXUAL MINORITIES

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In a heteronormative society, lesbian, gay, bisexual and pansexual people tend to present higher levels of social anxiety and shame in comparison to heterosexual people. Accordingly, around 56% of gay men report they were victims of homophobic bullying. Recent studies showed that self-compassion is negatively associated with shame.

The current study aimed to analyze the mediator effect of self-compassion in the relationship between external shame felt in homophobic bullying experiences and social anxiety in social minorities. Participants were 136 adults (57% gays, 10% lesbians, 22% bisexuals e 11% pansexuals) between 18 and 57 years of age ($M = 28.55$, $SD = 7.32$) who reported being victims of homophobic bullying. Data was analyzed in SPSS, IBM, v.22 and PROCESS-MACRO.

The mediation model was statistically significant ($p < .001$) and explained 17% of social anxiety variance. The direct effect of external shame felt in homophobic bullying experiences in social anxiety was significant (Effect = 9.00, $SE = 2.42$, $t = 3.73$, $p < .001$), as well as the total effect (Effect = 10.79, $SE = 2.33$, $t = 4.62$, $p < .001$).

External shame felt by sexual minorities during homophobic bullying experiences has a significant effect in the explanation of social anxiety and self-compassion seems to present a protective role in this relationship. Our results reinforce the importance of developing self-compassion skills in sexual minorities with social anxiety.

COGNITIVE BEHAVIOUR INTERVENTIONS FOR YAZIDI WOMAN REFUGEE: A CASE ILLUSTRATION.

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Introduction/background: People members of the Yazidi racial-religious minority appear to have a significant percentage of psychosomatic symptoms (e.g. insomnia, headache, palpitations, breathing difficulties and various body aches). According to research, medication combined with Cognitive Behavioral Counseling support is an effective treatment in cases of intense stress and depression. The analysis of the case concerns a 33-year-old woman who lives with her husband and her children in the Refugee Hospitality Structure in Greece. The female comes from Iraq and is a member of Yazidi religious community. The trigger for counseling were the severe psychosomatic symptoms she suffered after voluntary miscarriage.

Method: Cognitive behavioral techniques such as psychoeducation of stress physiology, control and evaluation of thoughts, diaphragmatic breathing, neuromuscular relaxation, cognitive reconstruction and compression experiments, relapse prevention were applied.

Results: 30 counseling sessions took place. Cognitive control of thoughts was developed and self-esteem was enhanced.

Conclusions / discussion: The results of this study may contribute to the development of new integrated health programs for the provision of psychological well-being services to the refugees, supporting them either independently or in combination with medication, placing emphasis on cognitive behavioral interventions.

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TRAUMA AND ABUSE

TREATING PERINATAL TRAUMA FOLLOWING CHILDBIRTH WITH VIRTUAL REALITY: FRENCH ACCOUZEN PROJECT

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Maternity and birth were very stressful events. Research show approximately 4% of women develop posttraumatic stress after childbirth (Denis et al., 2011; Dikmen-Yildiz et al., 2017). These women suffer from severe symptomatology and strong comorbidity with anxious and depressive symptoms. The impact is severe for the mother and her baby.

The overall objective of the current proposal is to present a French virtual reality system as a treatment for subclinical perinatal anxiety and perinatal PTSD. In 2017, Anne Denis merged an analysis of innovative

treatment strategies combined with a comprehensive knowledge of specific clinical features of perinatal PTSD and classic CBT treatment, creating a virtual reality (VR) system that generated a birth environment experience allowing for classic VR immersion techniques applied to this burgeoning field (AccouZen).

AccouZen, allows patients to be initially immersed a basic birthing environment. The therapist invites the patient to seat herself in a chair and put on VR glasses. The patient is immersed in the labor/delivery room. When she lowers her head, she finds herself in the body of a pregnant woman. The therapist, seated next to the patient, can participate in the virtual environment by taking the role of one of several avatars (midwife, student midwife, obstetrician, nurse, etc.) and by making them speak. The virtual context allows the patient to be re-exposed to the anxiety-provoking situation, which she had previously interpreted as either fear-provoking or traumatic.

The poster will present AccouZen system and first immersive results.

WHAT DIFFERENTIATES BATTERER MEN WITH AND WITHOUT HISTORIES OF CHILDHOOD FAMILY VIOLENCE?

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Introduction: This study explored the prevalence of childhood family violence (CFV) (both suffered and witnessed) among a sample of 1421 men recruited from a specialized batterer treatment programme.

Method: A description of the sociodemographic, violence and psychopathological characteristics of the sample was carried out. Moreover, a comparison of all the variables studied between batterer men with and those without CFV was conducted.

Results: The results showed that 35.2% ($n = 500$) of the sample reported having been victims of CFV (67.2% of them directly suffered abuse, and 32.8% witnessed violence between their parents, mainly from father to mother). Batterers with CFV presented with more irrational beliefs both about women and about violence as a strategy to cope with everyday difficulties. Moreover, they had significantly higher scores than batterers without CFV on all psychopathological symptoms as assessed by the SCL-90-R, as well as on most of the STAXI-2 subscales. In the multivariate analyses, the main variables related to having a history of CFV were low education level, voluntary access to the programme, having a previous psychiatric history, being an immigrant, having children, and presenting a greater number of psychopathological symptoms.

Discussion: According to these results, batterers with CFV showed a higher severity in most of the variables studied than those without CFV. Consequently, these findings highlight the importance of tailoring batterer treatment programmes to their specific characteristics, particularly those regarding childhood victimization.

WHAT IS THE PREVALENCE OF COMPLEX PTSD AMONG PATIENTS INCLUDED IN TREATMENT FOR PTSD IN A PSYCHOTHERAPEUTIC OUTPATIENT CLINIC?

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Introduction/background: The ICD-11 proposal includes a new diagnosis -complex PTSD (c-PTSD) – in affiliation with the existing diagnosis of PTSD. Knowledge is needed concerning the prevalence in clinical praxis and association with possible indicators of need for treatment, e.g. experienced trauma categories and level of functioning.

Method: The study included all patients consecutively selected for psychotherapy for PTSD (mainly prolonged exposure) from 1st of October to 31st of December 2019. Patients fulfilled questions about experienced trauma categories and International Trauma Questionnaire (ITQ). Level of functioning was assessed by a clinician. A subset of patients also had number of experienced trauma categories assessed by clinicians based on their electronic medical records in order to evaluate the effect of applying self-report measures concerning trauma history.

Results: A total of 59 patients were included of whom 72 % reported fulfilling criteria for c-PTSD and 17 % fulfilled a probable PTSD-diagnosis (ICD-11 proposal). The difference in number of self-reported and clinician assessed experienced trauma categories for a sub-set of patients ($n = 14$) was not significant, but the effect

size was moderate and largest for traumas during childhood (Wilcoxon signed rank test, $Z = -1.41$, $p = n.s.$, $r = -0.38$).

Conclusions/discussion: C-PTSD is widespread among patients seen for PTSD treatment in a specialized outpatient clinic. Application of self-report measures of experienced trauma categories in clinical practice may yield a more comprehensive trauma history compared to assessment by clinicians alone. This may improve quality of PTSD-diagnosing and treatment planning.

ODYSSEUS'S HOMESICKNESS- A BILINGUAL PSYCHO-THERAPEUTIC MODEL FOR IMMIGRANTS

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According to the definition of the United Nations, the term of IMMIGRATION encompasses all persons that relocate themselves to foreign countries. This movement from Culture A to Culture B, often results in moving from a **"Dream to a Trauma"**

To such immigrants-in comparison to the native Populations-Higher indexes of depression and psychosomatic disturbances, can be observed.

A bilingual psycho-therapeutic model for immigrants

Psychotherapy of patients of various nationalities, is a challenge for the Psychotherapists who undertake a special duty, as Foreign Nationals present various particularities in relation to their nationality, mother language, and cultural identity.

Psychotherapy, must take into consideration all such important elements.

Therefore, psychotherapy most of the times cannot cover such necessities, especially for patients that are in need of therapy in their mother tongue. For this reason, in various cities in Germany, gradually, special projects were developed.

Particularities observed with foreign nationals

Regardless of the person's country of origin, during the immigration procedures, intensive episodes take place. These are related with the causes that lead the person to decide to immigrate, and such reasons may be quite different for each individual; e.g. Reasons for financial improvement, or running away from war zones, or to avoid violent regimes, potential imprisonment, tortures etc.

In the light of the above, the problems are quite complex and may become even more complicated, resulting in multiple traumas and even suicidal tensions. Such cases are in utmost need of psychological-psychiatric treatment.

GROUP COGNITIVE BEHAVIORAL THERAPY FOR JAPANESE STUDENTS AFFECTED BY THE HIROSHIMA HEAVY RAIN DISASTER OF JULY 2018

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On July 16, 2018, the Hiroshima prefecture in Japan was hit by heavy rains, and more than 114 people died or remain missing. Therefore, the objectives of this research were to examine the effects of group cognitive behavioral therapy for students affected by the Hiroshima heavy rain disaster on reducing depression by improving resilience.

Participants were senior school who had experienced the Hiroshima heavy rain disaster. A total of 229 students (136 females, 93 males) were the participants of this study. The intervention program was implemented in a single 50-min session involving psychological education. We conducted the measures, CES-D and TRS, pre- and post-intervention. Participants provided written informed consent prior to the screening and the protocol was approved by the ethics committee from the authors' affiliated institution. No participant had ever experienced psychotherapy.

The results of ANOVA (period × high-or low-depression group) showed that the interaction of the CES-D was significant, but the TRS was not. According to the simple main effect test showed CES-D significantly decreased post-intervention compared with pre-intervention in the high-depression group. Furthermore, the main effects of period showed that the post-TRS score was higher than the pre-TRS score.

Results of this study revealed that the depression was reduced by improving resilience in the high-depression group. Additionally, improvement in resilience was confirmed regardless of the depression level. In the future, psychological support strategies after large-scale disasters are expected to be established based on the findings obtained in this research.

TRAUMA TV: MEDIA-INDUCED SECONDARY TRAUMATIZATION IN A SAMPLE OF TURKISH ADULTS

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Introduction: Media coverage of mass traumatic events (e.g. natural disasters, terrorist attacks etc.) is today frequent in both traditional and new-age media. Media exposure is however left out of the diagnostic criteria of secondary trauma in the DSM V. This study examined secondary traumatization in a sample of Turkish adults, with the aim of showing how traumatic events witnessed via the media can equally lead to significant post-traumatic stress to those directly witnessed.

Method: Turkish participants (N=122) were asked to complete a demographic questionnaire containing their trauma histories, the PTSD Checklist-5 (PCL-5), and the Impact of Events Scale Revised (IES-R) for each of the traumatic events they were directly and indirectly exposed to.

Results: Overall, post-traumatic stress levels were higher than the PTSD symptom threshold, as expected with this sample. Participants rated traumatic events they were exposed to through the media as significantly higher in symptom severity than those they were directly exposed to, on all three PTSD subscales (re-experiencing, avoidance, and hyperarousal). The only variable acting as a significant predictor for PCL-5 scores was perceived intrusions symptom severity in media trauma. Multiple media exposure (more than one separate event), employment status, gender, socio-economic level, or education did not yield any predictive relationship with post-traumatic stress symptom severity.

Conclusion/Discussion: This study contributes to emerging literature supporting the inclusion of media exposure as a diagnostic criterion for future versions of the DSM by offering further evidence that traumatic events witnessed via the media induce post-traumatic stress symptoms.

THE USE OF TRAUMA FOCUSED COGNITIVE BEHAVIORAL OF PTSD AFTER A MOTOR VEHICLE ACCIDENT

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Background: Many individuals who experience motor vehicle accident (MVA) are at increased risk for particularly Posttraumatic Stress Disorder (PTSD), or other emotional or behavioral symptoms, such as depression, anxiety, or disruptive behaviors. Cognitive-behavioral therapy is the most effective psychological treatment for posttraumatic stress disorder (PTSD). Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), incorporates exposure and cognitive restructuring. Studies Analyses showed that both procedures are highly effective. Its developers report that TF-CBT is a short-term treatment approach that can work in as few as 12 sessions.

Method: The research is based on the results of seven inpatients (targeting MVA related PTSD), who attended the rehabilitation programme at the University Rehabilitation Institute of the Republic Slovenia. Pre- and post-questionnaire evaluation is accompanied by assessment of patient satisfaction. For self-report PTSD symptom scales we used PTSD screening measures - PTSD Checklist. For the assessment of depressive and anxiety

symptomatic, the self-assessment questionnaire - Clinical assessment of Depression (CAD) was used and the Beck Depression Inventory – II (BDI-II).

Result: Five of the group no longer met diagnostic criteria and the remaining two showed clinically significant change in both the number and severity of symptoms after receiving TF-CBT. In addition, symptoms of depression decreased from the severe to the mild range within the group and there were high levels of participant satisfaction reported.

Discussion: TF-CBT is feasible in reducing PTSD in severely traumatized MVA. Further research with controlled trials is necessary.

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ANXIETY DISORDERS

USE OF SOCIAL MEDIA AND SOCIAL ANXIETY IN EMERGING ADULTS

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Introduction: Social media (SM) are an essential element in young people's everyday life. Despite positive effects of SM, associations between SM use and anxiety and depression symptoms have also been observed. Considering that social comparisons are an inevitable aspect of SM use, emerging adults who score high in social anxiety and low in self-esteem will be more vulnerable to adverse outcomes related to SM use compared to their peers. The current study explores the link between social anxiety and some negative outcomes associated with SM use. In addition, it addresses several potential moderators of the association, such as motivation for SM use, offline social support, and satisfaction with offline relationships.

Method: Online survey is currently being carried out in Croatia among participants aged 18-30 years. The survey represents baseline assessment that will be followed by two more study waves (designed to evaluate an online cognitive-behavioral intervention). The planned sample size is 600-800 participants. Online questionnaire contains sociodemographic, patterns of SM use, social support and subjective well-being, anxiety and depression symptoms, social anxiety, and self-esteem modules. The key indicators are: the Social Interaction Anxiety Scale (SIAS), Self-Liking/Self-Competence Scale, and Depression Anxiety Stress Scales (DASS-21). Multivariate regression and path analyses will be used to explore a structure of associations in the data.

Results: The study is currently in data collection phase.

Conclusions: Please see above.

BENZODIAZEPINES USE AND TRANSDIAGNOSTIC COGNITIVE-BEHAVIOUR THERAPY FOR ANXIETY DISORDERS: A MIXED METHODS STUDY

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Cognitive behavioral therapy (CBT) is recognized as an effective treatment for anxiety disorders (AD). Transdiagnostic group CBT (tCBT) for all AD notably allows clinicians to treat a larger number of patients. Benzodiazepines (BZD), a recognized medication for the treatment of AD, combined with CBT could affect its effectiveness.

Objectives:

1. Describe the use and user's profile of BZD on people with AD and participating in tCBT;
2. Examine the impact of BZD on the relationship between tCBT and the reduction of anxiety symptoms;
- 3) Explore the participants perception of their use of BZD surrounding tCBT.

Method: This study is a secondary analysis based on the data obtained from a randomized controlled trial (RTC). The aim of this RTC was to assess the effectiveness of tCBT (n = 119) compared to treatment-as-usual (n=114) (Roberge et al., 2018). The experimental group received tCBT (n = 119) while the control group received usual treatments (n = 114). Among the experimental group, there are 36 BZD users. To describe the use and user's profile of BZD, descriptive statistics will be conducted with data concerning the use of BZD and socio-demographic characteristics. The measurement of anxiety symptoms was obtained by the Beck Anxiety Inventory. Multiple linear regression analyzes with interactive effect (group * BZD) will be done. Semi-structured interviews will be conducted with 12 to 15 participants to learn about their experience related to BZD use before, during and after tCBT.

As the project is currently in progress, it is hoped that the results will make patients and therapists aware of the potential effects of BZD on tCBT.

SLEEP QUALITY AND EXPOSURE THERAPY OUTCOMES FOR SOCIAL ANXIETY DISORDER

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Introduction: Poor sleep quality is prevalent among individuals with social anxiety disorder (SAD) and may negatively affect exposure therapy outcomes. Poor sleep may impair two important treatment mechanisms, memory and learning, and thus compromise fear extinction learning thought to take place in exposure therapy. We examined sleep quality as a predictor of exposure therapy outcomes for SAD and the impact of d-cycloserine (DCS) on this relationship.

Methods: Participants were 152 individuals with a primary diagnosis of SAD. Participants were enrolled in a 5-week, group exposure therapy protocol. Participants randomly received DCS (N=114) or placebo (N=38) 1-hour prior to session 2-5. Participants (N=152) completed a baseline measure of sleep quality and sleep diaries (N=105) before and after treatment sessions.

Results: Poorer baseline sleep quality was associated with slower improvement over time and worse symptom outcomes at the end of treatment and the 3-month follow-up. Participants who reported better pre-session sleep quality than their average at session 2 was associated with poorer SAD symptoms at the next session. However, this relationship changed over time, such that individuals with better pre-session sleep quality than their average at session 5 predicted better symptom outcomes at the 1-week follow-up. The pre-session sleep quality findings were moderated by DCS. There were no effects for post-session sleep quality on symptoms at the next session.

Conclusions: Findings suggest poor sleep quality weakens the effects of exposure therapy for SAD. Assessing for sleep difficulties prior to treatment initiation and incorporating sleep interventions into treatment may enhance exposure therapy outcomes.

PARURESIS (SHY BLADDER SYNDROME): THEORETICAL BACKGROUND AND CBT TREATMENT IN 5 PATIENTS

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Introduction: Paruresis (also known as “shy bladder syndrome”) is the term that refers to the inability to start or maintain urination in conditions where others may be present, as for example in public toilets or other social circumstances. This difficulty is related to elevated levels of anxiety due to the individual’s dysfunctional cognitions that he or she may be under the scrutiny of others, lose sense of privacy and/or become a subject of negative criticism during urination process. This condition varies from mild to serious and can cause marked distress and difficulty in various domains of everyday functioning. It is traditionally considered a sub-symptom of Social Anxiety Disorder (American Psychiatric Association, 2013).

