

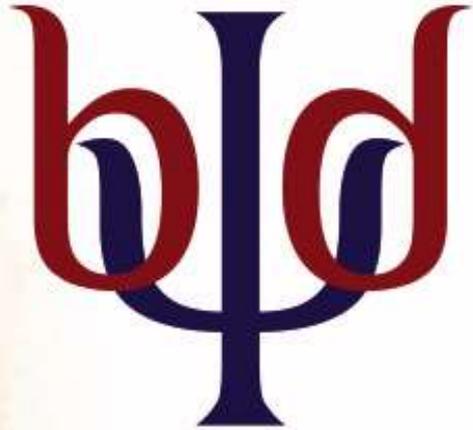
EABCT 2023

CONGRESS

October 04th-07th,2023
Granada Luxury Belek
Antalya / TÜRKİYE

CBT in a Changing World: Migration and Cultural Diversity

EABCT



ACBPT

ASSOCIATION FOR COGNITIVE
BEHAVIORAL PSYCHOTHERAPIES
OF TÜRKİYE



EABCT 2023 CONGRESS

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and Cultural Diversity

| 04th – 07th October 2023
Granada Luxury Belek – Belek / Antalya

PROGRAMME AND PROCEEDINGS BOOK

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INVITATION

We are pleased to host the next EABCT Congress in Antalya, Turkiye, with the theme "CBT in a Changing World: Migration And Cultural Diversity."

Our association was established in 2010, we became a full member of the European Association for Cognitive Behavioral Psychotherapies (EABCT) in 2013, and EABCT accredited our training program in 2016. Since we were founded to teach, disseminate, and implement cognitive behavioral psychotherapies in Turkiye, we have organized many local organizations. Becoming the host for the next EABCT congress is a crucial step towards our goals.

The 53rd EABCT Congress, which will be held with the participation of scholars, therapists, and researchers, each of whom have made significant contributions to the field of CBT, will address migration and cultural diversity in the changing world and will cover current issues related to CBT.

Antalya is the most preferred region as of its natural and historical background. You will love the sea, nature, beautiful beaches, and delicious Turkish food. We will present you with a very enjoyable congress with beautiful events and shows related to Turkish culture. We want to point out that the fees are affordable, especially for students and young people. We consider the EABCT congress a vital way to build new networks for students and young researchers. And for these reasons, we prepare affordable fees for them.

You will meet experts from around the world and enjoy Turkiye's unique nature and food. We are sure you will be happy to experience this congress in Turkiye.

We would like to see you at our congress to come together with experts in the field of CBT from around the world and share the most up-to-date evidence-based information and this unique congress experience in Turkiye.

The Association for Cognitive Behavioral Psychotherapies of Turkiye

SCIENTIFIC PROGRAM

[Click for Scientific Program](#)

OPEN PAPERS SYMPOSIA

UniVRse: Developing and Evaluating a Virtual Reality CBT Intervention for Students with Social Anxiety

Authors

Dr. Cassie Hazell - United Kingdom - University of Surrey

Abstract

Introduction: Social anxiety is a common mental health difficulty for students who are the first in their family to attend university (i.e. first generation). This social anxiety is the result of imposter feelings and worse preparedness. First-generation students who are socially anxious are less likely to attend and engage with their university studies and the social aspects of university life. Cognitive behaviour therapy (CBT) is an effective intervention for social anxiety but there are a number of barriers preventing first-generation students from accessing traditional CBT – including, long waiting lists and stigma.

Aims: We have worked with a group of first-generation students to coproduce a cognitive-behaviour therapy (CBT) intervention using Virtual Reality (VR) called UniVRse. In this talk we will outline the learning acquired during the coproduction process and share the initial findings of our evaluation of UniVRse.

Methods: The UniVRse project has two phases: (1) coproduction: we worked with a group of first-generation students to design the UniVRse VR-CBT programme from scratch, making use of graded exposure techniques; and (2) evaluation: we are conducting a pilot randomised controlled trial comparing the effects of UniVRse to a wait list control condition. We will determine the effects of UniVRse on a range of mental health and education outcomes.

Results and conclusions: The trial is still ongoing. The results will be available before the conference. During our coproduction process we have learnt what aspects of university life first generation students find most difficult and the triggers within these. This information has informed the production of the UniVRse programme. Within UniVRse, users are able to enter four different university-based situations and improve their confidence by working through a series of graded steps.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

15

Understanding and Measuring Stigma, Barriers and Attitudes Associated with Seeking Psychological Help Among Young Adults in Czech Republic

Authors

Ms. Tereza Hruskova - Czech Republic - Masaryk university, Brno, Czech republic

Abstract

200 million people in the world experience serious mental health problems and only one third seek professional help. Help-seeking is described as a last resort. Adolescents and young adults have a higher prevalence of mental health problems. Mental health stigmatisation is a key element in the decision making to seek help and is divided into (i) self-stigma (self-stigmatisation) including internal beliefs, low self-esteem, and lower quality of life and (ii) public stigma (social stigma) including stereotypes, beliefs and society's disapproval of help-seeking having a negative effect on help-seeking and our attitudes.