Aim and Method: The current poster aims to give a brief theoretical overview of paruresis, its cognitive-behavioral conceptualization and describe the CBT therapeutic intervention of 5 patients with paruresis in a case series format.

Results: Similar and differential characteristics of patients, therapy implementation as well as therapeutic outcome (Shy Bladder Scale and BDI scores) are reported.

Conclusions: Discussion of current findings, link with relevant literature and limitations are discussed.

EXPLORING THE TEMPORAL ASSOCIATIONS BETWEEN AVOIDANCE BEHAVIOR AND COGNITIONS DURING THE COURSE OF COGNITIVE BEHAVIORAL THERAPY FOR SOCIAL ANXIETY DISORDER

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Background: In cognitive behavioral therapy (CBT) for social anxiety disorder (SAD), no studies have directly examined temporal associations between avoidance behavior (AB) and cognitions (COG). By means of cross-lagged panel models (CLPM), we examined these associations while addressing typical methodological challenges. The impact of AB and COG on general symptoms of anxiety was studied as well.

Method: We used data from the first six therapy sessions in a sample of 428 primary care clients (mean [SD] age = 34.6 [12.2], 34.3% men), participating in the Prompt Mental Health Care trial. Session-by-session data was collected on AB, COG, depression and general anxiety. Competing multiple indicator CLPMs were tested.

Results: The Random Intercept-CLPM provided best fit, and indicated that AB (T-1) predicted COG (T) ($.39 \leq \beta \leq .42$ for T2-T5, $p < .05$), but not vice versa. In addition, AB (T-1), but not COG (T-1), predicted clients’ general anxiety score (T). Results were robust to the within-person effects of depression and sensitivity tests for stationarity and missing data assumptions.

Conclusion: Targeting avoidance behavior for primary care-clients with symptoms of SAD may be vital for the optimal effect of CBT. Methodological considerations and limitations of the study are discussed.

AN INVESTIGATION OF THE RELATIONSHIP BETWEEN HABITUAL USE OF MENTAL IMAGERY AND WORRY-RELATED VARIABLES IN GENERALIZED ANXIETY DISORDER

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Introduction: Individuals with GAD avoid using imagery when worrying, which is suggested to maintain worry and related processes. Thus, cognitive-behavioural treatments for GAD have incorporated imagery to promote emotional processing of one’s fears (e.g., imaginal exposure) and research has investigated enhancing people’s general tendency to think using imagery to decrease worry. It is assumed that chronic worriers do not engage in imagery routinely and that this contributes to processes that maintain worry. The present study investigated this assumption by assessing the relationship between habitual use of mental imagery and worry-related variables in GAD.

Methods: $N=101$ community members with GAD completed questionnaires.

Results: Self-reported habitual imagery use ($M=42.4$; $SD=8.9$) was found to be comparable to non-clinical participants. *Greater* habitual imagery use was significantly associated with *greater* intolerance of uncertainty ($r=.29$), cognitive avoidance ($r=.34$), concern for ambiguous ($r=.24$), positive ($r=.21$) and negative ($r=.22$) scenarios, and negative problem orientation (NPO; $r=.22$).

Discussion: These findings support that individuals with GAD do not have deficits using imagery in their day-to-day lives. Greater habitual imagery use may reflect greater ease of accessing imagery. Thus, becoming absorbed in imagery when thinking about negative events may lead to perceiving these events as more real and probable, which may reinforce avoidance and beliefs that uncertainty is threatening. Consistently, greater habitual imagery use may facilitate imagining negative outcomes when thinking about ambiguous and positive scenarios, and when problem solving, contributing to NPO. Interventions that promote sustained engagement with negative and positive imagery may be beneficial for GAD.

PSYCHOLOGICAL FLEXIBILITY AND TEST ANXIETY: THE MEDIATING ROLE OF EXTERNAL SHAME AND SELF-CRITICISM

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Test Anxiety, a critical condition in adolescents, has been found to be predicted by lack of psychological flexibility (i.e., not contacting with the present moment and not pursuing valued ends when experiencing unpleasant thoughts and feelings), as well as self-criticism, an internal relationship based on self-depreciation. However, the ways these variables are related remain poorly explored, particularly when considering shame (perceptions that others see the self – external shame, and seeing oneself – internal shame, as inferior, inadequate or defective), established as the root of self-criticism. From our knowledge, no study has examined the role of external shame and self-criticism in the relationship between psychological flexibility and test anxiety, which was therefore the aim of this study.

The sample comprised 215 adolescents, aged between 14 and 18, who completed self-report questionnaires. A path model tested the sequential mediating role of external shame and self-criticism in the relationship between psychological flexibility and test anxiety, while controlling for sex.

The final model presented a very good fit, accounting for approximately 60% of test anxiety's variance. Psychological flexibility revealed a direct effect in test anxiety, and an indirect effect, through external shame and self-criticism.

These results suggest that external shame and consequent self-criticism intervene in the relationship of psychological flexibility with test anxiety, while also innovatively ascertain the presence of shame feelings and their role in the manifestation of test anxiety symptoms. This study pinpoints the importance of addressing not only psychological flexibility but also shame feelings and self-criticism in treatment and prevention of adolescents' test anxiety.

ASSESSING THE LONG-TERM UTILITY IN REDUCING CLINICALLY SIGNIFICANT INTERNALIZING SYMPTOMS OF A TRANSDIAGNOSTIC PROGRAM IN EARLY SCHOOL YEARS

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Introduction: Super Skills for Life (SSL) is a transdiagnostic program for the indicated prevention of anxiety and depression in school children. SSL has proven to be effective in reducing overall anxiety and depression symptoms at 12-month follow-up in young children. This study aims to examine whether the SSL program also reduced clinically significant anxiety and/or depression symptoms at 12-month follow-up in young children.

Method: This study included 123 children aged 6-8 years at baseline (Intervention group (IG) = 67 children; Control group (CG) = 56 children) and examined the results of SSL on a subsample of 62 Spanish children presenting clinically significant symptoms of anxiety and depression based on the cutoff scores taken. Of these, 36 children (53.7%) belonged to the IG and 26 (46.4%) to the CG. Parent-report measures were used at baseline and 12-month follow-up.

Results: At 12-month follow-up, 16 children (23.9%) of the IG and 18 (32.1%) of the CG presented clinically significant symptoms of anxiety and/or depression. Thus, the reduction of the symptoms in the IG was nearly 30%, while it was around 14% for the CG. Although these differences between conditions were not statistically significant ($p = .30$), perhaps due to the small sample size, there were observable differences in favor of the IG.

Discussion: Findings suggest that SSL has a positive impact on clinically significant symptoms of anxiety and/or depression after one year of its application, and may be potentially useful in achieving positive and lasting effects on such symptoms with young school-aged children.

INTENSIVE CBT TREATMENT OF PANIC DISORDER WITH AGORAPHOBIA

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Introduction: The case study presented is part of a 9 episodes web series called “The fear doctor”. The project includes 9 individual case studies treated with intensive CBT program (i.e. urophobia, spider phobia, chicken phobia, lizard phobia, aerophobia). We’ll present a 10-minute video trailer, that sums up the intensive treatment of a 38- yearold woman affected by panic disorder and agoraphobia. The video will show in particular the part of the treatment focused on the woman’s agoraphobics symptoms including: fear of driving in particular situations such as traffic, highways, expressways, galleries and fear of accidents developed after having witnessed an accident in a gallery while going on vacation.

Method: The treatment, entirely documented through video footage, has been delivered on an intensive basis consisting in 2 weekly sessions each lasting 3 hours over a 2-month period (Total hours delivered: 48).

The treatment protocol involved a combination of CBT techniques such as: psychoeducation, relaxation strategies, cognitive restructuring, exposure techniques (interoceptive, in vivo and in imagination), modeling, reverse role play, paradoxical intention, relapse prevention.

Results: The patient achieved positive response to treatment characterized by remission of symptoms, marked improvements in personal life, development of appropriate relapse management skills.

Gains were maintained at the 2-4-12 and 24-month follow up examinations.

Conclusion: Preliminary data deriving from the 9-case study treated within the project support the utility and durability of this intensive treatment program for those with panic attacks with agoraphobia and for those with phobias as well.

COGNITIVE BEHAVIORAL THERAPY AND SPECIFIC PHOBIA: ABOUT A CASE

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Introduction: Most children experience various fears during their development. Indeed, fears are part of the normal development of any child, at different ages, but the specific phobia in children and adolescents is pathological. It represents a frequent motif in child psychiatry.

Materials and methods: Girl aged 13, with no notable pathological history, with good psychomotor, language and psychoaffective development. She is the youngest of two siblings, schooled with good academic performance, consults for excessive fear of dolls. The teenager reported intense anxiety about dolls from an early age and avoidance behavior: she refused to buy dolls and got rid of dolls received as gifts. She also exhibited anticipatory anxiety when she visited relatives or when she walked past a window of a toy store. The interview revealed an intense fear of the dead with an avoidance attitude. The dolls reminded him of the dead.

This symptomatology had an impact on his social and family life. The diagnosis of a specific phobia was retained according to the criteria of DSM V.

Results: cognitive behavioral therapy with systematic desensitization with learning to relax and progressive in vivo exposure was implemented. After 5 sessions, the evolution was marked by an improvement in the symptomatology. During the last session, the patient presented herself with a doll.

Discussion, Conclusion: Although the behavioral and cognitive approach is considered a recent tool in the management of child psychiatry compared to adult psychiatry, its effectiveness has already been proven in the management of anxiety disorders as well as other disorders in child and adolescent.

CBT AND NEW TECHNOLOGIES

EsTOCma: AN APP TO FIGHT AGAINST STIGMA ASSOCIATED WITH OBSESSIVE-COMPULSIVE DISORDER (OCD)

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Introduction: Stigmatizing attitudes is a problem associated to mental disorders. In obsessive-compulsive disorder (OCD) stigma has been associated to shame, guilty and delay asking for help.

Objective: To present the design of a mobile health application (app), named EsTOCma, with the objective to increase OCD mental health literacy, help seeking attitudes, and reduce stigmatizing/ self-stigmatizing attitudes and social distance associated with OCD in adult population (non-clinical and OCD population and their relatives).

Method: Method: The requirements have been developed based on a literature review on mental health anti-stigma interventions, OCD stigma research, and serious games research. Focus group with PhD-level clinical psychologist and interviews with a usability expert were made to complete the APP specifications.

Results: esTOCma is a game in which participants are asked to fight against the OCD stigma monster through ten missions along 8-10 days. It is organized into three levels that involve a different methodological approach: Psychoeducation, Contact and Cognitive Restructuring respectively. The first one provides participants with general information about OCD, the second one brings participants closer to a more realistic view of the disorder through indirect contact of people with OCD, and the last one aims to replace possible dysfunctional beliefs about OCD and characteristics of OCD patients.

Discussion: It is expected that by increasing knowledge and reducing stigmatizing attitudes, esTOCma will improve access to mental health services and, therefore, reduce the personal and financial costs of OCD.

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COMPUTERIZED CBT FOR EXCESSIVE ANGER IN PRISONERS – FIRST RESULTS

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Computerized CBT has been developed for a range of mental health issues and appears to be equally effective as short-term face-to face therapy. Such treatments have potential to make psychotherapy more accessible and cost-efficient. Computerized treatments could be especially useful in the penal system; where treatment is much needed by its occupants - inmates, while at the same time there is a shortage of qualified practitioners. Therefore, as part of the project funded by the government of the Republic of Croatia “Leave the Anger Behind Bars”, we developed, and are currently testing, a computerized CBT anger management Android application for prisoners. For this purpose, standard CBT techniques were adapted for the inmate population. Treatment consists of 9 mandatory weekly topics (sessions) and 5 optional topics, provided via computer tablets.

The project is still active and new data is being collected. So far, a total of 28 male prisoners completed the treatment. Their mean age was 34.1 years (SD=9.8) and their mean sentence duration was 13.8 years (SD=12.0). Their criminal offences were mostly violent crimes, robbery, and drug related crimes. Treatment lasted between 8 and 12 weeks, with weekly sessions of around 40 min. All participants completed the Clinical Anger Scale (CAS), the Aggression Questionnaire (AQ) and the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM), at baseline and post-treatment. Repeated measures MANOVA revealed a significant drop in clinical anger measured by CAS ($F(1,27)=10.66$, $p<.003$, $\eta^2=.29$), physical aggression subscale of AQ ($F=7.41$, $p<.01$, $\eta^2=.22$) and general psychopathological symptoms measured by CORE-OM ($F(8,27)=13.75$, $p<.001$; $\eta^2=.34$) when comparing pretest to posttest. There were no significant differences on other subscales of AQ; verbal aggression, anger and hostility. Results suggest that computerized CBT might be an effective intervention for reducing clinical anger and physical aggression in prisoners, as well as for alleviating other psychopathological symptoms not directly targeted by the intervention.

COMPARATIVE EFFECTIVENESS OF IN-PERSON AND ELECTRONIC COGNITIVE BEHAVIORAL THERAPY FOR PRIMARY AND SECONDARY INSOMNIA: A SYSTEMATIC REVIEW

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Sleep difficulties are very common in general population, among patients with various forms of psychopathologies and among patients with medical problems. CBT for insomnia (CBT-i) is considered the gold standard for the treatment of such problems. Nevertheless, the lack of specialized mental health professionals creates a therapeutic gap. One way to cover these unmet needs is the development of digital applications that function as an extra therapeutic tool or as a stand-alone therapy. In addition, Covid-19 pandemic underlined the importance of having digitalized therapy alternatives. But are those means of an equivalent value as in-person therapy? The aim of our study was to assess the effectiveness of electronic CBT-i (eCBT-i) compared to in-person CBT-i for primary and secondary insomnia. A systematic review was conducted, including studies on adults that reported insomnia symptoms and did not suffer from other sleep or medical disorders. Moreover, the therapeutic interventions of the included studies used at least two out of five basic CBT-i elements. Ten meta-analyses and 23 RCTs met the inclusion criteria. The results suggest that both therapy formats are effective in primary and secondary insomnia. The use of eCBT-i reduced also the symptoms of the concomitant mental disorder. In a constantly changing world, the development of reliable electronic applications can provide dynamic solutions. Our study provided evidence for the effectiveness of eCBT-i which comes with all the advantages of a digital medium. Also, it led us to the adaptation of "CBT-i Coach" application in Greek language, providing greek native speakers with an eCBT-i tool.

TRANSDIAGNOSTIC INTERNET CBT FOR MIXED ANXIETY AND DEPRESSIVE DISORDERS: PRELIMINARY RESULTS FROM A FEASIBILITY STUDY

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Introduction: Cognitive behaviour therapy (CBT) is the most empirically-supported psychotherapy for anxiety and depressive disorders, but accessibility is limited due to a lack of resources and expertise. Clinical trials support the efficacy of internet-delivered CBT (iCBT) in terms of symptom reduction, maintenance of gains and patient satisfaction. An Australian research team developed, implemented and demonstrated the

effectiveness of an innovative physician-prescribed six-lesson ‘This Way Up’ transdiagnostic iCBT program for anxiety and depressive disorders that could facilitate dissemination of CBT in primary care. This pilot study aims to assess the acceptability of a program adaptation for patients and family physicians.

Method: Feasibility study with pre-treatment and post-treatment evaluations, including semi-structured interviews with patients and family physicians in Family Medicine Groups in Québec (Canada). Inclusion criteria comprise a family physician diagnosis of Major Depression, Panic Disorder, Agoraphobia, Social Anxiety Disorder and/or Generalized Anxiety Disorder. Primary self-reported outcomes are the PHQ-9 (depression) and GAD-7 (anxiety), and secondary measures include diagnostic-specific scales, psychological distress and health care costs.

Results: To date, 21 family physicians from five Family Medicine Groups prescribed iCBT to 42 patients (27 women, 15 men). Recruitment and treatment are ongoing, results forthcoming.

Conclusions: This feasibility study will provide valuable information regarding iCBT program’s acceptability and integration in clinical practice. Large-scale implementation of the program in primary care could improve the effectiveness, efficiency, equity and access to a proven treatment for a large number of patients suffering from depressive and anxiety disorders not currently obtaining evidence-based psychotherapy.

AN OPEN TRIAL OF THE INTERNET-DELIVERED UNIFIED PROTOCOL FOR TRANSDIAGNOSTIC TREATMENT OF EMOTIONAL DISORDERS IN ADOLESCENTS (IUP-A): EFFECTS ON DISORDER-SPECIFIC OUTCOME MEASURES

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Background: Anxiety and depressive disorders are comorbid conditions that are not easily addressed with disorder-specific treatment protocols. Transdiagnostic approaches directly target shared mechanisms across these disorders. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents (UP-A; Ehrenreich-May et al., 2018) has shown to be feasible, acceptable and effective in reducing symptoms of anxiety and depression in adolescents with emotional disorders. Internet CBT may avoid several barriers of face-to-face therapy, such as personal cost and social stigma. Recently, our group developed an online internet-delivered version of the UP-A (the iUP-A). The aim of this open trial was to test whether adolescents receiving the iUP-A experiment pre- to post-treatment decreases in disorder-specific symptoms (depression, social anxiety, pathological worry, etc.).

Method: A sample of adolescents diagnosed with a range of anxiety and depressive disorders participated in the study. Assessments were conducted at pre- and post-intervention. The assessments and intervention were carried out via the online-delivery platform called *Aprende a Manejar Tus Emociones* (AMTE) [Learn to Manage Your Emotions]. AMTE includes the same 8 modules as the original UP-A, as well as practical exercises and weekly home learning assignments. Parents could also access a family section on the platform.

Results: Data showed significant pre- to post-intervention decreases in the levels of several anxiety and depressive disorder symptoms.

Conclusions: The study provides preliminary evidence of the efficacy of the iUP-A for the treatment of disorder-specific symptoms of emotional disorders in adolescents. This new protocol could enhance the access to evidence-based psychological interventions.