Previous research has been mainly focused on examining the construct of help-seeking, avoidance, and delaying separately and trying to find out why people do not seek help in the right time and what obstacles stand in their way. Barriers are not static and are changing over time and in the stage of help-seeking. Attitudes are closely connected to self-stigma and social stigma and are predicting whether a person will seek professional help. Barriers (stigmatization, a sense of humiliation, insufficient recognition of the problem, preferences, solving it alone and distrust of a professional) and facilitators (previous experience with mental problems, social support and help from others) are factors influencing help-seeking.

The current research on the Czech population of young adults responds to the gap between a person with mental health problems and actual seeking of professional help. The aim of the study is to describe in detail the individual constructs and factors, to understand the person seeking help and to define possible obstacles on this path of seeking help.

A sample of approximately 250 participants (age 18-35) would take part in the online questionnaire, conducted in May-June 2023, and would be administered a demographic questionnaire and four scales measuring attitudes (Attitudes Toward Seeking Professional Psychological Help – Short form), barriers (Barrier to Help Seeking Scale), self-stigma (Self Stigma of Seeking Help) and stigmatization (Perceptions of Stigmatization by Others for seeking help). Firstly, all four scales would be translated into the Czech language. The aim is (I) to determine the validity and reliability of the Czech translation of the scales, (II) to examine the factors of the scales on the Czech population and compare them retrospectively with the results of reliability and validity from the original language of the scales and (III) to examine the connections between attitudes towards seeking, avoidance or delaying the search for professional psychological help due to the demographic and individual differences of the participants, barriers, self-stigmatization and social stigmatization.

We expect to carry out the first study on the given topic in the Czech Republic, to identify and better understand the factors leading to the avoidance of seeking professional help and to reveal the relationships between stigmatization, attitudes and barriers leading to the avoidance or postponement of seeking professional help. The belief is to find out whether the Czech population of young adults differs from the data found on the foreign population in individual constructs, as cultural differences in individual countries were found in previous research.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

35

The Effect of Femicides on Women: An Experimental Study on the Axis of Trauma Sexism and Affect

Authors

Ms. Melike Avcı - Turkey - İstanbul Medipol University

Dr. Gökçen Duymaz - Turkey - İstanbul Medipol University

Abstract

Introduction: Sexism causes discrimination and hostile attitudes toward women considering femicides. There were 579 femicides in Turkey last year. That means femicides are a substantial issue in Turkey and may cause traumatic symptoms in women. Traumatic symptoms occur with negative emotions. The aim of the research is to reveal experimentally how femicide affects women considering sexism, trauma, and affect.

Method: 96 female participants between the ages of 18 and 35 were included in the study. The participants completed the Post Traumatic Stress Disorder Checklist (PTSDC), the Ambivalent Sexism Inventory (ASI), the State Anger Scale (SAS), and the Positive and Negative Affect Scale in the laboratory. After 48 hours, the participants came back to the laboratory and were exposed to a video about femicides. After the intervention, the participants completed the same scales: PTSDC, ASI, SAS, and PANAS. Paired sample T-test analyses were conducted in order to see the possible effects of the video in accordance with the pretest-posttest design.

Results: State anger scores (\bar{X} =16.41 SS=8.10) increased after the video intervention (\bar{X} =26.04, SS=8.09). Negative affect (\bar{X} =19.81 SS=8.13) increased after the video intervention (\bar{X} =33.09 SS=8.21). Positive affect (\bar{X} =34.18 SS=8.70) decreased after the video intervention (\bar{X} =30.26 SS=8.62). Hostile sexism (\bar{X} =28.52 SS=11.00) decreased after the video intervention (\bar{X} =22.88 SS=10.69). Benevolent sexism scores (\bar{X} =9.88 SS=3.68) increased after the video intervention (\bar{X} =11.27 SS=4.43).

Discussion: According to the findings, it was observed that the participants' benevolent sexism, state anger, and negative emotion scores increased significantly after the video intervention whereas positive emotion and hostile sexism scores decreased. On the other hand, no change was observed in trauma scores. Anger is a key point for feminist identity improvement. Negative affects create motivation to fight to prevent femicides. It can be assumed that anger and negative affect have a catalyzing role for women to lean towards the women's movement peeling off from their traditional gender roles.