INTERNET-DELIVERED UNIFIED PROTOCOL FOR TRANSDIAGNOSTIC TREATMENT OF EMOTIONAL DISORDERS IN ADOLESCENTS (IUP-A): EFFECTS ON NEGATIVE AFFECTIVITY AND REACTIVITY TO EMOTIONAL EXPERIENCE

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Background: Two recent innovative approaches that have the potential to improve the clinical utility of cognitive behavioral-therapy (CBT) are the transdiagnostic approach and internet-delivered CBT. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents (UP-A; Ehrenreich-May et al., 2018) has shown to be effective in reducing symptoms of anxiety and depression in adolescents with emotional disorders. Internet CBT involves the administration of online modules with remote support from a

clinician; it may avoid several barriers to receiving in-person therapy (personal cost, social stigma, lack of trained deliverers, difficulty to access to the health services). Recently, our group developed an online internet-delivered version of this protocol (the iUP-A). The aim of this open trial was to test the efficacy of the iUP-A on decreasing the levels of negative affectivity and reactivity to emotional experience (i.e., anxiety sensitivity and emotional avoidance).

Method: A sample of adolescents diagnosed with a range of anxiety and depressive disorders participated in this study. Assessments were conducted at pre- and post-intervention. The online-delivery platform includes 8 treatment modules, practical exercises and weekly home learning assignments. Results: Data showed a significant pre- to post-intervention decrease in the levels of both negative affect and reactivity to negative emotions (anxiety sensitivity and emotional avoidance).

Conclusions: The study provides preliminary evidence of the efficacy of the iUP-A for the treatment of transdiagnostic processes in adolescents. This new protocol could enhance the access to evidence-based psychological interventions.

ASSESSING AND ANALYZING FUNCTIONAL ANALYSIS WITH AMBULATORY ASSESSMENT AND NETWORK ANALYSIS: A PILOT STUDY

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Introduction/background: Conceptualizing the conditional relations around human reactions using functional analysis could guide case conceptualization and treatment planning. The dissemination of ambulatory assessment methods and the development of network analysis and single-case experimental designs brings about new possibilities for functional analysis which sparks new interest to this old idea.

Method: In a mixed-method single-case pilot study with four patients (30- and 25-year old men; 19- and 44-year old women) we developed and tested feasibility and acceptance of an assessment that comprises elements of functional analysis for patients with emotional disorders. An individualized set of items was assessed, three times per day, for a period of thirty days with ecological momentary assessment while patients were waiting for psychotherapy.

Results: The implementation proved to be both feasible and accepted, patients did not report any side effects. Three data sets were included in the analysis, one had to be excluded as the minimum of 80% out of 90 data points was not given. P-factor analyses and network analyses revealed meaningful behavioral clusters.

Discussion/Conclusion: The assessment is a promising diagnostic tool that helps patients and therapists to identify and systemize relevant behavior patterns. Conclusions and perspectives for treatment planning and monitoring of ongoing therapy are to be discussed.

ONLINE COGNITIVE BEHAVIOURAL THERAPY VERSUS MINDFULNESS FOR TRANSDIAGNOSTIC DEPRESSION AND ANXIETY: RESULTS FROM A RANDOMISED CONTROLLED TRIAL AT 6 MONTH FOLLOW-UP

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

Method: Eligible participants who met the DSM-5 criteria for an anxiety disorder and/or major depression were randomised into one of the two treatment groups. Participants completed a 6-lesson online program over 10 weeks and had access to clinician support via e-mail and phone contact. Primary outcome measures

were depression (PHQ-9) and anxiety (GAD-7) severity measured at pre-, mid- and post-treatment and at 6-month follow-up.

Results: Participants in both the online CBT program and the online mindfulness skills training program achieved significant and large improvements in depression and anxiety from pre- to post-treatment maintained at 6-month follow-up, with no significant between-group differences at post-treatment and at 6-month follow-up.

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

INTRANASAL OXYTOCIN INCREASES STATE ANHEDONIA FOLLOWING IMAGERY TRAINING OF POSITIVE SOCIAL OUTCOMES IN PERSONS LOW ON SOCIAL AFFILIATION TRAITS

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Introduction: Oxytocin promotes social affiliation and may be useful in the treatment of psychological disorders characterised by interpersonal difficulties. However, its effects on social behaviour appear to be context-dependent and specific to certain vulnerable populations. Oxytocin might therefore enhance social affiliation in response to imagery training of social outcomes, particularly in persons with a low propensity to engage socially.

Method: We examined intranasal oxytocin's effect on state anhedonia following a single session of imagery training with positive outcomes in a social and non-social context. We also evaluated whether these effects were moderated by personality traits associated with social affiliation. University students ($N = 111$) were randomised to self-administer intranasal oxytocin or placebo, followed by 64 trials of positive social or non-social imagery. We assessed anhedonia via self-report and a behavioural task.

Results: There were no significant main effects of imagery type and drug, and no significant interaction effect on anhedonia. Individuals low in extraversion, trust-altruism, and openness to experience evidenced greater self-report anhedonia after self-administration of oxytocin relative to placebo, but only following imagery training of positive outcomes in the social context.

Conclusions: Results highlight the negative consequences of increasing oxytocin bioavailability after priming social contact in individuals with low propensities for social affiliation.

CHILDREN, ADOLESCENTS AND FAMILY ISSUES

„YOU WON'T MANAGE ON YOUR OWN“– THE INFLUENCE OF NEGATIVE EXPECTATIONS ON OBSERVED PARENTING BEHAVIOR IN MOTHERS OF ANXIOUS CHILDREN

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Models of anxiety disorders describe over-involved parenting behaviour as a risk factor in the etiology and maintenance of the disorder. This behaviour might stem from parents' expectations of their child's inability to cope with a challenging situation. Thus, to take a step towards a causal explanation for the relationship between expectations and parenting behaviour, an experimental study was conducted in children with and

without an anxiety disorder. Further, from a methodological point of view objective parameters such as vocal frequency should be investigated as an add-on to observational methods.

We expect that a negative expectation leads to more over-involved parenting behaviour than a neutral expectation. This effect is hypothesized to be more pronounced in children with anxiety disorders. Further, a correlation between parenting and vocal arousal is expected.

Mothers and children aged 8 to 14 years (n = 29, AD group n = 20, control group n = 29) completed a challenging puzzle task. Half of the mothers were instructed that their child would have difficulties performing in the task (negative expectation). The interaction between mother and child was coded by blind observers using an established observational system. Vocal parameters are currently analysed.

First results show an effect of parental expectations on child dependent behaviour but not on parenting involved behaviour. Further analyses are pending. Based on the experimental manipulation, causal inferences between parental expectations and interactional behavior can be drawn. In the long term, this implies the possibility to change parenting behaviour in parents of anxious children.

COGNITIVE, BEHAVIOURAL AND FAMILIAL MAINTENANCE MECHANISMS IN CHILDHOOD OBSESSIVE COMPULSIVE DISORDER (OCD): A SYSTEMATIC REVIEW

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Obsessive Compulsive Disorder (OCD) frequently onsets during childhood, and affects up to 4% of children and adolescents (Heyman et al., 2003). Cognitive Behavioural Therapy (CBT) is an effective psychological treatment for childhood OCD, however there is a need to improve remission rates among children receiving CBT treatment (Paediatric OCD Treatment Study Team, 2004). To improve the effectiveness of CBT for childhood OCD, an understanding of the mechanisms which maintain the disorder in children is crucial. Salkovskis (1985; 1999) proposed a cognitive behavioural model of adult OCD, which posits that individuals with OCD have an inflated sense of responsibility, resulting in individuals interpreting normal intrusive cognitions as an indication they are responsible for harm and/or the prevention of harm to themselves and/or others. This interpretation results in (i) increased distress; (ii) increased attention to intrusive cognitions; (iii) increased accessibility of intrusive cognitions, and; (iv) maladaptive coping strategies which act to maintain the individual's interpretation of the intrusive cognition. To date, limited research has examined the applicability of adult models of OCD to childhood OCD, or considered developmental factors (e.g. family factors) that may be relevant to the maintenance of OCD in children. This presentation will report the results of a systematic review which examined whether cognitive and behavioural maintenance mechanisms identified from adult models of OCD, apply to childhood OCD, and the potential role of family factors (e.g. family member's cognitions and/or behaviours) in the maintenance of childhood OCD. The implications of this review for future research and clinical practice will be discussed.

DEVELOPING A UNIVERSAL SCHOOL-BASED PSYCHOEDUCATIONAL INTERVENTION TO SUPPORT PSYCHOLOGICAL WELL-BEING AMONGST ADOLESCENTS IN THE WESTERN CAPE, SOUTH AFRICA

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Introduction: For children in South Africa, the risk of developing mental health disorders is high and influenced by numerous risk factors. Despite this increased risk, access to mental health services remains poor and expensive. Universal school-based mental health interventions based on CBT principles, have shown success elsewhere, and may hold promise within the South African context. However, much is needed to be understood about what would make such an intervention culturally sensitive and contextually appropriate and we sought to explore this.

Method: We interviewed learners (n=22), educators (n=22), parents (n=21) and school mental health counsellors (n=6). Interviews took place face-to-face and on school premises. Interviews were audio-recorded, transcribed verbatim and analysed thematically.

Results: We identified content and delivery, practicalities and logistics, finding value and the identification of role players as central themes in our data. Developing content that was appropriate for group delivery, flexible and properly timed was important. Finding ways to make activities meaningful for large classes was important logistically, as was determining to what extent children would feel comfortable participating alongside their peers. Participants were optimistic when they attributed value to the intervention and reported that outsiders, as opposed to school staff, should deliver the intervention.

Conclusion: Developing a mental health intervention for children and young people in the South African context requires careful understanding of who the key role players in such an intervention will be and how exactly they want to be involved and, how the challenges associated with practicalities and logistics can be overcome.

EFFECTS OF MENTAL HEALTH LITERACY ON BURNOUT IN JAPANESE ELEMENTARY SCHOOL TEACHERS

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Introduction: One of the reasons behind burnout in teachers is that it is difficult to build a relationship with students, owing to their different educational needs and the challenges of teaching children in general (Beppu, 2013). Mental Health Literacy (MHL) about children would help teachers understand their students, and alleviate some of their concerns. MHL may also prevent burnout. The purpose of this study is to examine how MHL in elementary school teachers affects teacher burnout.

Method: A total of 51 elementary school teachers (23 males and 28 females) with a mean age of 32.37 ($SD = 8.05$) years and 9.06 years of experience ($SD = 7.57$) completed questionnaires on MHL on children (i.e., Knowledge, Interest, and Coping) (Takemori et al., 2017), and burnout (i.e., emotional exhaustion, depersonalization, and personal accomplishment) (Kubo & Tao, 1992).

Results: We conducted a stepwise multiple regression analysis with the following variables (age, sex, MHL, age x MHL, and gender x MHL interaction) of burnout. Although it was a tendency, the results suggested an interaction between gender and knowledge for depersonalization ($\beta = .44, p < .10$). This finding indicates that female teachers experienced increased depersonalization when knowledge was high, while male teachers experienced decreased depersonalization when knowledge was low.

Conclusion: This study suggests that it is difficult for teachers to reduce depersonalization simply by having knowledge. In future, it will be necessary to examine how MHL about children relates to factors that can reduce burnout.

EFFECTS OF GROUP BEHAVIORAL ACTIVATION INTERVENTION ON FUNCTIONAL CHANGE OF BEHAVIORAL INHIBITION / ACTIVATION FOR CHILDREN

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The temperament theory that has been most closely linked to depression is reinforcement sensitivity theory (RST). The main components of RST are the Fight-Flight-Freeze System (FFFS), the Behavioral Inhibition System (BIS), and the Behavioral Activation System (BAS). Study I aimed to reveal the relationship between depression and BIS and BAS in children. Study II aimed to reveal the influence of BIS and BAS effects on depression reduction.

In Study I, we administered questionnaires to 1,754 children from third grade to sixth grade. The results indicated “BIS ($\beta = .500$)”, “BAS reward responsiveness ($\beta = -.308$)” and “BAS fun seeking ($\beta = -.134$)” had strong effects on depression.

In Study II, we conducted an intervention consisting of one 45-minute session of behavioral activation therapy for 63 fifth grade children. The results of Study II indicated that depression scores decreased significantly for the group that showed “BIS,” “BAS reward responsiveness,” and “BAS fun seeking” functional changes.

The results of these studies suggest that assessing functional changes in “BIS,” “BAS reward responsiveness,” and “BAS fun seeking” may provide an effective index for depression prevention. The functional transformation of BIS, BAS-reward response, and BAS-stimulus pursuit can be useful in implementing interventions aimed at preventing increased depression and may potentially be used as an index for confirming its effects. In order to demonstrate such suggestions, the long-term effects of BIS / BAS tendency on depression should be examined and long-term follow-up of practice as in Study II should be conducted.

COOL KIDS GROUP-CBT IN A SPANISH SAMPLE OF CHILDREN AND ADOLESCENTS WITH ANXIETY DISORDERS

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Background: Anxiety disorders (AD) are estimated in a 6’5% worldwide childhood and adolescence and produce a negative impact over functioning and life quality (Polanczyk et al, 2015). Individual and group Cognitive Behavioural Therapies (CBT) have demonstrated their short and long-term efficacy (Simpson et al., 2012; Kodal et al 2018).

Cool Kids (CK) is a 10-sessions CBT-based group program to be administered to 7-17 aged participants with AD and their parents (Rapee et al, 2006). CK has demonstrated its efficacy compared to control groups. In Europe, CK effectiveness has been evidenced in Denmark in communitarian and clinical populations (Drejer et al, 2019; Jónsson et al, 2015). Our aim was to analyze the effectiveness of CK in a clinical cohort of Spanish children and teens with AD.

Methods: CK was offered to 136 patients with AD and caregivers attended in the *Hospital Clínic*, Barcelona. The Spence Children Anxiety Scale (SCAS; Spence, 1998) and the Child Anxiety Life Interference Scale (CALIS; Lyneham et al, 2013), children and parent versions, were administered at pre-treatment and post-treatment. Sixty-eight families (50%) answered at least to one of the post-treatment questionnaires. GLM for total scores were calculated with SPSS 23.

Results: SCAS and CALIS total scores have been significantly reduced from pre-treatment to post-treatment (SCAS-Ch: $F=26.1$ $p<.001$; SCAS-P: $F=21.5$ $p<.001$; CALIS-Ch: $F=10.3$ $p=.002$; CALIS-P: $F=23.1$ $p<.001$). The most number of sessions completed, the most improvement achieved.

Conclusions: CK has demonstrated its benefits in reducing of the anxiety intensity and the interference over individual and family functioning in a Spanish clinical cohort.

DEPARTMENT OF CHILDREN AND ADOLESCENTS’ THERAPY, INSTITUTE OF BEHAVIOUR RESEARCH AND THERAPY IN ATHENS: TEN YEARS OF PROVIDING CBT SERVICES IN CHILDREN AND FAMILIES

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The present study aims at describing the characteristics and the course of the individuals (N=319) who sought psychotherapeutic help in the Department of Children and Adolescents’ Therapy (DCAT) of the Institute of Behaviour Research and Therapy (IBRT) during the last decade (January 2010 - May 2020). Along with demographic and other variables (e.g. treatment request), the course of treatment based on the scores of psychometric measures will be presented. The course of treatment is measured by the Strengths and Difficulties Questionnaire (SDQ - Hel), which was completed at the beginning and at the end of treatment. According to data, 319 children and adolescents (131 girls and 188 boys) were addressed to the DCAT, with an average age of 12.1 (SD=3.7) years. The most frequent therapy requests included Anxiety (15.3%), Mood Disorders (7.6%) and ADHD (7.2%), while the most frequent diagnoses were OCD (14.4%), ADHD (11.5%) and Depression (10.8%). As for the course of treatment, 42.6% successfully completed it, 20.7% didn’t attend and 13.5% dropped out. Means of the scores of parents’ psychometric measurements showed a statistically significant reduction in total reported symptoms after the completion of treatment ($M=12, 1, SD=6, 57$); $t(50) = -2.49, p= .016$) compared to the before-treatment measurements ($M=14, 1, SD=5, 91$). In conclusion, the

DCAT of the IBRT provides effective and high-quality Cognitive Behaviour Psychotherapy. Factors which may contribute to the course of the therapy will be discussed.

EFFECTIVENESS OF THE NEW SUPER SKILLS FOR LIFE VERSION AIMED AT CHILDREN WITH BEHAVIORAL PROBLEMS

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Introduction: Super Skills for Life (SSL) is a transdiagnostic program originally developed to reduce emotional problems in children. Since previous investigations aimed at evaluating its effectiveness detected a significant improvement in externalizing problems, SSL was adapted to a new version aimed at reducing behavioral problems. The objective of this study was to analyze the effectiveness of the SSL-Behavior program in children with behavioral problems.

Method: A total of 18 Spanish children (94.4% boys) between 8 and 12 years old ($M = 8.94$; $SD = 1.47$) participated. The parents of the participants provided socio-demographic data and completed the Child Behavior Checklist (CBCL) before and after the intervention. The SSL-Behaviour program consisted of 8 group sessions aimed at children. In addition, 3 sessions aimed at parents were included in order to provide them resources for the effective management of their children's behaviour.

Results: Means comparison analyses revealed significant differences in the Oppositional Defiant scale ($p < .05$) and marginally significant differences in the Conduct problems scale ($p = .05$). Furthermore, after the implementation of the program, a statistically significant reduction of both externalizing ($p < .01$) and internalizing problems ($p < .01$) was observed.

Discussion: Although SSL-Behavior appears to be a promising program for the reduction of externalizing problems, future studies should be directed at assessing whether the results obtained are maintained over time. Furthermore, it could be interesting to know if the efficacy of SSL-Behavior varies according to the symptoms manifested by children (exclusively internalizing, exclusively externalizing or comorbid).

PATTERNS OF PSYCHOLOGICAL DIFFICULTIES IN SPANISH CHILDREN: A LATENT CLASS ANALYSIS

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Introduction: Behavioral and emotional problems are the most frequently diagnosed disorders during childhood and produce significant impairment in children's lives. Often these problems co-occur, increasing the risk of developing more severe problems in adulthood.

Method: The current study aimed to explore the subtypes of psychological difficulties among Spanish children aged 7-12 years ($M = 9.64$; $SD = 1.34$). For this purpose, 325 children (47.1% girls) completed the Spanish version of the Strengths and Difficulties Questionnaire. Latent Class Analysis (LCA) was carried out to identify risk profiles in children according to their symptoms and ANOVA was conducted to explore associations between latent classes and SDQ subscales.

Results: The LCA yielded five profiles of psychological difficulties: "High difficulties" (34.2%), "Internalizing" (5.2%), "Externalizing" (26.5%), "Hyperactive" (14.5%), and "Well-adjusted" (19.7%). The largest class was "High Difficulties" and was composed of children with the highest scores for emotional symptoms, conduct problems, and hyperactivity/inattention. Children belonging to the "Externalizing" and "Hyperactivity" group were characterized by elevated behavioral problems, restlessness and distraction. The least prevalent subtype was "Internalizing" problems, in which children showed elevated emotional symptoms and the highest risk of peer problems. Finally, the "Well-adjusted" class included children who were unlikely to show all psychological difficulties.

Discussion: These findings support the use of person-oriented approaches that reveal heterogeneity in the patterns of psychological difficulties. Therefore, early detection and intervention, especially in children's

behavioral problems, is key in order to avoid vulnerability to comorbidity and more severe symptoms in the future.

EFFECTS OF HELP-SEEKING INTENTION ON DEPRESSION AND SUBJECTIVE ADJUSTMENT: SELF-ESTEEM AS A MODERATOR IN JAPANESE CHILDREN

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Introduction: Self-esteem is an important factor in help-seeking (Wakimoto, 2008), and help-seeking (HS) is effective to mental health (Bergin & Garfield, 1994). However, no studies have been conducted assessing these effects on children's mental health. This study therefore aimed to reveal self-esteem's moderator effect between help-seeking and mental health (depression and subjective adjustment, in this case) in children.

Method: A total of 640 children (328 males and 312 females with 10.78 ± 1.04 years) completed measures of their perceived problems, help seeking intention from their families (HS-fa), friends (HS-fr), and teachers, as well as their self-esteem. Besides, they answered depression or subjective adjustment to class into 3 factors: sense of comfort (SC), feelings of acceptance and trust (FAT), and sense of fulfillment.

Results: Stepwise multiple regression analysis was conducted with the predicting variables (sex, grade, perceived problems, HS varieties, self-esteem, and HS varieties \times self-esteem) of depression and subjective adjustment. The results mostly revealed the main effects of HS and self-esteem on children's mental health, with HS-fa not found to increase SC and HS-fr not found to decrease depression. Moreover, this revealed an interaction effect between HS-fa and self-esteem for FAT. The results of simple slope analysis revealed that HS-fa increased FAT when self-esteem was high, whereas it had no effect when self-esteem was low.

Conclusion: This study suggested that self-esteem and each type of HS had effects on depression and subjective adjustment in children, and increased self-esteem may have an important function in terms of effective HS.

RELATIONSHIP BETWEEN CHARACTERISTICS OF FOSTERING BEHAVIOR AND MENTAL HEALTH OF WORKERS AT JAPANESE SOCIAL CARE INSTITUTIONS FOR CHILDREN

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Introduction: In Japan, over 80% of foster care services are institutional. Children in foster care institutions exhibit highly complicated symptoms, care is extremely difficult. Research shows the mental health of caregivers influences children's behavior and emotions. Research further shows a high caregiver turnover rate at foster care institutions. The frequent change of caregivers inhibits their improvement. We examined the relationship of characteristics of fostering behavior of the workers and their mental health.

Method: The Fostering Behavior Scale, Job Stress Scale, Japanese version of the Maslach Burnout Inventory, and Positive Emotion to Job were administered to 456 workers of foster care institutions (173 men, 280 women, 3 others, with a mean age \pm SD of 35.39 ± 11.19 years). The survey was conducted under the ethical code outlined by The Japanese Psychological Association.

Results: We performed pattern classification based on the combination of fostering behaviors by cluster analysis, types were classified into 6 groups "High reproof type," "Short-time sharing type," "Dominant reproof and teaching type," "Low reproof type," "Less relation generally type" and "Only watching over type." Furthermore, it was suggested the "Low reproof type" had better mental health status than the "High reproof type," "Short-time sharing type" and "Dominant reproof and teaching type."

Conclusions: To improve the mental health status of workers at social care institutions for children, when giving instruction to the children, instead of relying on punishment control, it may be useful to acquire and utilize skills for problem-solving dialogue and the long-term perspective of forming adaptive behaviors for the children.

JUST THE WAY YOU ARE. UNDERSTANDING EMOTION REGULATION STRATEGIES IN YOUTH FROM TEMPERAMENTAL DIFFERENCES

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Introduction: High negative emotionality (NE), low positive emotionality (PE), and low effortful control (EC) have repeatedly been independently associated with youth depressive symptoms. Less research examined the joint contributions of these traits on such symptoms and, despite of clinical relevance, no study investigated how these traits jointly contribute to emotion regulation problems.

Method: The present study examined temperamental profiles in youth as well as their link with depressive symptoms and emotion regulation strategies in 1098 Flemish youth (60% girls, 7-17 years).

Results: Latent profile analyses identified a 4-profile solution (resilient, vulnerable, average, reactive-undercontrolled) to best fit the data. Meaningful associations emerged between these temperamental profiles, depressive symptoms, and one's preferred emotion regulation repertoire, including profile-specific emotion regulation deficits.

Conclusions: The results suggest that trait profiling has the potential to screen for youth that are at risk for developing emotional problems and highlight the need to provide customized care targeting both the reactivity to emotions, the ability to regulate, and the nature of the strategies that are applied to regulate emotions.

COGNITIVE-BEHAVIORAL THERAPY IN THE MANAGEMENT OF TRICHOTILLOMANIA IN ADOLESCENTS

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Introduction: Although several studies have examined the effectiveness of cognitive behavioral therapy in the treatment of trichotillomania (TMD) in adults, data are limited regarding the treatment of adolescents.

Methods: In this work, we studied the case of Mademoiselle MB, a young adolescent girl who has suffered from trichotillomania from a young age. We used cognitive behavioral techniques in this management. We helped ourselves with assessment scales such as that the anxiety anxiety scale of Bouden et al and the Trichotillomania children scale (TSC) to have an objective evaluation of our results.

Results: Cognitive and behavioral therapy (CBT) allowed the patient to become aware of her disorder, her cognitive distortions and to opt for change by learning relaxation techniques, emotions regulation, acceptance and commitment, as well as techniques for reversing habits.

Discussion, Conclusion: The evolution was marked by a clear improvement in the severity scores and the impact of the disorder on the TSC scale after a therapeutic program of 13 sessions.

These results show the value of CBT in the treatment of TMD in adolescents.

EATING DISORDERS & TREATMENT OF OBESITY

RELEVANT PSYCHOLOGICAL FACTORS IN WEIGHT MANAGEMENT – CORRELATIONAL STUDY

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Background: The efficiency of interventions in weight loss is relatively small. Interventions are needed to integrate more efficient techniques. To improve the long-term results of psychological treatments it is important to know why some people are constantly with a normal weight, others regain the weight loss or find it difficult to lose weight and others can maintain their weight loss.

Objective: To identify psychological factors associated with maintaining or regaining the weight loss.

Methods: 237 adult participants, responded to online questionnaires measuring general and specific irrational beliefs, eating behaviours, self-regulation, competence and self-efficacy. We used MANOVA to analyze the differences between categories and logistic regression to identify which variables best predict the categories membership.

Results: The results showed that there are differences between the regainers and maintainers in terms of irrationality and cognitive restriction. Also, we found differences between the regainers and those with normal stable weight in terms of self-efficacy, competence and self-regulation. Regarding BMI, people with normal weight had more self-efficacy, competence and self-regulation about their eating behaviours, less specific irrationality, cognitive restriction, uncontrolled and emotional eating than people with obesity. They also differ from those with overweight having more self-efficacy, competence and self-regulation about their eating behaviours, less irrationality, cognitive restriction and emotional eating.

Conclusions: Some psychological factors may provide an explanation for why some people with overweight or obesity find it difficult to lose weight and when they do, some of them find it difficult to maintain the weight loss.

MALADAPTIVE EMOTION REGULATION AND DISORDERED EATING BEHAVIOR IN YOUTH: FINDINGS FROM A PILOT DIARY STUDY

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Maladaptive cognitions about body weight and physical appearance, as well as disordered eating behaviors in adolescence have been identified as precursor for the development of eating disorders (EDs). Maladaptive emotion regulation (ER) is an important contributor to ED risk. However, little is known about the role of specific ER strategies and nothing is known about the role of the regulation of positive affect in eating pathology. Experience sampling (ESM) can be used to understand how ER confers risk in daily life. To date, only one study examined the association between rumination and disordered eating using ESM, and no studies have examined the role of dampening in response to positive affect in disordered eating. In the present study, 135 children and adolescents (8-15 years) completed ESM. Every evening for 21 days they reported their use of rumination and dampening as well as disordered eating cognitions and behaviors. As expected, our results show that more frequent use of both strategies was associated with a higher frequency of weight concerns and restrictive eating behavior. These results underline the importance of examining regulation of both positive and negative affect in order to understand ED risk, offer new directions for ED treatment and emphasize the role of ER as a transdiagnostic risk factor.

PERSONALITY TRAITS AND OBESITY

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Introduction: Several studies suggest that personality traits could be related to the development of obesity and obesity treatment failure. This study aimed to compare personality profiles between obese and normal-weight subjects.

Method: Participants were recruited from Consorci Sanitari de Terrassa (N=159), 63 adults with BMI obesity (BMI mean of 37.01 (6.78)), and 96 age and gender-matched normal weight people (BMI mean of 23.74

(2.85)). The personality traits were assessed with Temperament and Character Inventory (TCI-R). SPSSv23 was used for statistical analysis of group differences (independent sample T-test). The effect size was calculated with Cohen's D. The alpha level 5% was established for determining statistical significance.

Results: Compared to the normal weight, the obese group revealed those main findings: In the scales show lower **persistence** ($t(157)=6.1, p=.020$) and lower **self-directedness** ($t(157)=9.14, p=.003$), in subscales it was found higher fatigability ($t(157)=-2.19, p=.018$), lower resourcefulness ($t(157)=2.08, p=.010$), lower purposeful ($t(157)=1.66, p=.014$) and lower enlightened second nature ($t(157)=4.81, p=>0.001$). The effect size was small for the scale persistence ($d'=0.37$) and subscales fatigability ($d'=0.00$) and purposeful ($d'=0.28$), medium for scale **self-directedness** ($d'=0.49$) and subscale resourcefulness ($d'=0.50$); and large for subscale enlightened second nature ($d'=1.00$).

Conclusions: Obese subjects showed different personality profiles than control subjects. The most useful scales for determining these differences were designed to assess character traits. In the clinical setting, personality data could provide a context for understanding the therapeutic adherence of obese people and might help choose the best treatment program.

AN EXAMINATION OF THE RELATIONSHIP BETWEEN CHILDHOOD PEER VICTIMIZATION AND DISORDERED EATING IN EMERGING ADULTHOOD: A MIXED METHOD APPROACH

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Background: Peer victimization is a well-known risk factor for disordered eating behaviours (DEBs). The present thesis aims to examine the relationship between peer victimization experience during childhood and three different types of disordered eating behaviours in emerging adulthood. The moderating role of emotion regulation, as well as the mediating role of identity development will be examined.

Methods: The research data will be drawn using a mixed methods design. During the first phase, quantitative data will be collected from surveying online a sample of individuals aged 18-25 years old. Data gathered in the first phase will be analysed (i.e. Structural Equation Modelling) and the results will be used to inform the sample to be gathered in phase two.

Phase two will involve conducting semi-structured interviews in a small scaled sample. In addition to validating the models identified in phase one, another aim of phase two is to explore whether other variables, not accounted in the proposed models can further explain the relationship between the experience of peer victimization and DEBs.

Results: It is expected that the experience of childhood peer victimization will predict increases in all the three types of DEBs during emerging adulthood. This relationship is hypothesized to be moderated by emotion dysregulation and mediated by identity development.

Conclusions: Given the unique developmental characteristics of emerging adults, it is crucial to examine the development of disordered eating in this population so as it can have implications for treatment and prevention that are unique to this group.

EVALUATION OF THE EFFECTIVENESS OF COGNITIVE REMEDIATION THERAPY IN OUTPATIENTS DIAGNOSED WITH ANOREXIA NERVOSA IN JAPAN

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Cognitive Remediation Therapy (CRT) has been used internationally to target set-shifting deficits and weak central coherence and to improve cognitive processing. In this study, the feasibility and effectiveness of CRT provided to 12 Japanese patients with anorexia nervosa (AN) in 10 sessions was evaluated.

Wisconsin Card Sorting and Brixton tests were performed to evaluate set-shifting ability, along with the Rey-Osterrieth complex figure (ROCF) test for the evaluation of central coherence. These tests were performed once in healthy controls (HCs) in addition to before and after intervention and again at 3-month follow-up for

participants with AN. All participants were asked to complete the self-directed Eating Disorder Examination Questionnaire and Hospital Anxiety and Depression Scale (HADS).

Before intervention, cognitive tests did not reveal any differences between HCs and those diagnosed with AN, although symptoms of psychopathology were more apparent in the latter group. Patients with AN also scored high on measures of depression. Strong correlations linking AN-associated psychopathology with depression and anxiety were observed.

After intervention, the number of errors on the Brixton test was significantly reduced ($p < 0.01$). Moreover, the style index (SI) score within the ROCF improved (effect size: $F; 0.41$), although this was not statistically significant. Similarly, “restricting” (EDE-Q) and depression scores (HADS) underwent significant improvement ($p < 0.05$). Improvements in SI scores suggested that the AN patients responded to CRT by developing a more holistic (global) worldview. Thus, we conclude that CRT may reduce rigidity and improve depressive symptoms in patients diagnosed with AN.

ART INFLUENCED CBT FOR EATING DISORDERS – PRELIMINARY RESULTS

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Introduction: The study focuses on the effects of a video-art installation on people with eating disorders. Art in this context is to serve as a metaphoric tool to enhance the CBT method for youngsters. Art therapy is widely applied in treatment of mental disorders but inspecting professional art e.g. drawings in order to incorporate them into one’s personal narratives is not a common practice.

Method: Patients were shown an art video installation in a quiet and calming environment. The installation shows scenes of a forest with sounds and creatures. The patients were encouraged to write thoughts and associations that came to mind while viewing it. The writings were analysed and compared with a control group without eating disorders. Otherwise the patients participated in the method for eating disorders by Fairburn.

Results: Both groups found the video positive, but the control group saw more oddness in the film. Patients enjoyed seeing animals in the film but generally disliked the humans. No one connected the film with environmental issues or globalism, the themes brought up by the artist herself. However, there were some deeper thoughts in both groups’ writings relating the film with the need in humans to be a part of nature. The patients wrote also about control.

Discussion: The intervention showed that art can serve as a tool to enhance the ordinary CBT-therapy for eating disorders by bringing up more personal views to the analysis and treatment planning.

FACTORS ASSOCIATED WITH DROPOUT FROM TREATMENT IN GREEK PATIENTS WITH BULIMIA NERVOSA AND BINGE EATING DISORDER

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Background: Eating disorders (EDs) are serious mental illnesses requiring combined therapeutic interventions targeting both eating behaviors and psychosocial functioning. Dropout from psychotherapeutic treatment is common in mental health services and can have detrimental impact since patients remain unsupported and therapists may feel demoralized. Despite the fact that there are many definitions of dropout, rates in EDs are very high ranging between 20% to 73%. Factors associated with illness, such as body-mass index and illness duration, comorbid difficulties such as depression, borderline personality disorder, and self-harming, and carers’ reactions such as higher expressed emotions appear to differentiate treatment completers from those who drop out. However, findings are not always consistent.

Method: The sample comprised 88 patient-carer dyads reaching the Hellenic Centre for Eating Disorders. Patients were diagnosed with bulimia nervosa, atypical bulimia, or binge eating disorder. Data were collected

for patients and carers during initial assessments, while patients were reassessed for ED psychopathology after a 6-month period.

Results: Dropout patients and patients who remained in treatment had no significant differences in socio-demographic characteristics and illness factors such as negative emotional states, ED psychopathology, and duration of ED. However, patients who dropped out had significantly lower clinical improvement in ED psychopathology at 6-month assessment. Moreover, their carers engaged more in accommodating and enabling behaviors and had higher expressed emotions compared to their counterparts.

Conclusions: Findings indicated that therapeutic interventions for EDs, at least in the first months of treatment, should focus at managing ED symptomatology and exploring and regulating family interactions.

BEHAVIORAL EXPERIMENTS TARGETING THE PERCEIVED PRESSURE TO BE THIN: EFFICACY OF UNIVERSAL EATING DISORDER PREVENTION INTERVENTION FOR JAPANESE FEMALE UNIVERSITY STUDENTS

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Introduction: The number of studies of universal eating disorder prevention is limited (Le et al., 2017). Perceived pressure to be thin is one of the risk factors for eating disorders (Stice et al., 2013), and has the strongest effect on eating pathology in Japanese female university students (Ueda et al., 2019). This study aimed to examine the effectiveness of behavioral experiments targeting perceived pressure to be thin in Japanese female university students.

Method: Eight Japanese female university students (19.2 ± 1.0 years) participated in two weekly 45-minute group sessions. The program involved behavioral experiments with a fictional case vignette, a female university student "A" who perceives pressure to be thin. Participants completed the Eating Disorder Diagnostic Scale (EDDS) and the Perceived Sociocultural Pressure Scale (PSPS) at pretest, posttest, and 1-month follow-up.

Results: The Wilcoxon test was performed and the effect size was calculated. EDDS tended to improve significantly on the posttest compared to the pretest, but not in follow-up ($Z = -1.68, p < .10, g = -0.24; Z = -1.19, p = n.s., g = -0.25$). PSPS tended to improve significantly on the posttest compared to the pretest, and improved significantly in follow-up ($Z = -1.90, p < .10, g = -0.38; Z = -2.23, p < .05; g = -0.33$).