Conclusion: More coverage of femicides in the media creates political pressure to prevent femicides and motivates women to participate in the women's movement.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

51

Emerging Concepts in Unpredictable Times: Emotional Resilience and Metacognitive Awareness Regarding Childhood Anxiety Disorders

Authors

Prof. Ayşe Rodopman Arman - Turkey - Spastic Children's Foundation of Turkey, Academic Board Member

Abstract

Background: Childhood anxiety disorders can significantly impact a child's social, academic, and emotional development. In children, metacognitive awareness refers to their ability to monitor and regulate their thoughts, feelings, and behaviors. In the context of anxiety disorders, children with higher levels of metacognitive awareness may be better able to recognize their anxious thoughts and feelings and apply coping strategies to manage them. They are also able to identify their strengths and weaknesses, set goals for themselves, and monitor their progress toward achieving those goals. Emotionally resilient children may be better able to cope with the stress and uncertainty that often accompany anxiety, and may be more able to engage in adaptive coping strategies. The study aimed to compare the metacognitive awareness and emotional resilience levels of children with anxiety disorders with healthy controls and to examine the relationship between these concepts and the frequency of anxiety symptoms expressed by parents.

Objective: This study aimed to compare the levels of metacognitive awareness and emotional resilience in children with anxiety disorders and healthy controls and to investigate the association between these concepts and anxiety symptoms expressed by parents.

Methods: The study included 32 patients diagnosed with anxiety disorders and 30 age- and sex-matched healthy controls. The study groups completed the Metacognitive Awareness Inventory (MAI) and the Resiliency Scales for Children and Adolescents (RSCA), while the parents completed the Revised Child Anxiety and Depression Scale-Parent Form (RCADS-P).

Results: The age range of the subjects participating in the study was 7-14 years. The mean age of the group with an anxiety disorder (N: 32) was 11.5 ± 2.09 ; the control group (N: 30) was found to be 10.45 ± 1.99 . The most prominent diagnoses in the anxiety disorder group were generalized anxiety disorder (40.6%), obsessive-compulsive disorder (18.7%), and social anxiety disorder (12.5%). In this study, we found no significant difference in the total scores of the MAI and RSCA between the patient and control groups. However, a positive correlation was found between the RSCA scores and RCADS-P anxiety and total scores ($p=0.005$, $r=0.371$, $p=0.006$, $r=0.363$, respectively) in the study group.

Conclusion: The study's findings suggest that addressing metacognitive awareness and emotional resilience levels in anxiety disorders at an early stage may contribute significantly to a holistic evaluation of these patients. Additionally, interventions aimed at improving metacognitive awareness and emotional resilience may be mentally protective in anxiety-prone youth. Interventions for childhood anxiety disorders often focus on improving emotional resilience by helping children develop coping skills and strategies, building positive relationships and social support, and creating a safe and supportive environment that fosters resilience. Strategies such as positive thinking, emotional control, and rational decision-making against unpredictable events may help manage the difficulties of daily life.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Long-term Mental Health

Submission ID

67

Smartphone Applications for Eating Disorders: A Systematic Review and Meta-analysis

Authors

Mrs. Telma Cruz - Portugal - Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences at University of Porto

Mrs. Carina Santos - Portugal - Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences at University of Porto, Portugal

Prof. Cristiana Duarte - United Kingdom - School of Education, Language and Psychology, York St John University

Prof. Tiago Ferreira - Portugal - Center for Psychology at University of Porto, University of Maia

Prof. Mariana Martins - Portugal - Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences at University of Porto

Abstract

Introduction: Smartphone applications are an area of great clinical interest. They can help overcome the barriers that prevent individuals from getting help for an eating disorder (ED), but their effectiveness remains unclear. **Method:** The online databases Scopus, PubMed, APA PsycArticles, APA PsycINFO, Psychology and Behavioral Sciences Collection, Academic Search Ultimate, Education Source and ERIC were searched for randomized controlled trials (RCTs) that included a psychological intervention delivered through an app and published in peer-reviewed journals between January 2010 and June 2022. We followed the PRISMA guidelines for systematic reviews and meta-analysis and the Cochrane Collaboration methodology for intervention reviews. The Cochrane Risk of Bias Tool assessed the RCTs' methodological quality. **Results:** Eight RCTs were included in the meta-analysis, and effect sizes with confidence intervals were calculated for the postintervention point. We found large effect sizes concerning binge eating episodes and an overall small effect in global levels of ED symptomology, dietary restraint, drive for thinness and depression. Twelve in 13 apps were developed based on cognitive behavioural therapy principles. **Discussion:** The results favoured app intervention over control conditions in reducing symptoms related to ED. Self-monitoring was the most common principle, which may indicate that digital self-monitoring could be an excellent alternative to paper-and-pen records. **Conclusion:** The results suggest that apps could be an effective treatment for ED, but more high-quality RCTs are still needed.