Conclusions: Results show that behavioral experiments are effective in reducing perceived pressure to be thin, and may also be effective in reducing eating disorder symptoms. The potential for expansion to universal eating disorder prevention is suggested.

HEALTH PSYCHOLOGY ISSUES

COMPARISON BETWEEN WOMEN PERSONALITY WITH FIBROMYALGIA AND MOOD DISORDER DIAGNOSIS

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Background: Previous studies suggest that personality may influence fibromyalgia (FM). To better understand the effects of personality in FM, the present study aimed to evaluate differences among personality traits between women with FM, those with a depressive disorder (MD), and healthy women (HW).

Methodology: We developed a matched case-control cross-sectional study, including participants from 30 to 55 years old. They were divided into FM (N=110), MD (N=33), and HW (N=50). The personality traits were evaluated with the NEO-FFI. All analyses were performed using SPSSv23. An ANOVA test was used and a post-hoc test to confirm where the differences occurred in group means, with a 0.05-alpha level. The effect size between groups was calculated with Cohen's d.

Results: Women with FM as well as MD showed more neurotic traits ($F=90.97$, $p<0.001$) and were less extraverted ($F(2.185)=19.96$, $p<0.001$) than HW. FM showed lower Openness ($F(2.185)=3.42$, $p=0.035$) than the HW, and MD lower Conscientiousness ($F(2.185)=4.64$, $p=0.011$) compared to HW. The effect size between FM and HW of Neuroticism and Extraversion were considerable ($d'=-2.43$ and $d'=1.33$, respectively), in Openness, the differences were medium ($d'=0.46$); and between MD and HW the differences in Conscientiousness were small ($d'=0.24$)

Conclusions: This study suggests that some personality traits can be related to depression and FM at the same time, but others can be specific to each diagnosis. These results help to the point that personality traits can have a clue role in FM clinical manifestations and, must be taken into consideration in FM treatment.

CHARACTERISTICS OF BEHAVIORS FOR RELIEVING ANXIETY AND WORRY ABOUT CANCER THE RELATIONSHIP BETWEEN PSYCHOLOGICAL ADJUSTMENT

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Introduction/ background: Cancer survivors often report anxiety and worry about the recurrence of cancer and worsening of their medical conditions. Behaviors such as active coping improve psychological adjustment, whereas other behaviors may increase psychological distress. This study focused on behaviors that relieve anxiety and worries about recurrence and worsening of medical conditions and investigated the relationship with psychological adjustment.

Method: Participants recruited among cancer patient support groups in Japan, completed a battery of questionnaires comprising demographic information, a measure of behavior for relieving cancer related anxiety and worry that was developed in this study, and Hospital Anxiety and Depression Scale (HADS).

Results: Cancer survivors ($n = 94$) participated in the study. Three factors (body checking behavior; BC, recreational behavior; RC, live like before diagnosis behavior; LB) were explored. Relieving behavior overall had negative correlations with depression ($p < .01$). We examined how each relieving behavior was related to psychological adjustment by dividing the participants into groups that conducted relieving behaviors above (high) or below the mean (low). The high BC group had positive correlations with anxiety ($p < .05$). The high RC group had negative correlations with depression, no correlation with psychological adjustment in the low score group.

Conclusion/ discussion: The total score of relieving behavior score was not correlated with anxiety, whereas the high relieving behavior score was correlated with lower depression. Moreover, excessive BC behavior might be maladaptive and increase anxiety, whereas RC behaviors to relieve anxiety could improve psychological adjustment when conducted proactively.

EFFECTIVENESS OF A STRUCTURED CBT PSYCHOEDUCATIONAL ARTS-BASED GROUP INTERVENTION FOR PERSONS WITH NON-MALIGNANT CHRONIC PAIN

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Introduction/background: Almost 20% of the adult population in Europe reports chronic pain. Chronic pain can contribute to disability, depression, anxiety, sleep disturbances, poor quality of life and increased health care costs. Psychosocial approaches based on a cognitive conceptualization of pain can provide a solid foundation for research and clinical work. The aim of this study is to evaluate a structured CBT psychoeducational arts-based group intervention for persons with non-malignant pain.

Method: Participants were outpatients from the pain management unit of “Attikon” Hospital, in Athens, Greece. The study was conducted from February 2017 to November 2019.

A total of 100 patients participated, 50 in the intervention group and 50 in the control group (treatment as usual-TAU). The intervention was face-to-face psychoeducational course. Every experimental group consisted of 4-10 participants, who attended 10 five-step structured weekly 2-hour sessions. Pre-post measurement took place at the start of the course (T0) and directly after the 10-week course (T1).

Results: The participants’ mean age was 52.3 years old and most were female (84%). Significant reduction in pain intensity ($p<0.001$), depressive symptoms ($p<0.001$), confusion about pain ($p=0.037$), and improvement of emotional distress tolerance ($p=0.012$) and global health-related quality of life ($p<0.001$) was found at the end of the program.

Conclusions/discussion: This non-stigmatizing, tailored arts-based psychoeducational program was effective in reducing pain intensity, reducing emotional distress and in controlling depressive symptoms in this sample, reappraising some of the coping responses defined as adaptive within current psychosocial framework of chronic non-malignant pain.

ADAPTING CBT FOR DEPRESSION: HOW HAS THIS BEEN DONE FOR YOUNG PEOPLE WHO HAVE CHRONIC ILLNESS?

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Background: Depression becomes increasingly common in adolescence. Around 10-20% of adolescents have a chronic illness, and they are more likely to experience depression. There is emerging evidence for Cognitive Behaviour Therapy (CBT) interventions to treat depression in adolescents with chronic illnesses, yet no review has been undertaken of how these CBT interventions are delivered in practice.

Methods: We conducted a scoping review to summarise how CBT has been delivered in adolescents with chronic illness and depression. We included studies which evaluated CBT aimed at treating depression/depressive symptoms in adolescents with chronic illness. Searches were carried out across Embase and PsycNET.

Results: Twelve studies met our inclusion criteria. These included diabetes ($n=3$), inflammatory bowel disease ($n=3$), polycystic ovary syndrome ($n=2$), chronic headache ($n=1$), chronic pain ($n=1$), chronic fatigue syndrome ($n=1$) and fanconi anaemia ($n=1$). Adaptations made to the delivery of CBT included cognitive restructuring of illness-related thoughts, behavioural activation balancing illness-related and enjoyable activities, psychoeducation of the comorbidity and link between the chronic illness and depression, relationship building, skills building and parental or familial involvement.

Conclusions: CBT for depression is commonly adapted for this population, and the nature of cognitions and behaviours targeted in CBT may typically depend on how the chronic illness presents. There is relatively little evidence to date, and a need for more research into the efficacy and effectiveness of treatments for adolescent depression in this vulnerable population specifically.

PROFILE OF MOTHERS WHO SEEK TREATMENT FOR SUBSTANCE USE DISORDER IN A CLINICAL CENTRE

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Introduction/background: Little empirically validated information about the prevalence, characteristics, or specific treatment progression of mothers with addiction problems is available in the literature from general addiction treatment programmes. Thus, this study explored the prevalence and profile of mothers among women who sought treatment for drug addiction, as well as the therapeutic progression of these patients.

Method: A sample of 180 Spanish women with addiction problems was assessed. Information was collected on the patients’ socio-demographic characteristics, consumption variables and psychological symptoms.

Results: Of the total sample, 22.2% ($n = 40$) of the women seeking treatment for substance use disorder were mothers. Compared with women without children, mothers scored significantly higher on several EuropASI and psychological variables. Specifically, mothers presented with more medical problems, worse employment/financial situations, and more severity in alcohol use. Moreover, having a history of lifetime physical and/or sexual abuse was related to belonging to the group of mothers. Regarding therapeutic progression, no statistically significant differences in the retention rate were found between mothers and non-mothers.

Conclusions/discussion: The results of this study show that mothers generally have more severe problems than non-mothers. Therefore, comprehensive, continuum-based, and client-centred care for mothers is paramount for effective treatment in mothers. The implications of these results for further research and clinical practice are discussed.

ISSUES IN THERAPY-SUPERVISION ISSUES IN CBT

ASSESSMENT OF IMPACT OF CBT-BASED APPROACHES IN TBILISI CRISIS INTERVENTION SERVICE AMONG PATIENTS WITH PSYCHIATRIC CONDITIONS

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Introduction: The goal of the study is to assess the impact of new CBT-based approach at Tbilisi Crisis Intervention Center on morbidity of patients with psychiatric conditions. The objectives of the study are to compare overall hospital length of stay and number of admissions among patients receiving traditional services versus new CI. The new CI center delivers psychiatric crisis intervention for out-patients in crisis situations, like acute conditions provoked by mental illness, suicidal behaviour, emotional stress-induced adaptation impairment and other situations. The purpose of this service is to evaluate the symptoms, using individual and family CBT-based approach in crisis situations and stabilise crisis situations, using psychological approach: individualised - ones a week sessions and group cognitive-behavioural therapy for the patients with depression (depression management), anxiety (anxiety management) and anger management weekly group sessions.

Study Design:

Prospective cohort study:

The prospective cohort study has been used with the patients included in the CI service defined as exposed group (exposed to intervention: patients receiving CBT plus traditional care, individualized-based CBT either individualized plus group symptom management CBT), and patients receiving traditional in- and outpatient services representing unexposed group.

The exposure variable was type of new service (CI versus traditional) and outcome variables have been defined as number of hospital admissions and overall length of stay in the hospital.

Study sample and survey instrument

All patients receiving new, CI service_ individual or individual and group CBT ($n=94$) have been included in the study sample (consecutive sample). These are the adult persons aged 18-65 years, residents of the central and suburban parts of Tbilisi. Unexposed individuals ($n=119$) from two mental health clinics in Tbilisi providing standard psychiatric medical care have been selected using simple random sampling from the list of registered individuals.

The catchment area and patient profile for the three clinics have been relatively homogenous, as all these clinics are located in Tbilisi and supposedly, serve mostly the same population in terms of socio-demographic background. Even with this assumption, detailed socio-demographic data have been collected and adjusted during the multivariate analysis to control potential confounding/effect modification by these variables.

Statistical analysis:

Bivariate analysis has been done to look at the associations between outcome and different variables of interest (t-test to study associations between continuous variables (length of stay, number of hospital admissions) and chi-square test or Fisher exact test when appropriate, for categorical variables).

Multiple linear regression has been used to assess the association between continuous outcome variable (hospitalization frequency, length of stay) with other factors of interest (being significantly associated with outcome at bivariate analysis).

Preliminary Finding- Preliminary Data:

	No of Observations	Number	% hospitalized	Sum Hosp.	TLOS	Per Patient Hospitalization	Days lost due to hospitalization (per patient)
Standard care	119	100.00	0.84	391.00	22086.00	3.91	220.86
CI	94	31.00	0.33	52.00	988.00	1.68	31.87
Total		180.00		660.00	28412.00		

Preliminary Findings:

- If compared, CI patients are 2.5 times less likely to be hospitalized.
- Among those hospitalized in all groups, frequent repeated hospitalizations occurred:
 - Median repeated hospitalization rate for CI: 3.00
- Repeated hospitalizations occurred at least two time more frequent among patients experiencing standard care (Average per patient hospitalizations: Standard= 3.91; CI=1.68)
- Median hospitalization for Standard care: 3.00; for CI: 1 (*most frequent repeated hospitalization; for CI, the difference between 1 and 1.68 means that there were only very few patients with high number of repeated hospitalization. Most likely, this will not be statistically significant, when full analysis is completed)
- CI dramatically reduced Length of Stay while hospitalizes – 7-fold reduction. Among those hospitalized, distribution of length of stay was (*this is not an average number, more accurate description is “burden of hospitalization”):

CI	31.87
Standard	220.86
ACT	96.91

Conclusion: Our primary hypotheses that the new CBT-based approaches (individual CBT sessions weekly or individual and group CBT weekly sessions) in CI are associated with fewer and shorter admissions compared to traditional care have been confirmed.

A NEW SHORT VERSION OF THE COGNITIVE THERAPY SCALE REVISED FOR ASSESSING COGNITIVE BEHAVIOR THERAPY COMPETENCY

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Introduction / background: Given the spread and implementation of Cognitive Behavior Therapy (CBT) in diverse settings and by therapists with varying training there is a growing need for instruments to assess CBT competency. Previous assessment methods have relied on experienced coders scrutinizing recorded therapy sessions using instruments such as the Cognitive Therapy Scale (CTS). However, these methods are resource consuming and there is a need for shorter and more efficient methods. The aim of this study was to assess the psychometric properties of a newly developed ultra-brief coding instrument for CBT competency called CBT BRIEF.

Method: Based on previous coding instruments such as the CTS, we developed a coding manual for a new instrument called CBT BRIEF comprising four items: Structure, Relation, Conceptualization and Change. Three therapists were trained in using the manual before blindly coding 30 CBT sessions that had previously been assessed with the CTS by third-party expert coders.

Results: In preliminary analyses, the CBT BRIEF has shown good inter-rater reliability ($ICC > .80$) and criterion validity ($ICC > .70$) when compared to the CTS while taking about one-third of the time to complete for coders.

Conclusions / discussion: Preliminary findings indicate that the CBT BRIEF is a psychometrically sound and efficient instrument to assess the overall quality of CBT sessions. Whether the CBT BRIEF captures all essential elements of CBT and whether CBT competency as assessed with the CBT BRIEF is associated with treatment outcomes will be explored further in forthcoming studies.

DIFFERENCES BETWEEN RESPONDER VERSUS NON-RESPONDER PATIENTS TO GROUP CBT FOR OCD IN COMMON FACTORS (ALLIANCE) ASSOCIATED TO THERAPEUTIC CHANGE

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Introduction: Cognitive-behaviour therapy for OCD, and particularly efficient applied at group format. Therapeutic Alliance and group cohesion are known to make significant contributions to therapeutic outcomes

Objectives: To examine if therapeutic alliance and group cohesion is stronger in patients that respond to Group CBT for OCD.

Method: Procedure: 16 patients started CBT for OCD in 3 different groups, at public mental health outpatient clinics in Valencia (Spain), 12 concluded. Treatments were delivered in 12 group sessions 1 hour and a half long each.

Instruments: Y-BOCS (OCD severity), Group Questionnaire (Therapeutic Alliance and group cohesion)

Participants: Their mean age was 39,19 years ($SD 10,25$), they were mainly males (56%), half of them lived with their partner. As a group, their OCD was severe: Y-BOCS mean 29,25 ($DT 5,37$), with a long duration of the disorder: (14, 78 years, $DT 6,81$). 25% presented axis I comorbidity.

Analysis: T-tests for independent samples between responder and non-responder patients

Results: Clinical response categorization: at least 7-point decrease in Y-BOCS score pre to post-treatment, and a post-treatment score in a range of medium or lower. 7 patients reached responder criteria, and 4 showed non clinically significant change

Responder participants scored higher at the positive Alliance subscale of the group questionnaire at the three moments measured: $t=2,343$, ($p=0,047$), $t=4,256$ ($p=0,005$) and $t=4,534$ ($p=0,042$) respectively. For the negative relationship subscale, they scored significantly lower at the second moment: $t=-3,651$, ($p=0,011$).

Discussion: Results are promising, and may have clinical implications but it is needed to increase sample size.

THE EFFECTS OF 12 MONTHS OF TRAINING IN BEHAVIORAL THERAPY ON THE ATTITUDES OF STUDENTS TOWARDS EXPOSURE

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Exposure treatment (ET) is one of the most effective evidenced based treatments for anxiety disorders, hundreds of clinical trials and meta-analysis confirm this fact. Despite being effective, safe and tolerable ET is one of the least adopted treatments in clinical practice. Under-utilization of ET is mainly related to lack of training of mental health practitioners in this method. On the other hand, even those who have received training in ET rarely use it in clinical practice. Negative beliefs and attitudes towards exposure, especially beliefs concerning the ethicality, safety and tolerability of ET are common among therapists, even

among therapist who have received training in ET. These beliefs are correlated with decreased adoption of ET and increased exclusion of clients based on unconfirmed contra indications. In addition, negative beliefs about exposure lead to an over cautious manner of applying ET at the expense of its effectiveness. Barriers that affect adoption of ET can be divided in three clusters namely client, therapist and organizational characteristics. According to research the most important factor predicting under-utilization of ET is therapist characteristics, such as anxiety sensitivity, sex and educational level. Findings from a recent longitudinal study we conducted that examined the effects of 12 months of training in behavioral therapy on the attitudes of students (n=46) towards exposure will be discussed.

CONNECTIONS BETWEEN EMOTIONAL DEPENDENCY AND INTERVENTIONS IN COGNITIVE BEHAVIOUR THERAPY FOR ADULTS: OUTCOMES OF GROUP THERAPY

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Emotional dependency is defined as a strong tendency to let feelings control oneself on behaviour, thoughts and decisions. Cognitive Behaviour Therapy (CBT) can be an effective tool in working with feelings, behaviour and negative thinking when treating mental health disorders such as depression and anxiety or in improving self-esteem. Purpose of homework is to facilitate the generalization and maintenance of CBT skills. The aim of the current study is to examine whether emotional dependency is connected to participants' regular use of CBT methods and if participants considered CBT helpful for diminishing the symptoms of anxiety, depression, stress and low self-esteem. Six self-evaluation questionnaires were presented to 41 participants on three selected measure points over four weeks treatment period for each group. The results showed improvement, over four weeks of CBT group therapy, on depression, self-esteem, anxiety, and stress. The pre- to post-treatment effect sizes (Cohen's *d*) for depression (ES = 0.79) and stress (ES = 0.52) were medium but small for anxiety (ES = 0.24). A smaller proportion of participants with low self-esteem (29%) adopted regular use of CBT compared to participants with depression or anxiety (71%). Participants who used the method of CBT consistently showed less emotional dependence by the end of the course compared to those who did not use CBT over the time of the course. Where there was no significant difference in the beginning and middle measurements, the results indicate that CBT diminish personal emotional dependence rather than emotional dependency would reduce participants' capacity to use CBT in a homework situation.