Track

OPEN PAPERS

Topic Areas

Digital Health , Eating Disorders

Submission ID

81

Measures of Social Stress in Virtual Reality

Authors

Dr. Marius Rubo - Switzerland - Cognitive Psychology, Perception and Research Methods, University of Bern, Switzerland

Prof. Simone Munsch - Switzerland - Clinical Psychology and Psychotherapy, University of Fribourg, Switzerland

Abstract

Introduction: Virtual reality (VR) technology is increasingly used in the assessment and treatment of social-cognitive processes due to its capability to confront individuals with lifelike but highly-controlled social situations, but also due to its capability to automatically monitor complex behavioral variables such as social gaze. However, it remains poorly understood how dispositional and situational factors in artificial social situations are both reflected in behavioral and physiological reactions. Here we assessed subjective and objective markers of social stress (social gaze, pupil size, heart rate, HF-HRV) in individuals in both a socially including and a socially excluding (i.e., socially stressing) virtual situation.

Method: 80 participants experienced a Cyberball game in VR where they were included and excluded in a randomized order. Participants were characterized along common facets of psychopathology (social anxiety, anxiety, depression levels). We assessed subjective stress levels, but also eye gaze towards the virtual agents' faces (social gaze), pupil size, heart rate and HF-HRV in a subsequent neutral scene where participants were co-located with the same artificial agents and were free to gaze at their faces or elsewhere.

Results: Social exclusion led to moderately enhanced subjective stress and negative mood but not to alterations on objective markers of stress. By contrast, underlying psychopathology levels were associated with substantially stronger alterations on subjective stress markers and were additionally associated with reduced eye gaze at virtual agents' heads, larger pupil size, higher heart rate and reduced high-frequency heart-rate variability. Effects for social anxiety, general anxiety and depression levels were overall similar with largest effects on objective stress markers linked to general anxiety. There were no interactions between underlying psychopathology levels and the situation's inclusiveness on any stress markers.

Discussion: Objective stress markers in the present study were linked to psychopathology levels but not to characteristics of the virtual situation (inclusion vs. exclusion). Future research should expand on the capabilities of social stress detection in VR but also more directly compare effects of the Cyberball paradigm with real-world social stressors. Additionally, future research should investigate more closely and in individuals with stronger psychopathology levels if markers of social stress reflect psychopathology levels more generally or can be more specifically linked to individual facets of psychopathology (e.g., internalizing, anxiety). Unlike a majority of current VR research and treatment applications, future settings may more commonly include interactions between real people (e.g., different participants, patients and therapists) located in the same virtual environment (Social VR). Behavioral markers such as social gaze in this environment may exhibit different patterns compared to interactions with artificial agents and should be investigated separately.

Conclusion: Objective measures of social stress were linked to a person's psychopathology levels in VR. A particularly interesting variable for clinical applications may be social gaze which is assessed automatically with no additional participant burden and can be processed robustly in real-time, thus potentially providing a valuable measure of social stress within VR environments.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

89

The Safety of Digital Mental Health Interventions: A Systematic Review and Recommendations

Authors

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Prof. Jenny Yiend - United Kingdom - King's College London
Ms. Carolina Fialho - United Kingdom - King's College London
Ms. Chloe Hampshire - United Kingdom - University of Bath
Dr. CheWei Hsu - United Kingdom - King's College London
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Dr. Clare Heaysman - United Kingdom - King's College London

Abstract

Background: Evidence suggests that Digital Mental Health Interventions (DMHIs) for common mental health conditions can be effective. However, these digital interventions, like face-to-face therapies, pose risks to patients.

Objective: Review the literature to assess how DMHIs are assessing safety, what risks are reported, and how they are mitigated both in research and post-market. To build on existing recommendations for assessing, reporting, and mitigating safety in DMHI and standardizing practice.

Method: Psycinfo, EMBASE, and Medline were searched for studies that address the safety of DMHIs. The inclusion criteria were any study that addressed the safety of a clinical DMHI even if not as a main outcome, in an adult population, and in English. Results were synthesized in the form of tables and percentages. We calculated odds ratios and confidence intervals, wherever published data permitted, to illustrate the use of a single common safety metric across studies.

Results: Twenty-three studies were included in this review. While many of the included studies assessed safety by actively collecting adverse events data, over one third did not assess or collect any safety data. The methods and frequency of safety data collection varied widely and very few studies performed any formal statistical analyses. The main treatment-related reported adverse event was deterioration in symptoms. The main method used to mitigate risk was exclusion of high-risk groups. A secondary online search found that six DMHIs were available for users/patients to use (post-market), all of which used indications and contraindications for use to mitigate risk.

Discussion: Based on the findings of this review, the authors developed a list of recommendations to improve the quality of safety data in DMHIs: (1) safety assessment as standard- risk and safety should be systematically assessed in every DMHI study, (2) frequency of safety assessments should take place at regular intervals throughout both the intervention and follow-ups, (3) the methods and instruments used to measure safety should be reported in sufficient detail to permit replication, (4) rates of harm should be statistically compared both between study arms and across different studies using standardized quantitative metrics, (5) if deterioration of symptoms is an expected part of treatment, a quantitative threshold identified for defining this as an adverse event, (6) safety and efficacy should be assessed in high-risk groups, with appropriate safeguards, and finally (7) safety data collected during the research phase should be used to inform risk mitigation post-market.

Conclusion: This review produced seven specific, measurable and achievable recommendations with the potential to bring immediate impact to the field, were they to be implemented across ongoing and future research. Beyond this, the review highlighted a pressing need for consensus-building research to standardize practice across a number of areas, including measurement, classification, analysis, interpretation and post-market refresh of safety.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

94

Effectiveness of Cognitive Behavioral Group Therapy, Psychodrama, and Their Integration for Treatment of Social Anxiety Disorder: A Randomized Controlled Trial

Authors

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Dr. Corine Dijk - Netherlands - University of Amsterdam, Department of Clinical Psychology, Amsterdam, The Netherlands

Dr. Mohsen Dehghani Neyshabouri - Iran, Islamic Republic of - University of Social Welfare and Rehabilitation Sciences, Department of Clinical Psychology, Tehran, Iran

Prof. Arnoud Arntz - Netherlands - University of Amsterdam, Department of Clinical Psychology, Amsterdam, The Netherlands

Abstract

Background and Objectives: Although cognitive behavioral group therapy (CBGT) is an effective treatment for social anxiety disorder, many socially anxious patients are still symptomatic after treatment. A possible improvement for CBGT could come from the more experiential group psychotherapy, psychodrama (PD). The integration of CBGT and PD (labeled CBPT) might offer an even more effective treatment than CBGT or PD alone. With the present study, we investigated first whether three kinds of group therapy (CBGT, PD, and CBPT) are superior to a waitlist (WL). Second, we investigated whether CBPT is more effective than CBGT or PD alone.

Methods: One hundred and forty-four social anxiety patients were randomly assigned to three active conditions or a WL. After wait, WL-participants were randomized over the active treatment conditions.

Results: The results of a multilevel analysis showed that all treatments were superior to WL in reducing social anxiety complaints. Only CBGT and CBPT differed significantly from WL in reducing fear of negative evaluations. There were no significant differences between active conditions in any of the variables after treatment and after six-month follow up, neither were there significant differences in treatment dropout.

Limitations: First there is the lack of a long-term follow-up. Second, because of loss of participants, we did not reach the planned numbers in the active treatment groups in comparison to WL. Moreover, this study was not designed as a non-inferiority or equivalence trial.

Conclusions: Although the integrative CBPT showed good results, it was not more effective than the other treatments.

Keywords: integrative therapies, cognitive behavioral therapy, psychodrama, randomized controlled trial

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

98

Evaluation of a Brief Acceptance Facilitating Intervention and an Internet-Based Training to Increase Self-Esteem in Adults with Body Dysmorphic Symptoms

Authors

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Abstract

Introduction: Different barriers contribute to low treatment rates for Body Dysmorphic Disorder (BDD). Although internet-based interventions are considered a low-threshold and effective format, studies report acceptance deficits. For this reason, we evaluated a brief acceptance-facilitating intervention (AFI) for internet-based training addressing self-esteem in individuals with BDD symptoms. Several findings highlight the pronounced negative self-evaluations and the importance of low self-esteem in BDD. Accordingly, the second aim of the project consisted of the evaluation of a two-week internet-based training that focused on the improvement of self-esteem in BDD.