PSYCHOTHERAPIST NEEDS IN CLINICAL SUPERVISION – A PSYCHOMETRIC EVALUATION OF THE PROCTOR MODEL

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Introduction/background: Although widely promoted and endorsed, there is little empirical support for positive effects of clinical supervision (CS) in psychotherapy. One identified problem is the numerous theoretical CS-models in use of which most lack an empirical base. It is therefore a risk that supervision is provided for unclear purposes and using ill-fitting methods. The Proctor Model describes the purposes and functions of CS and stipulates that CS is provided for formative, normative and restorative purposes. The model is widely used and accepted, but has not been psychometrically evaluated for psychotherapy. The aim of this study was to examine the psychometric properties of a new self-report measure with a special focus of the construct validity of the Proctor Model in a sample of psychotherapists.

Method: The study used a cross section survey design with a list of items designed to allow for exploratory factor analysis. The instrument consisted of 28 items divided into the three proposed factors of the Proctor Model and one additional factor as theoretically proposed by the authors derived from literature reviews. Additional items to control for confounding variables was included. The survey was pilot tested by a set of

researchers before enrollment. A convenience sample of clinical psychotherapists (n > 200) recruited through social media platforms and e-mailings answered the survey.

Results: Data has been collected and is currently being analyzed. The results from the analyses and the finalized instrument will be presented in a scientific manuscript and at the conference.

Conclusions/discussion: The results will be discussed in relation to therapists needs of content and process of CS, and may aid further research and discussion of implications for CS in psychotherapy.

BRIDGING RESEARCH AND PRACTICE IMPLEMENTING FIT, CBT AND RECOVERY

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Mental health and addiction services need to be developed. Outcomes and quality of cooperation with the consumer should be the basis for service development. Mental Health and Addiction services in Drammen Municipality, Norway, has decided to systematically implement Feedback Informed Treatment (FIT), CBT and Recovery based services to increase focus on both user involvement and outcomes using evidence-based interventions in a large scale setting (annually N=1500).

For users expected outcomes are shorter treatments and more accurate and effective help. For staff expected outcomes are increased goal directedness, self-efficacy, job-satisfaction and increased competence in CBT. For service leaders expected outcomes are increased knowledge, which can improve opportunities to plan and adjust services based on consumer's needs. Overall, the mixed interventions can create a more sustainable knowledge-based foundation for service development. The project is a public sector Ph.D. financed by the Norwegian Research Council.

SELF-STIGMA AND STIGMATIZATION BY SIGNIFICANT OTHERS FOR SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AMONG UNIVERSITY STUDENTS WITH ANXIETY AND/OR DEPRESSIVE SYMPTOMS IN GREECE

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Background: Many people with mental health problems choose not to obtain professional psychological help, despite the plethora of effective interventions in Greece, and the reasons are not well understood. To fill this gap in the literature, the present study examined self-stigma, perceived discrimination and devaluation, and the stigmatization by the significant others in case of seeking mental health help, among university students with anxiety and/or depressive symptoms.

Method: The study included 196 students of Greek universities, who completed online the Greek version of 4 scales (SSOSH, PSOSH, DASS21, DDS). Cronbach's coefficient alpha was used to determine the internal consistency for every scale. The relationship between stigma and various sociodemographic variables was studied by Pearson's correlations. T-test and ANOVA Correlation were also applied.

Results: Self-stigma found to be higher among participants with anxiety symptoms as well as among those without any previous mental health treatment experience. Perceived discrimination and devaluation was significantly reported by participants with previous mental health treatment experience. Stigma perceptions from significant others were positively related to depressive and anxiety symptoms.

Discussion: Stigma and social network play important role in whether an individual seeks professional psychological help. Our findings confirm the international studies on the relationship between self-stigma and the presence of anxiety symptoms, as well as the relationship between self-stigma and previous collaboration with a mental health professional. Findings indicate the importance of future research on stigma of mental disease and seeking psychological help, aiming to design raise awareness campaigns about the effectiveness of mental health treatments.

THE ROLE OF MOMENTARY USE OF EMOTION REGULATION STRATEGIES ON AFFECT: A SYSTEMATIC REVIEW AND META-ANALYSIS OF STUDIES USING DAILY DIARY AND EXPERIENCE SAMPLING METHODS (ESM)

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Introduction: The use of different emotion regulation strategies (ERS) has differential effects on cognitions, emotions and behaviors (Gross & John, 2003) and may reflect distinct risk and protective factors to different forms of psychopathology (e.g., Aldao et al., 2010). ERS are not inherently adaptive or maladaptive (Brans et al., 2013), and their effectiveness depend on multiple personal and contextual variables (Kashdan & Rottenberg, 2010). To better understand the functionality of each given strategy we should understand their effects at different time windows. With this aim, we conducted a meta-analysis to establish the concurrent, short (momentarily) and medium-term (daily) effects of ERS on both positive and negative affective dynamics in daily life.

Method: We systematically searched and gathered evidence of these daily relations selecting studies employing repeated measures assessments (ESM (n=31) and daily diary (n= 33)) from PsycInfo and PubMed databases.

Results: Meta-analyses indicated that rumination showed significant concurrent, short and medium-term lagged predictive relations with negative affect while suppression was predominantly concurrently related to negative affect. Reappraisal showed significant concurrent but also short and medium predictive relations with positive affect.

Conclusions: Differential relations of several ERSs with negative and positive affect allow to better understand the type of emotional states co-occurring with ERS and their predictive value in adaptive affect regulation. Theoretical and clinical implications will be discussed.

SAD REFLECTIONS OF HAPPY TIMES: EMOTIONAL RESPONSES TO POSITIVE AUTOBIOGRAPHICAL MEMORIES IN ACUTELY DEPRESSED, REMITTED DEPRESSED, AND NEVER-DEPRESSED INDIVIDUALS

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Voluntarily retrieving positive autobiographical memories improves mood for healthy individuals, but not always for acutely or remitted depressed individuals. It is unclear whether this also applies for involuntary positive memories. Preliminary findings suggest that no mood improvement occurs when depressed individuals process their memories in a ruminative manner or when they perceive that their current sense of self differs from their remembered self. Mindfulness-based interventions can reduce self-discrepancies and rumination. This raises the question of whether higher mindfulness skills predict less rumination and self-incongruity upon positive memory retrieval, and whether this has emotional consequences. In the present study we employed a naturalistic memory diary design to investigate whether acutely depressed, remitted depressed, and never-depressed individuals differed in their experiences of happiness and sadness upon involuntary and voluntary retrieval of positive autobiographical memories. We also investigated whether depression and mindfulness skills indirectly predicted happiness and sadness through rumination and perceived self-incongruity upon positive memory retrieval. Acutely and remitted depressed reported greater sadness than never-depressed upon retrieving involuntary, but not voluntary positive memories. There was a trend-like group effect for happiness ratings. Higher depression predicted greater sadness upon involuntary and voluntary memory retrieval, through rumination, self-incongruity, or both. Higher mindfulness predicted lower sadness upon involuntary and voluntary retrieval, through self-incongruity. There were no indirect effects of depression or mindfulness on happiness upon involuntary or voluntary memory retrieval. These results highlight potential mechanisms in the relationship between depression vulnerability and emotional processing of positive autobiographical memories that may inform depression treatment and prevention.

TRANSDIAGNOSTIC GROUP INTERVENTION FOR EMOTIONAL DISORDERS IN PRIMARY CARE

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Introduction: Primary care visits include a high prevalence of anxiety disorders, depression and somatic symptoms. The Unified Protocol for the Management of Emotional Disorders (UP) has shown good results individually (Barlow, 2015). In order to be able to respond to the large existing demand in primary care, the aim of the study is to adapt the protocol to a group format and to describe the changes produced in depression and anxiety.

Method: A total sample of 21 participants with emotional disorder (anxiety or depression of low complexity) that were seeking for psychological treatment (16 female; 5 male; age \bar{x} =50) were included in the study. They attended a 10-session group intervention based on UP. Generalized anxiety (GAD-7) and depression (BDI-II) were measured. A repeated measures t-test was performed to examine pre-post differences. Differences between participants who adhered to the intervention and those who attended irregularly or dropped out were explored with a t-test. Alpha level was assessed at 0.05. Statistical analysis was performed with SPSS version 21.

Results: Results showed a significant decrease in depression ($p < .0009$) and generalized anxiety ($p = .004$). There were no significant differences between participants who adhered to therapy and those who attended irregularly or dropped out in depression, anxiety or expectations before intervention.

Conclusions: Despite the study design limitations, the results are positive with respect to depression and generalized anxiety, which is encouraging for managing the high demand for primary care more efficiently. In future studies it will be necessary to replicate and compare it with regular treatment.

ADOLESCENT FACIAL EMOTION RECOGNITION: THE ROLE OF SOCIAL ANXIETY AND DEPRESSION OVER TIME.

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Background: Accurate recognition of facial emotions is a vital skill for navigating the complex social environment in which we live. Previous research in adults has found that social anxiety (SA) and depression affect how well emotions are recognized (FER), however there is little work to date examining how these factors may impact FER during adolescence. This research examines the role of SA and depression in adolescent FER, both cross-sectionally and longitudinally.

A novel approach was adopted to examine the multi-faceted nature of SA; differentiating between subjective (i.e. intense fear of being negatively evaluated [FNE]) and behavioural aspects (i.e. social avoidance).

Method: Adolescent females (11-17, $N > 400$) recruited from schools in the UK, completed measures of social anxiety (SASC-R, La Greca & Stone, 1993), depression (CDI, Kovacs, 1983) and FER, over three time points (6 months apart).

Results: The findings showed that different facets of SA may be differentially related to FER – higher levels of FNE are associated with stronger FER, whereas higher levels of social avoidance are associated with poorer FER. Adolescents with higher levels of depression showed poorer FER. Over time, depression, but not SA, was a stable predictor of FER.

Conclusion: This work highlights the role of SA and depression in adolescent FER. The findings are likely to be of interest to clinicians through shedding light on some of the social difficulties experienced by adolescents due to difficulties in FER. These findings are important for informing successful interventions for adolescent mental health, through targeting difficulties in FER.

FEARS IN AUTISM AND ITS RELATIONSHIP WITH CLINICAL VARIABLES

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Introduction: Autism spectrum disorder (ASD) is a highly prevalent neurodevelopmental disorder (1:59), associated with specific and unusual fears. The present study aims to analyse fears in ASD, its manifestations, associated dysfunction and family distress, and its relationship with severity, intellectual capacity and the presence of language disorder.

Method: An adaptation of Fear Survey Schedule for Children-Revised (FSSC-R) was administered by telephone to 23 parents of a random sample of 7 to 17-aged patients with ASD, attended at a Child and Youth Mental Health Service of Barcelona. Non-parametric tests were used to analyse relationship between the referred clinical variables. Alpha level was assessed at 0.05. SPSS 21-version was used.

Results: No significant differences were found between clinical variables and fears. However, 7-11 years old group presented a greater number of fears (2.55 more) and those with language impairment had higher home interference and family distress (differences of 1.86 and 2.36 in a 0-10 scale, respectively). On the other hand, the type and manifestations of fears changed according to the presence of a language disorder and age group. In total sample, the top 3 fears were crowds (56.5%), storms-wind-rain (52.2%) and speaking in front of the class (52.2%).

Conclusions: According to our results, autism severity and intellectual capacity do not predict differences in fears or in its interference. Small differences found according to age and presence of language disorder will need to be replicate in future studies with larger samples. A better understanding of the fears in ASD population will help to adapt the treatment to their specific needs.

PARENT-CHILD INTERACTION PATTERNS IN FAMILIES WHO HAVE CHILDREN WITH AUTISM SPECTRUM DISORDER OR TYPICAL DEVELOPMENT IN THE COURSE OF PARENT-CHILD INTERACTION THERAPY

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Introduction / background: Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for young children with behavior problems (McNeil & Hembree-Kigin, 2010). The current study aimed to investigate parent-child interactions in families who are rearing children with Autism Spectrum Disorder (ASD) or Typical Development (TD).

Method: Participants were three 6-year-old children [ASD, TD1, TD2] and their mothers. Five-minute videos of parent-child play from the second sessions of PCIT were coded. The mothers' behaviors were coded using DPICS-III (Eyberg et al., 2005), while the children's behaviors were coded as *Talk*, *Negative Talk*, *Monologue*, and *Ignore*. These coded data were analyzed using sequential analysis.

Results: The mother of the child with ASD demonstrated *Negative Talk* more frequently after her child's *Talk* ($z = 1.72, p = .08$) and demonstrated *Reflection* more frequently after her child's *Monologue* ($z = 3.02, p < .01$). The mothers of both the child with ASD and the children with TD commonly offered more *Behavior Description* after their children's *Ignore* (ASD: $z = 1.70, p = .09$, TD1: $z = 2.26, p = .02$, TD2: $z = 2.02, p = .04$). However, behaviors from parent to child did not differ between ASD and TD.

Conclusions / discussion: These results show that the response patterns of the parent of the ASD child partially differed from those of the parents of TD children.

THERAPIST-MOTHER INTERACTION PATTERNS IN FAMILIES WHO HAVE CHILDREN WITH AUTISM SPECTRUM DISORDER OR TYPICAL DEVELOPMENT IN THE COURSE OF PARENT-CHILD INTERACTION THERAPY

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Introduction: Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioral parent-training program that includes in vivo feedback from the therapist to the parent. It is referred to as coaching (Shanley & Niec, 2010). This study aims to assess the coaching differences between mothers of typically developing children and children with autism spectrum disorder (ASD).

Methods: Participants were three mother-child dyads, two of which included typically developing (TD) children, while one had ASD. The therapist was a clinical psychologist. Five-minute coaching videos from the second session were sampled and coded. The therapist's behaviors were coded using the COACH system (Funderburk et al., 2017). The mothers' behaviors were coded using DPICS-III (Eyberg et al., 2005), included Don't skills (ex. Question) and Do skills (ex. Behavior description) . Further, a sequential analysis was conducted.

Results & Discussion: The mother of a child with ASD demonstrated Question more frequently after the therapist's praise ($Z = 2.15, p < .05$). However, mothers of children with TD did not. This suggests that the effect of the therapist's praise differed between the mother of a child with ASD and mothers of children with TD.

The mothers' use of Behavior description appeared to increase therapist's praise (ASD's $Z = 1.83, p < .10$; TD 1's $Z = 1.90, p < .10$; TD 2's $Z = 1.96, p < .05$). In PCIT, therapist recommended the use of praise after Do skills the parent used. Therefore, the therapist properly responded as recommended in PCIT, regardless of the child's traits.

COGNITIVE-BEHAVIORAL THERAPY FOR AN ADOLESCENT GIRL WITH AUTISM SPECTRUM DISORDER

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This is a case study of successful psychoeducation and self-monitoring for a 14-year-old girl with ASD. There were 2 chief complaints: stool behavior at parks and parking lots, and behavior that she hits her mother due to the incapability of controlling her anger.

After a behavior analytic assessment, psychoeducation and self-monitoring were chosen as the approach. The contents of the self-monitoring were keeping a journal on urination and stool behaviors and on what made her happy/ unhappy each day and having the mother read it daily.

The abnormal stool behavior of the patient was eliminated by 2 psychoeducational sessions and 2-week-long self-monitoring. In psychoeducation, the patient learned about human sexuality and private matters. The patient recorded adaptive behaviors such as "I used the bathroom at home" on a journal and showed it to her mother and the psychologist.

For the hitting behavior, 3 psychoeducational sessions and 7 conjoint mother-child counseling sessions were held. Anger management was handled in psychoeducation. "What makes me happy/ unhappy journal" was used. About after 2 months, the hitting behavior was reduced. Her anger score declined from 57 to 30.

It is thought that the acquisition of adequate knowledge from psychoeducation and deepened awareness of own behavior by self-monitoring increased adaptive behaviors. There is no existing CBT approach incorporating assessment of problem behaviors as well as comprehension and interests of patients. Thus, it is essential for psychologists to be creative to make original approaches.

DO OBSESSIONS AND INTRUSIONS APPEAR IN DIFFERENT CONTEXTS?

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Introduction: Some cognitive models of obsessive-compulsive disorder (OCD) posit that intrusions exist on a continuum with obsessions, whereas others consider that they may be unrelated phenomena that differ in the context where they occur.

Objective: To examine and compare, at two different moments, the context of the occurrence of intrusions and obsessions in a group of patients with OCD.

Method: A group of sixty-eight patients with OCD completed an interview appraising the context of appearance of their most upsetting obsession and intrusion. Two raters classified the context of the occurrence of obsessions and intrusions as direct link (the information perceived through the senses justify its content), indirect link (there is a trigger in the here and now that could partly justify the content of the thought) or not link (the information perceived through the senses did not justify the thought).

Results: At their onset, both obsessions and intrusions were more likely to appear in contexts with an indirect link (obsessions=67.9%; intrusions=71.1%). Regarding the last time they were experienced, the context of the obsessions and intrusions differed (obsessions: $p=.008$; intrusions: $p=.562$). Obsessions appeared mainly in contexts with indirect link and no link; and intrusions with indirect link. In addition, obsessions occurred more frequently spontaneously.

Conclusions: The context was found to be a factor that distinguishes between intrusions and obsessions, not when they emerge, but when the obsession is already established.

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DO AUTOGENOUS AND REACTIVE OBSESSIONS DIFFER IN THEIR CONTEXT OF APPEARANCE?

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Introduction: The autogenous/reactive model of obsessions propose that they differ in terms of their content, cognitive experiences, and the identifiability of their evoking stimuli. Autogenous obsessions will emerge more spontaneously –or with no link with the context- and reactive obsessions will be more “reactive” to triggers.

Objective: To examine, at two different moments, the context of the occurrence of autogenous and reactive obsessions.

Method: A group of sixty-eight patients with obsessive-compulsive disorder completed an interview appraising the context of appearance of their most upsetting obsession. Two raters classified obsessions as autogenous or reactive; and the context of occurrence as direct link (the information perceived through the senses justify the content of the obsession), indirect link (there is a trigger in the here and now that could partly justify the content of the obsession), or not link (the information perceived through the senses did not justify the content of the obsession).