Method: Before offering internet-based training, we randomly assigned 46 participants with distinct BDD symptoms to a 6-min animated whiteboard video (AFI, $n = 21$) or a waiting control group ($n = 25$). The AFI, developed in a preceding study, specifically addresses perceived barriers to treatment for BDD and known factors for acceptance of internet-based interventions. Based on the Unified Theory of Acceptance and Use of Technology, we examined the between-group effects on acceptance, performance expectancy, social influence, and effort expectancy. After the clinical diagnostic interview, 38 participants ($n = 14$ fulfilling fully diagnostic criteria for BDD) entered the two-week internet-based training. The online training consisted of psychoeducational content and daily practical exercises. In the beginning, after one week, and at the end of the training participants completed questionnaires on self-esteem, BDD symptom severity, body image dissatisfaction, and depressive symptoms.

Results: The AFI led to greater improvements in acceptance, effort expectancy, facilitating conditions, and slightly in social influence than the control group. While there was no effect of AFI on training uptake or adherence, higher self-reported acceptance was still associated with higher adherence. The overall dropout from the online training was 37% ($n = 14$), but 88% of completers attended every day of training. The completer analyses showed significant improvements in the three facets of appearance-related, performance-related, and social self-esteem, in BDD symptom severity, in body image dissatisfaction, and in depressive symptoms at post-treatment. There was an additional gain by the second training week in appearance-related self-esteem and BDD symptom severity.

Discussion: The results suggest that a specifically designed, brief video improves self-reported acceptance and other related factors. Acceptance in the sample was already high at the beginning (85% with moderate/high scores), which was reflected in high training uptake and the very good adherence of completers. The self-esteem training resulted in short-term improvements in relevant outcome measures. Due to the within-subject design of the training evaluation, time effects cannot be ruled out. Further studies should investigate the specificity of the self-esteem training effects and its long-term outcome.

Conclusion: Subject to review, the potential benefit of an AFI may be to enhance treatment rates in BDD by improving acceptance of effective internet-based intervention. Two-week internet-based training improved not only self-esteem but also BDD symptoms. It represents a low-threshold approach for people with BDD to engage in therapy. The focus on the resource-oriented topic of self-esteem may have promoted interest among this group.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

121

Reliability and Validity of Social Cognitions Questionnaire

Authors

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Dr. Mustafa Solmaz - Turkey - Bağcılar Health Sciences Institute, University of Health Sciences, Istanbul, Türkiye

Abstract

Objective: Social Cognitions Questionnaire (SCQ) is developed by Clark and Wells and it is used in the treatment processes of individuals with Social Anxiety Disorder. This mental measurement enables us to determine patients' cognitions related to SAD. We aimed to examine validity and reliability studies for SCQ to be used in patient follow-ups and clinical studies in Turkey.

Methods: The study was performed with a total of 162 people, including 114 patients diagnosed with Social Anxiety Disorder according to DSM-5 diagnostic criteria, who applied to the Psychiatry outpatient unit of Bağcılar Training and Research Hospital, and 48 controls who were similar in age, gender and education level to the patients. Sociodemographic information of the participants was obtained during the interviews, and Social Cognitions Questionnaire, Liebowitz Social Phobia Symptoms Scale (LSFS), Beck Anxiety Inventory (BAI), and DAS-R-TR were applied. Statistical analyzes were performed by using IBM EPSS 22.0 program, and Exploratory Factor Analysis was analyzed with the AMOS program.

Results: The Social Cognitions Questionnaire (SCQ) has a three-factor structure that explains 52.23% of the total variance, and the total Cronbach's alpha value was found to be 0.809. The Cronbach's alpha values of the sub-dimensions of the scale were found to be 0.821 for factor 1, 0.618 for factor 2, and 0.671 for factor 3. It was found that there was a positive and significant correlation between SCQ and its subscales and BAI, LSFS and its subscales, DAS-R-TR ($p < 0.05$).

Conclusion: According to the results obtained in our study SCQ have a strong factorial structure and this questionnaire is valid and reliable measurement for use in the field of Social Anxiety Disorder.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

140

Examining Variables Associated with Parents' Irrational Beliefs: A Meta-Analysis Study

Authors

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Mrs. Şebnem Aslan - Turkey - Gaziantep University
Prof. İbrahim Yıldırım - Turkey - Gaziantep University

Abstract

Introduction: Irrational beliefs can be related to parenting as in many other areas (Ellis & Harper, 2005). The main purpose of this study is to examine the variables related to parents' irrational beliefs about parenting by meta-analysis method and to determine the effect sizes of the variables related to parental irrational beliefs.

Method: Within the scope of the study, 1409 studies were reached by examining the studies in Google Scholar and Web of Science databases with the relevant keywords. As a result of the evaluations made by considering the inclusion and exclusion criteria, 15 studies were included in the meta-analysis. After the initial analysis, the variables related to parental irrational beliefs were determined as "Parent Negative Mental Health", "Child Negative Mental Health", "Positive Parental Behaviors", "Negative Parental Behaviors", "Parent Positive Mental Health" and "Child Positive Characteristics". In addition, subgroup analyses were made in terms of the country where the study was conducted.

Results: The effect size for the relationship between parents' irrational beliefs and general irrational beliefs was estimated as 0.56 within the 95% confidence interval according to the fixed effects model. According to the country of the study, USA (0.85) has the highest effect size and Turkey (0.49) has the lowest effect size. The estimated effect size for the relationship between parents' irrational beliefs and parents' negative mental health characteristics is 0.18 within the 95% confidence interval. No significant difference was observed in terms of the country where the study was conducted. The relationship between parents' irrational beliefs and children's negative mental health characteristics was estimated as 0.15 within the 95% confidence interval. Since the studies included in the meta-analysis for this variable were not heterogeneous, subgroup analyses were not performed for this relationship. The effect size of the data obtained for the relationship between parents' irrational beliefs and positive parental behaviors was estimated as -0.08. It was observed that there was no relationship between the variables analyzed. Regarding the differences between subgroups of country type, USA has the highest effect size data while Turkey has the lowest effect size. Finally, the effect size of the data between parents' irrational beliefs and negative parental behaviors was estimated as 0.05. It was observed that there was no relationship between the variables examined. According to the country of the study, USA has the highest effect size and Turkey has the lowest effect size.

Discussion and Conclusion: The findings show that the variables related to parental irrational beliefs are mostly related to general irrational beliefs and least related to negative parental behaviors in terms of effect sizes. In terms of the country where the study was conducted, Turkey had the lowest effect size and the USA had the highest effect size in the data related to general irrational beliefs, positive and negative parental behaviors. The findings of the study indicate that the variables related to parental irrational beliefs show cultural differences.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

142

Transdiagnostic Unified Protocol on Anxiety Disorders

Authors

Mrs. İclal Aydın - Turkey - Ibn Haldun University

Dr. Burcu Uysal - Turkey - Ibn Haldun University

Dr. Hakan Turkcapar - Turkey - Social Sciences University of Ankara

Abstract

Introduction: The transdiagnostic approach argues that the common features are needed to be taken into account [e.g. distress intolerance (DI), intolerance of uncertainty (IU), anxiety sensitivity (AS)] underlying emotional disorders rather than evaluating them separately since the dissection of anxiety disorders has increased with each emerging version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), in which the classification of anxiety disorders resulted in an increased number of intervention protocols for each disorder. That is why an increase in comorbidity among anxiety disorders is observed. This also caused an increase in comorbidity among anxiety disorders. The transdiagnostic approach offers a unified protocol (UP) for strengthening the common features, thereby both preventing the emergence of emotional disorders and/or intervening in the symptom severity of emotional disorders, which can be applied to different types of emotional disorders. The main aim of this study is to develop a unified protocol. The UP will include interventions developing the levels of common transdiagnostic features (DI, IU, AS).

Method: The UP will be designed according to the CBT model, which will include cognitive (psychoeducation, cognitive restructuring etc.) and behavioral interventions (exposure, relaxation techniques, modification of action, etc.). Although beyond the scope of this conference paper, other phases planned for later will also be briefly mentioned in the following. After developing the UP, there will be an intervention group receiving the UP and a waitlist group. The participants will be randomly assigned to the groups (intervention and waitlist groups). The intervention group will receive UP in 8 weeks group therapy program. The other group will be on the waitlist during the process.

Result: Although the stages following the development of the UP are planned to occur after the conference, the expected results will be mentioned in the following sections. The research data will be analyzed in the SPSS program. To compare groups' differences, mMixed-ANOVA statistics will be conducted. The UP is expected to be effective, like other CBT protocols specific to different types of anxiety.

Discussion: The transdiagnostic approach is one of the new areas of interest in mental health, and there are still a few studies in this area. Therefore, the current study is expected to contribute to transdiagnostic the literature. This research is important to offer an alternative to comorbidity and decrease the symptom severity of anxiety disorders. In addition, the result of this research is expected to lead to further studies for developing both transdiagnostic intervention and prevention programs. Lastly, there has been no transdiagnostic study conducted in Turkey before. Therefore, the study is expected to contribute to mental health studies in Turkey.