Results: At the onset, both autogenous and reactive obsessions appear more frequently in contexts with an indirect link (Fisher exact test: obsessions $p=.247$). The last time of appearance, autogenous obsessions appear mainly in contexts with an indirect link and reactive obsessions in contexts with no link (Fisher exact test: obsessions $p=.006$).

Discussion: Results do not support the autogenous/reactive model regarding the way obsessions emerge depending on their content. In fact, they suggest that autogenous obsessions more frequently appear associated with a trigger, and reactive obsessions spontaneously.

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COGNITIVE THERAPY FOR MENTAL CONTAMINATION AND SCRUPULOSITY IN OBSESSIVE COMPULSIVE DISORDER

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Mental contamination is a form of contamination fear present in Obsessive Compulsive Disorder (OCD). It is characterized by feelings of contamination that arise from misinterpreting a physical or psychological violation where the source is a person. Mary was a 50-year old married woman, with a 25-year history of non-disclosed mental contamination and religious/blasphemous obsessions. Mary's symptoms centered on preventing harm to herself and her loved ones. She reported washing her hands and wearing different shoes every time she entered the garage at her house, as she felt it was contaminated due to a renovation done without a permit. She also repeated prayers and actions, and avoided situations that were perceived as immoral and against her religious beliefs. Mary completed 12 weekly 50-minute sessions of Cognitive Therapy (CT), including psychoeducation and maintenance of gains/relapse prevention sessions. Within-session and between-session exercises and behavioural experiments were used throughout the treatment to identify, challenge, and modify the maladaptive appraisals relevant to her, such as thought-action fusion, emotional reasoning, misinterpretations of violation, inflated responsibility, overestimations of threat, and the personal significance attributed to thoughts and feelings. By the end of the treatment, her symptoms and personal significance attached to the obsessions meaningfully declined (scores at baseline, mid-treatment, and post-treatment were as follows: Y-BOCS=28, 21, 9; VOI-MCS=4, 25, 9; PSS=87, 82, 28, respectively), and she no longer met criteria for an OCD (baseline ADIS severity rating=6). Results indicate that cognitive therapy is effective to reduce mental contamination symptomatology.

DEVELOPMENT AND PRELIMINARY PSYCHOMETRIC PROPERTIES OF THE RUMINATION ON OBSESSIONS AND COMPULSIONS SCALE (ROCS)

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Introduction: Individuals with obsessive-compulsive disorder (OCD) use various mental strategies in response to their symptoms. We present the development and describe preliminary psychometric properties of the ROCS, a 30-item questionnaire assessing different forms of mental neutralizing, rumination about OCD, and additionally acceptance. It is the first measure assessing these strategies in OCD systematically and comprehensively.

Methods: In ($n = 99$) individuals diagnosed with OCD, the factorial structure of each scale (mental neutralizing, rumination about OCD, acceptance) was investigated. Indicators of convergent and discriminant validity were determined by the correlations of the ROCS scales with measures of anxiety (BAI), depressive (BDI), and obsessive-compulsive symptoms (OCI-R) and rumination (RRS brooding). Additionally, we present differences on the ROCS scales between individuals with OCD, individuals with major depressive disorder ($n = 75$), and individuals without mental disorders ($n = 35$).

Results: Factorial analyses suggest three subscales of mental neutralizing and one-factor solutions for both rumination about OCD symptoms and acceptance. Reliability and first indicators of convergent validity of mental neutralizing were good; preliminary indicators of discriminant validity demonstrate an overlap with anxiety and depressive symptom severity. Additionally, results demonstrate good preliminary reliability and validity for the scale measuring rumination about OCD symptoms and good reliability for acceptance. Group differences were largely consistent with expectations.

Conclusions: This first evaluation of the ROCS' psychometric qualities is promising, and the recommended modifications are discussed. Future studies should investigate the overall factor structure and psychometric properties of the ROCS in larger samples of individuals diagnosed with OCD.

THE EXPERIENCE OF EXAM-RELATED UNWANTED INTRUSIVE THOUGHTS AND ASSOCIATED NEUTRALIZING BEHAVIORS IN STUDENTS: AN ECOLOGICAL MOMENTARY ASSESSMENT STUDY

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Exam-related unwanted intrusive thoughts (UITs) and related neutralizing behaviors are common occurrences among students. Although these UITs and behaviors seem to share commonalities with obsessions and compulsions in obsessive-compulsive disorder (OCD), no study has addressed this so far. This study investigated in what way exam-related UITs and behaviors can be considered analogues to obsessions and compulsions. We hypothesized that the experience of these UITs and behaviors would be positively associated with obsessive-compulsive (OC) symptoms and OCD-relevant constructs (e.g., increased anxiety). Twenty-nine students completed a baseline assessment and three ecological momentary assessment (EMA) surveys per day over seven consecutive days assessing the severity of exam-related UITs and behaviors, OC symptoms, and OCD-relevant constructs (anxiety, depression, perceived stress, distress, and urge to neutralize) in the week immediately before an exam period. We conducted multilevel analyses with the EMA severity of exam-related UITs and behaviors as outcome and both the baseline and EMA measured variables as predictors. The EMA severity of exam-related UITs and behaviors was positively associated with the EMA OC symptoms and EMA OCD-relevant constructs but not with the baseline measures of these variables. Thus, our hypothesis was partially supported. Findings indicate that exam-related UITs and behaviors might be analogues to obsessions and compulsions because of their associations with OC symptoms and OCD-relevant factors. Findings also show that exam-related UITs are experienced on average with low distress, low frequency, and low urge to neutralize, and in this way, they are not comparable to obsessions and compulsions.

THE ASSOCIATION BETWEEN THE MENTAL CONTAMINATION AND DISGUST PROPENSITY IN OCD AND ITS ROLE IN TREATMENT: A REVIEW OF THE LITERATURE

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Introduction: The role of disgust in contamination-based OCD (C-OCD) has recently attracted the interest of both the research and clinical community. Disgust propensity (the ease to experience disgust) has been shown to be linked with washing compulsions. The construct of mental contamination (feeling contaminated in the absence of contact) and its role in C-OCD has also been researched and discussed. Given recent findings on the association between these two constructs, the present project aims to summarize and discuss findings from studies in this relationship in clinical and non-clinical samples and discuss their implications in therapy, also.

Method: A search in the relevant literature was conducted by using the Pubmed and Science Direct electronic databases and the keywords “mental pollution” OR “mental contamination”, “obsessive compulsive disorder”, “disgust propensity”, disgust AND OCD.

Results: The results of the studies yielded by the research in the literature showed an association between this disgust trait and mental contamination in the context of the C-OCD symptomatology. Mental contamination was also shown to mediate the relationship between disgust propensity, the fear of contact contamination and the C-OCD symptoms. Disgust Sensitivity (negative appreciation of experiencing disgust) has also been shown to affect the relationship between the mental contamination and disgust propensity. The effects of the mental contamination and Disgust Propensity in treatment outcomes were reported as well.

Discussion: Disgust seems to play an important role in the manifestation of the mental contamination in the C-OCD patients. Given the limited data in treating the mental contamination and the disgust related OCD symptoms, the implications for CBT intervention are discussed.

EFFECTIVENESS OF GROUP COGNITIVE BEHAVIOURAL TREATMENT (G-CBT) IN THE TREATMENT OF PERFECTIONISM IN PATIENTS WITH COMPULSIVE OBSESSIVE PERSONALITY DISORDER (OCPD)

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Obsessive – Compulsive personality disorder (OCPD) is a personality disorder characterized by a general pattern of excessive concern with orderliness, perfectionism, attention to details, mental and interpersonal control. Individuals with OCD find it difficult to relax and they feel obligated to do the things as well as possible. The specific aim of our study was to look at the efficacy of G-CBT for perfectionism.

The sample consists of 115 patients between 20 and 65 years old (mean 42 years old) of which 50.43% are men and 49.56% are women, one diagnosed with OCPD. Each G-CBT consisted of approximately 10 patients who completed 10 one – hour sessions. All participants were assessed using the Structured Clinical Interview for DSM IV Axis II Personality Disorders (SCID II). For pre- and post-perfectionism assessment, the Multidimensional Perfectionism Scale was used. Statistical analysis was performed using the Statistical Package of Social Science (SPSS 24.0).

Performing the corresponding statistical analysis, we found there were significant differences between pre and post intervention. When we compare the measures in “personal standards”, “concern over mistakes”, “doubts about actions”, “parental expectations”, “parental criticism” and “organization” pre and post intervention, the results show that there is a statistically significant reduction of “personal standards” ($p < 0.01$) as well as “total scale” ($p < 0.01$). No significant differences were found in “concern over mistakes” ($p > 0.05$), “doubts about actions” ($p > 0.05$), “parental expectations” ($p > 0.05$), “parental criticism” ($p > 0.05$) neither “organization” ($p > 0.05$).

The results suggest that the efficacy of G-CBT is related to the personal standards and global scale. Considering the vital impact that perfectionism has on these patients in all spheres, it would be important to continue investigating how to reduce the other dimensions of perfectionism. However, more research in this direction will be necessary.

THE EVOLUTION OF BORDERLINE FEATURES IN ADOLESCENTS IN 6 MONTHS: MEDIATOR EFFECT OF SELF-COMPASSION AND SELF-DISGUST

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Introduction: Recent studies have been focusing on the development of borderline features in adolescents, given the developmental nature of Borderline Personality Disorder (BPD) and the early use of health services due to borderline symptoms. A negative relationship with the self is associated with borderline features, often as feelings of self-disgust. Self-compassion is defined as being sensitive to one’s suffering and motivated to alleviate it, and several studies presented a negative relationship with psychopathology in general, and BPD in particular.

Aim: The current study aimed to analyze the mediator role of self-disgust and self-compassion in the relationship between borderline features in adolescents in the baseline and 6 months later.

Methods: Participants were 260 adolescents ($n = 166$ girls) with mean age of 15.4 years ($SD = 0.8$), who were assessed in 2 moments with a 6-month interval. Data was analyzed using IBM-SPSS (v. 22) and PROCESS-Macro.

Results: Girls presented higher levels of self-disgust and borderline features, and lower levels of self-compassion. The mediation model, with gender as a covariate, was significant and explained 51% of borderline features 6 months later. The direct effect of baseline borderline features was significant, as well as the total effect through self-compassion and self-disgust. Both mediators significantly incremented the prediction of borderline features.

Conclusions: Self-disgust seems to be a risk factor and self-compassion a protective factor for the evolution of borderline features in adolescents. Therefore, these psychological mechanisms appear essential to prevent the development of borderline symptoms.

PRELIMINARY RESULTS OF THE CLINICAL INTERVIEW FOR BORDERLINE PERSONALITY DISORDER FOR ADOLESCENTS (CI-BOR)

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Introduction: Borderline Personality Disorder (BPD) has distinctive and developmental features that can be identified in early stages, particularly in adolescence. In fact, some adolescents are diagnosed with BPD for meeting the necessary clinical criteria in early ages. We find in Portugal a lack of instruments to assess BPD in adolescents.

Aim: The aim of the current study was to present the Clinical Interview for Borderline Personality Disorder for Adolescents (CI-BOR) and some preliminary results.

Methods: CI-BOR was developed by Portuguese Clinical Psychologists and Researchers, based on CI-BPD (Zanarini; 2003, Sharp et al., 2012). Participants were 43 adolescents with a mean age of 15.98 (SD = 0.86) who were interviewed and assessed with self-report questionnaires. Data was analyzed using IBM-SPSS (v.22).

Results: CI-BOR is a clinical interview to assess BPD symptoms in adolescents according to both DSM-5 categorical and dimensional approaches of Personality Disorders. It has a detailed group of initial questions, assesses 15 criteria (divided into 4 sections), present a decision table and has an optional appendix to further assessment of self-harm. Pearson correlations were explored between CI-BOR criteria and Borderline features, Depression, Anxiety, Impulsivity, Self-harm, Suicide ideation and Self-disgust. Borderline Features and Self-disgust were positively correlated with all CI-BOR criteria, except for Lack of Empathy. Impulsivity was positively correlated with Impulse, Self-harm, Risk behaviors, Emotional lability, Unstable Relationships and Paranoia/Dissociation.

Conclusions: Based on preliminary data, CI-BOR seems to have potential to be a good and useful clinical interview to early detection of BPD and assessment of adolescents. Further studies on CI-BOR are currently being conducted.

DEPRESSIVE AND ANXIOUS SYMPTOMS AND OUTCOME IN GROUP INTERVENTION IN OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

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Introduction: Previous research has linked Obsessive-Compulsive Personality Disorder (OCPD) with increased anxiety levels and development of affective symptoms.

Objectives: The present study aims to investigate if a group intervention based on cognitive-behavioral therapy (CBT) reduces anxiety and depressive symptoms in patients with OCPD.

Methods: The study included 130 patients who received psychological treatment at CST's Mental Health Center from 2015 to 2020. All patients met diagnostic criteria for OCPD according to DSM-IV-TR, confirmed by Structural Clinical Interview for DSM-IV Axis II (SCID-II). Participants completed Beck Depression Inventory (BDI) and State-Trait Anxiety Inventory (STAI) before and after the intervention.

Intervention was comprised of ten 1 hour sessions and were conducted by and specialist clinical psychologist. The sessions included psychoeducation about OCPD and its main comorbidities and specific psychological techniques.

Psychological measure scores were compared using t-test in order to analyse two related samples. Statistical analysis was performed using the Statistical Package of Social Science (SPSS 24.0).

Results: Results showed statistically differences ($p < 0.01$) between the scores recorded before and after de treatment, in depressive symptoms and in state and trait anxiety. Subsequently, the effect size was analyzed,

obtaining a medium effect size for depressive symptoms ($d=0.60$) and trait anxiety ($D=0.54$), and small effect size for state anxiety ($d=0.24$).

Conclusions: Our findings indicate that group therapy-based CBT is effective in reducing anxious and depressive symptoms in patients with OCPD. According to these results, its use would be indicated, promoting the reductions of distress and improvements of quality of life of patients.

PSYCHOSES

DEVELOPMENT OF A GROUP COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA PROGRAM BY OCCUPATIONAL THERAPISTS IN A PSYCHIATRIC SHORT-TERM SETTING IN JAPAN

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Cognitive behavioral therapy for insomnia (CBT-I) is recommended by US and European guidelines as a first-line treatment for insomnia (Riemann et al., 2017). However, the Japanese public medical insurance system does not cover CBT-I. This study aimed to establish and investigate the effectiveness of a group sleep improvement program based on CBT-I for psychiatric patients with insomnia in the framework of short-term occupational therapies. Psychiatric patients with insomnia symptoms aged ≥ 20 years were evaluated using the insomnia severity scales and the SF-8 at three time points: before and after the program and at a follow-up session. They were also required to complete a sleep diary and equipped with an actigraphy. This study was approved by the Ethics Committee of the National Center of Neurology and Psychiatry. The program comprised standard CBT-I techniques including sleep schedules and progressive muscle relaxation. The program was conducted by occupational therapists in a group of four to eight people in four total sessions (biweekly) of about 120 minutes each. The second through fourth sessions can be attended in any order to prevent patient dropouts. It started in December 2019, and to date, a total of six groups (26 participants) have participated, and eight (6 women; mean age 51.3 ± 15.4 years) have completed it (as of May 1, 2020). If this program's effectiveness can be clarified, it may be used as a highly versatile program to manage sleep problems in Japanese psychiatric hospitals in the future.

A REGRESSION ANALYSIS OF PROTECTIVE FACTORS ASSOCIATED WITH PTSD, CPTSD AND POSTTRAUMATIC GROWTH (PTG) IN A SAMPLE OF INDIVIDUALS WITH EXPERIENCES OF PSYCHOSIS

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A Regression Analysis of Protective Factors Associated with PTSD, CPTSD and Posttraumatic Growth (PTG) in a Sample of Individuals with Experiences of Psychosis.

Participants completed an interview for psychotic symptoms, a checklist of traumatic events, a measure of traumatic symptoms (ITQ), questionnaires measuring protective factors for PTSD (resilience, secure attachment, social support, adaptive coping, optimism, general self-efficacy) and a questionnaire to measure PTG.

We used multiple regression to test whether the protective factors predicted different posttraumatic outcomes (PTSD, symptoms of CPTSD and PTG). The protective factors together seemed to be slightly more protective against symptoms of CPTSD (21% of the variance explained) rather than PTSD (16%), but the only significant protective factor in both cases was optimism. Surprisingly, adaptive coping was found to increase the risk of PTSD. The variables were more related to PTGI (44%), with resilience, adaptive coping and social support being highly correlated.

We propose that most of the protective factors were not significant because they are too conceptually related. It seems that the role of these variables is not quite protecting from PTSD but allowing people to live a meaningful life and finding meaning despite multiple traumas. We also proposed that what would generally be regarded as adaptive coping it could be answered more in a ruminative and avoidant kind of way, which tells something about how suitable some measures are in the context of PTSD.

DESCRIPTIVE ANALYSIS AND ONE YEAR FOLLOW-UP OF REFERRAL PATIENTS TO EARLY INTERVENTION PROGRAM FOR PSYCHOSIS IN A CHILD AND YOUTH MENTAL HEALTH SERVICE

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Background: psychosis developmental trajectory differs based on the onset age¹. In Ultra-High Risk for psychosis (UHR) adolescents, a-year transition rates appear to be lower than in adult population². We aimed a descriptive analysis at the baseline and the risk of conversion in one-year follow-up.

Method: Twenty-nine patients (age 14-18 years) with suspected UHR were assessed with the Structured Interview for Psychosis-Risk Syndromes (SIPS) and Global Assessment of Function (GAF).

Conversion to psychosis was defined using presence of psychotic symptoms (POPS) in SIPS.

Mann-Whitney U test was conducted to compare variables between groups, χ^2 to study the association between qualitative variables and regression analysis to predict the influence on dependent variable.

Results: Sixteen patients accomplished for UHR criteria (68% male, mean years: 15'43 \pm 1'0.3 SD). Attenuated Psychotic Symptom (APS) was the most frequent condition (62'5%), followed by 2 or more simultaneous criteria (25%), Brief Intermittent Psychotic Symptoms (BIPS) (6'3%) and Genetic Risk and Functional Decline (GRFD) (6'2%).

At the follow-up, conversion rate in UHR was 6,25%, accordingly literature (3.3-9.7%)² and was related with BIPS (χ^2 : 16; $p < 0.003$). UHR state overall remission rate was 25%. Those with remission had less general symptoms at baseline (Mann-Whitney U: 1; $p < 0.004$) and these predicted global functioning at one-year follow-up ($p < 0.020$).

Conclusion: The majority of UHR adolescents sample had APS, but BIPS had the highest conversion risk. General symptoms in SIPS were related with remission rates and predicted global functioning at one-year follow-up. More studies are needed in early intervention in UHR adolescents.

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ADAPTING GROUP THERAPEUTIC TECHNIQUES IN PERSONALIZED PSYCHOTHERAPY IN PSYCHOSIS: A CASE STUDY WITH SOCIAL SKILLS TRAINING

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Background: Social Skills Training (SST) in schizophrenia, especially in individuals who manage to recover and gain satisfactory level of functionality after 1st psychotic episode, can enhance socialization and adaptation in their effort to make a comeback in their daily routine.

Methods: Herein we describe a case of a 40-year-old psychotic patient receiving antipsychotic medication and significant reduction in social skills and incremental social isolation.

A psychotherapeutic intervention was implemented with a combination of the SST manual for external psychiatric patients¹ and the Four Core Social Skills² adapted for two psychotherapists and one patient. Progress rated with GAF, PANSS, BDI-II and SAFE².

Results: After 12 consecutive psychotherapeutic sessions the patient presented significant improvement in most evaluated scales used. Most prominent results appeared in SAFE for the subscales of Conversation and Instrumental Social skills, Social Engagement and Friendships.

Discussion: Psychotic patients attained common social skills milestones before their illness, like our patient, are considered to be more socially competent under medication.³ Under the aforementioned psychotherapeutic intervention he appeared with significant improvement in starting and maintaining conversations, making new friends and participating in social activities.

SST has a strong, positive impact on behavior and a moderate impact on relapse rate, whereas maintenance of skill gains.⁴ Our patient managed to enrich his communication repertoire and language content and create a promising new relationship.

The promising combination of two different manuals for SSK in individualized psychotherapy of schizophrenia, with the presence of two therapists, needs to be further evaluated.

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COMBINATION OF ANTIPSYCHOTIC TREATMENT AND PSYCHOTHERAPEUTIC INTERVENTION WITH THE USE OF COGNITIVE TREATMENT OF SCHIZOPHRENIA IN A 1ST PSYCHOTIC EPISODE DURING HOSPITALIZATION

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Background: A male, 27years-old patient, without known psychiatric history, needed hospitalization presenting psychotic symptoms.

Methods: He underwent antipsychotic treatment together with psychotherapeutic intervention based on the Cognitive Model for the treatment of Schizophrenia.¹

Results: Much of the functionality has been recovered in a relatively short time compared to the average hospitalization rate of analogous cases.

Psychoeducational training in the cognitive model has helped the patient to cope better with daily life requirements after discharge. Psychoeducation based on the personalized design with the use of THE Cognitive model Enabled the recognition of cognitive errors and better manage anxiety and stress created by daily life tasks.

Discussion: The core symptoms of schizophrenia in many people have proven to be resistant to treatment with medication alone and can be targeted for treatment with CBT.² The 1-year follow-up of the patient showed very good results keeping low doses of antipsychotic treatment and gaining a very high degree of functionality. Impairments in major role function due to negative symptoms, some of which have proved especially unmanageable by pharmacologic agents, can be addressed with CBT to improve relationships with family and friends and success at work.³ After discharge, the patient imposes in an unprecedented way communication level with his family, reducing arguments and fights. Finally, he managed to start a new job and fulfill all tasks required.

The cognitive model seems to be able to contribute to the holistic approach of a 1st-psychotic episode both during hospitalization and after discharge.

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SEX-COUPLE THERAPY

COGNITIVE BEHAVIORAL THERAPEUTIC APPROACH TO GENITO-PELVIC PAIN/PENETRATION DISORDER. CLINICAL CHARACTERISTICS AND TREATMENT OUTCOME

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Introduction: Genito-pelvic pain/Penetration Disorder is characterized by marked difficulty or inability to have vaginal intercourse, tension of the pelvic floor muscles and genito-pelvic pain or fear of pain during penetration and intercourse attempts. It is considered as one of the most common and disabling psychosexual dysfunctions in women. Because of its clinical characteristics, such as high levels of anxiety, fear of penetration, avoidance behavior and maladaptive cognitions related to sex, Cognitive – Behavioral Therapy (CBT) is proposed as an effective treatment.

Method: Clinical cases with Genito-pelvic pain/Penetration Disorder that sought treatment to Out Patient Clinic for Sexual Disorders of Eginition Hospital were treated according to a CBT protocol which included gradual in vivo exposure and cognitive restructuring. When necessary, other techniques (eg. couple therapy, relaxation) were used.

Results: The treatment and its outcome are described.

Discussion: Although there are limited studies concerning treatment of Genito-pelvic pain/Penetration Disorder, our results concur to those of previous researches and confirm the possible effectiveness of CBT in this complex sexual dysfunction.

DELAYED EJACULATION: PSYCHOSEXUAL APPROACH OF COGNITIVE BEHAVIORAL THERAPY AND ITS CLINICAL IMPLEMENTATION

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Delayed ejaculation is an ejaculatory disorder, which is characterized by persistent or recurrent delay in orgasm, after a period of a normal sexual excitement phase, followed by marked interpersonal distress or interpersonal difficulty. Although it is not as a rare disorder as we might think, especially in the elderly population, literature regarding its etiology, treatment and outcomes is scarce. Evidence-based research regarding the understanding of this dysfunction suggests a multidisciplinary approach, which takes into account predisposing, precipitating and maintaining factors. Psychosexual therapy has been described and has also been successfully implemented, although not in large-scale studies. Sex education, sensate focus exercises, role playing, masturbation training and the processing of sexual thoughts which are present during sexual intercourse are some of the techniques, which base their rationale mainly in cognitive behavioral therapy, and are quite often effective for the treatment of delayed ejaculation and anorgasmia. An improved understanding of its pathophysiology, along with the organic and psychogenic components of the disorder, may give ground for the development of new therapeutic choices in the near future. This presentation aims to describe the rationale of psychosexual therapy in delayed ejaculation, as well as its effective implementation

in a number of clinical cases, that were treated at the Outpatient Clinic of Psychosexual Disorders of the 1st Department of Psychiatry at Eginition hospital, University of Athens Medical School.

BEING EMPATHIC: BEHAVIORAL AND PHYSIOLOGICAL CORRELATES OF RECOGNIZING AND SHARING OTHER'S EMOTIONS

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Introduction: Empathy is a multicomponent concept covering cognitive empathy, the aptitude to intellectually understand others' emotional states, and affective empathy, the ability to share the emotional experiences of others, possibly in our own body. This study aimed to clarify the relations between self-reported, behavioral and physiological dimensions of empathy.

Methods: 46 women saw pictures of people in situations evoking happiness, anger or sadness and electrodermal activity (EDA) was recorded as an index of sympathetic activity. Then, participants were asked to use nine-point scales to (a) infer the emotional state of the protagonists (cognitive empathy - CE) ; (b) estimate their own emotion in the same situation (simulation) ; (c) rate their involvement in what the protagonist was feeling (empathic concern - EC) and (d) their current emotional experience (emotional arousal - EA), They completed the Basic Empathy Scale to measure self-reported cognitive (BESC) and affective empathy (BESA).

Results: Participants showed good cognitive empathy skills, but emotion intensities were lower in simulation ($p < .001$). A high correlation was observed between EC and EA ($r = .522, p < .001$), which were higher for negative as compared to positive pictures (both p -values $< .001$). Moreover, a main effect of emotion on EDA ($p < .001$) showed more peaks during happy scenes, the number of peaks being globally correlated to BESA ($p = .04$). Finally, EDA and EC predicted EA for anger exclusively ($p < .001$).

Conclusions: Our results confirm the clear dissociation between cognitive empathy and affective empathy that relies on empathic concern and affects emotional arousal and even sympathetic body responses.

THIRD WAVE THERAPIES-MINDFULNESS

A PSYCHOLOGICAL MODEL OF PREMENSTRUAL DYSPHORIC DISORDER (PMDD) IN FEMALE COLLEGE STUDENTS: A LONGITUDINAL STUDY

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Introduction: Recently, mindfulness as psychotherapy has been effective for the premenstrual dysphoric disorder (PMDD); however, the mechanism is unclear. This study aimed to investigate longitudinally a model wherein trait mindfulness reduces PMDD symptoms by mediating depressive rumination and rumination of pain, based on the mechanism of trait mindfulness for depression.

Method: We conducted an online questionnaire survey among Japanese female college students twice (Time 1: $N=307$, mean age=19.99 years, $SD=1.14$; Time 2: $N=80$, mean age=20.28 years, $SD=1.15$). The surveys were conducted with a 1-3 months interval. Participants completed a battery of self-report measures, including the PMDD scale, Five Facets of Mindfulness Questionnaire (FFMQ), Ruminative Responses Scale (RRS), Pain Catastrophizing Scale (PCS), and Center for Epidemiologic Studies Depression Scale (CES-D). Covariance structure analysis was performed on the data. In the cross-sectional study, all variables included data from

Time 1. In the longitudinal study, symptom variables and other variables included data from Time 2 and Time 1, respectively.

Results: In the cross-sectional study, results indicated that depressive rumination mediated the association between trait mindfulness and the PMDD symptoms. Depressive rumination predicted the severity of PMDD symptoms.

In the longitudinal study, there was no association between variables over time.

Conclusions: These results suggest that trait mindfulness may reduce PMDD symptoms indirectly by influencing depressive rumination and that some approaches are required for cognitive pain. Additionally, trait mindfulness, rumination of pain, and depressive rumination may affect PMDD symptoms only in the current menstrual cycle.

A PSYCHOLOGICAL MODEL OF PREMENSTRUAL DYSPHORIC DISORDER (PMDD) IN FEMALE COLLEGE ATHLETES: A LONGITUDINAL STUDY

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Some female athletes believe that Premenstrual Dysphoric Disorder (PMDD) impairs their performance. A previous study suggested the effectiveness of mindfulness approaches for PMDD; however, its mechanism is unclear. This study investigated a model based on the psychological model of depression wherein trait mindfulness reduces PMDD symptoms by mediating depressive rumination and rumination about pain. In Study 1, a cross-sectional study was conducted with female college athletes ($N = 411$) using an online questionnaire survey (Qualtrics). One to three months after Study 1, Study 2 was conducted on the same participants ($N = 153$). Participants completed questionnaires, including the PMDD scale, Five Facets of Mindfulness Questionnaire, Ruminative Responses Scale, Pain Catastrophizing Scale, and Center for Epidemiologic Studies Depression Scale. Data analysis included covariance structure analysis. Based on the results of Study 1, trait mindfulness had a significant negative effect on depressive rumination and rumination about pain, and depressive rumination and rumination about pain showed a significant positive effect on PMDD symptoms. Based on the results of Study 2, trait mindfulness had a significant negative effect on depressive rumination, and rumination about pain showed a marginally significant positive effect on PMDD symptoms. These findings suggest that trait mindfulness mediates depressive rumination and rumination about pain and reduces PMDD symptoms. Additionally, PMDD symptoms may be influenced by the degree of trait mindfulness, depressive rumination, and rumination about pain in the same menstrual cycle. However, rumination about pain in the past menstrual cycle may predict the degree of the next PMDD symptoms.

A MINDFULNESS-BASED GROUP INTERVENTION FOR PATIENTS WITH CHRONIC PAIN

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As several studies point out, chronic pain is related to high anxiety and depression. The objective of this study was to look at the efficacy of mindfulness-based group intervention to reduce suffering in people with chronic pain.

The sample consists of 123 patients between 25 and 75 years old (mean 49 years old) of which 44.7% are men and 55.3% are women, diagnosed with chronic pain. Each mindfulness group consisted of 10-12 patients who completed eight one-hour sessions.

A repeated measures t-test was performed to examine the differences between pre-treatment and post-treatment in all participants; the State-Trait Anxiety Inventory, Beck Depression Inventory II, Rosenberg Self-Esteem Scale, Mc Gill Pain Questionnaire, 36-Item Short Form Survey and Mindful Attention Awareness Scale were used.

The results show that there is a statistically significant reduction of anxiety-state ($p < 0.05$), anxiety-trait ($p < 0.05$) and depressive symptoms ($p < 0.05$). No significant differences were found in quality of life (SF-36), self-esteem, physical pain and mindful attention.

The results suggest that the efficacy of mindfulness - Group is correlated with the improvement of anxiety and depression levels. These results are in sync with mindfulness as an intervention focused on training in management strategies to improve that group of symptoms.

Considering the vital impact that anxiety and depression levels have on these patients, in multiple spheres of their lives, it is important to conduct further research on the topic. Future studies could concentrate on providing long - term follow - up insights.

A RANDOMIZED CONTROLLED TRIAL OF COGNITIVE BEHAVIORAL THERAPY VS A MINDFULNESS-BASED INTERVENTION TO REDUCE DEPRESSIVE SYMPTOMS IN UNIVERSITY STUDENTS: TARGETED GROUP INTERVENTIONS

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The objective of this study was to examine the efficacy of traditional cognitive behavioral therapy and mindfulness-based interventions in Japanese university students at high risk of depression in a randomized controlled trial. Thirty-four participants with a cutoff score of 16 or higher on the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) were randomly assigned to receive either (1) cognitive-behavioral therapy (CBT condition) or (2) a mindfulness-based intervention (MBI condition). Randomization was performed on an individual basis; 15 subjects in the CBT condition and 19 subjects in the MBI condition were administered the respective intervention in a group format (3 to 8 participants). Both interventions consisted of five 90-min sessions. Repeated-measures analysis of variance with a mixed model of the effects of conditions (CBT and MBI conditions) \times time (pre- and post-intervention) on depressive symptoms showed that the time \times condition interaction was significant ($F(1, 32) = 5.172, p = .030$), and the main effect of time was significant as well ($F(1, 32) = 9.631, p = .004$). Although depressive symptoms were significantly reduced in both groups after the intervention, depressive symptoms were significantly more greatly reduced in the CBT condition than the MBI condition. In the future, it will be necessary to experimentally examine the differences in the mechanisms of CBT and MBI interventions on depressive symptoms.

EFFECTIVENESS OF MINDFULNESS-BASED AND COGNITIVE-BEHAVIORAL INTERVENTION IN IMPROVING ANGER CONTROL OF ADOLESCENTS

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Aggression is an important issue in Lithuania among adolescents. According to the Health Behavior in School-aged Children study's report, the number of Lithuanian adolescents was above the European average of participating in one or more physical fight in the past 12 months (Currie, 2016). It is a great need to research the potential of the intervention to reduce the aggression of students from Lithuania.

The goal of this research is to evaluate the effectiveness of the Mindfulness-based and cognitive-behaviour intervention to improve anger control among adolescents in schools.

The study followed a pre-test, post-test, follow-up design, with two groups. 394 (171 male and 223 female) adolescents, aged between 12 and 17, from 26 regular schools participated in this research. Schools were selected based on convenience but in every 26 schools, one group was randomly assigned to the experimental group (N = 155 pupils) and to the control group (N = 239). State-trait anger expression inventory-2 for Child and Adolescent¹ (Brunner and Spielberger, 2009) was used in this research. The intervention was based on cognitive-behavioural therapy and mindfulness for anger-management developed by Kelly (Kelly, 2007).

It was found the effectiveness of the Mindfulness-based and cognitive-behaviour intervention for reducing anger trait – reaction, anger trait – temperament, total anger trait and anger expression-out for boys and girls

in the post-test. At the 6-month follow-up, only the anger control had differences between intervention and control group among boys and girls.

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PRELIMINARY RESULTS OF ONGOING STUDY ABOUT RELATION BETWEEN ADDICTION SEVERITY, PSYCHOLOGICAL FLEXIBILITY AND SELF CRITISISM

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Background: This study aimed to examine the relation between addiction severity, psychological flexibility and self-criticism.

Methods: Study participants were recruited from an inpatient clinic specified for addiction. 13 patients with alcohol dependence and 21 patients with substance abuse were included into the study. Beck Depression Inventory (BDI), Forms of Self-criticizing/Attacking and Self-reassuring Scale (FSCRS), Acceptance and Action Questionnaire-Substance Abuse (AAQ-SA), Addiction Profile Index (BAPI), The Internalized Stigma of Mental Illness Scale (ISMI)-Discrimination experience subscale were applied to participants.

Results: In comparison of two groups; motivation subscale of BAPI were found to be higher in patients with substance abuse ($p=0.16$). Although it's not statistically significant; addiction severity and FSCRS-reassured self were higher too in patients with substance abuse. AAQ-SA were negatively correlated ($r=-0.650$) while FSCRS-hated self ($r=0.552$) and ISMI-discrimination experience ($r=0.485$) were positively correlated with addiction severity. BAPI- motivation was positively correlated with FSCRS- reassured self ($r=0.413$). Also craving found to be positively correlated with ISMI- discrimination experience ($r=0.521$) and FSCRS-hated self ($r=0.578$) and negatively correlated with AAQ-SA($r=-0.602$).

Conclusion: Despite the higher severity of addiction, motivation for treatment was found higher in patients with substance abuse. When considered the relation between FSCRS-reassured self and motivation; it can be thought that even if these individuals have negative self-evaluations when an undesirable situation occurs, their ability to support themselves may increase the motivation to treatment. The results of our study-that show the relation between discrimination experience emerging with negative evaluations towards self, desire to hurt the self and addiction severity- may indicate that self-critical attitudes can affect not only treatment motivation but also degree of addiction. Interviews involving self-compassion methods and techniques for self will be beneficial for these individuals both in treatment motivation and addiction severity.

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