Conclusion: UP is an alternative intervention for preventing and/or treating different emotional disorders. An effective UP will be promising for treating different comorbidities and developing more economical treatment protocols. It may be important necessary for countries like Turkey, which hosts many migrants and where limited mental health services are available in their mother tongue.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

143

Culturally-adapted Family Intervention (CaFI) for People with Psychosis From African and African Caribbean Backgrounds: Case Examples From Therapists' Perspectives

Authors

Prof. Katherine Berry - United Kingdom - University of Manchester

Abstract

Background: Family interventions have consistently been shown to improve outcomes for people with psychosis and their family members. Family interventions might particularly benefit people from African and African-Caribbean backgrounds who have the highest incidence of psychosis in Western countries and a long duration of untreated psychosis which is likely to increase family stress and carer burden. However, Black people have inferior access to psychological therapies including family interventions. There is therefore a growing recognition of the need to culturally adapt and evaluate psychological interventions for ethnic minority groups to improve access. The CaFI study is an ongoing multi-centre randomised controlled trial of a culturally-adapted CBT-based family intervention for people with psychosis in the UK.

Method: This presentation will give a brief background to the ongoing trial and then describe two case examples to illustrate the work. These examples, told from the therapists' perspectives, highlight key components of the intervention and issues that arose in working with this client group.

Results: Findings from the study suggest that it is possible to engage this client-group in family therapy similar to traditional evidenced-based family interventions, although as illustrated through the case examples, it is important that therapists pay attention to themes that are likely to be particularly pertinent for this group, including experiences of trauma, discrimination and mistrust of services. The use of Family Support Members, comprising members of the person's care team or volunteers recruited from the community, may also help support people to engage in therapy in the absence of biological relatives.

Discussion: Key themes and therapeutic implications that are discussed include the particularly pertinent role of trauma for this client group including in traumas within everyday life and those experienced within the mental health system. We also discuss the issues faced in delivering family work in the context of estranged family relationships and working with different cultural beliefs about the psychotic experiences.

Conclusion: We have been able to deliver key components of a CBT-based family intervention for psychosis to people from African and African-Caribbean backgrounds. The trial is still ongoing so the final outcomes are not available. However, the adapted therapy was based on several years of consultations with service users and their family members and a large feasibility study, meaning that the therapy is likely to be acceptable approach to service users and their families.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

145

Is Major Depression Associated with a Reduced Pupillary Response to Positive Prediction Errors?

Authors

Ms. Alexandra Spaeth - Germany - University of Kaiserslautern-Landau
Dr. Stephan Koenig - Germany - University of Kaiserslautern-Landau
Dr. Jonas Everaert - Netherlands - Tilburg University
Prof. Julia Glombiewski - Germany - University of Kaiserslautern-Landau
Dr. Tobias Kube - Germany - University of Kaiserslautern-Landau

Abstract

Introduction: Major depression has been linked to difficulties adjusting negative beliefs in response to unexpected positive experiences. With reference to a predictive processing model of depression, it has been proposed that this deficient integration of new experiences is associated with reduced processing of positive prediction errors at the neural level. The results of a previous pilot study indicated an association between elevated BDI-II scores and a reduced pupillary response to unexpected positive information. The aim of the present study was to investigate this finding in a clinical vs. healthy sample and an extended experimental design.

Method: Patients with major depression ($n = 46$; 69.57% female; age: $M = 35.02$, $SD = 13.82$; BDI-II: $M = 23.65$, $SD = 9.8$) and healthy subjects ($n = 44$; 68.18% female; age: $M = 34.89$, $SD = 14.28$; BDI-II: $M = 2.45$, $SD = 3.46$) completed a task which presented different social scenarios each consisting of three consecutive pieces of information. At the behavioral level, agreement with different (positive vs. negative vs. absurd) interpretations of the scenarios was examined. At the psychophysiological level, the central dependent variable was the pupil dilation in response to the outcome of the scenarios (unexpectedly positive vs. expectedly positive vs. unexpectedly negative vs. expectedly negative).

Results: At the behavioral level, preliminary results indicate that patients with depression rated negative interpretations more likely and positive interpretations less likely than healthy subjects across all conditions, $F(1,86) = 27.507$; $p < .001$; $\eta^2_p = .242$. Analysis of the eye tracking data revealed no sample differences in the pupillary response to the last piece of information on the different scenarios. When considering the severity of depressive symptoms, there was a non-significant trend toward a smaller pupil dilation in response to surprisingly positive information in subjects with higher BDI-II scores, $F(1,1966.10) = 3.780$, $p = .052$, $\eta^2_p = .002$.

Discussion: The behavioral results can be interpreted in terms of a negative interpretation bias of depressed individuals. As already shown in previous studies, patients with major depression tend to expect more negative events and interpret situations in a more negative way than healthy people. The pupillary data did not reveal clear differences between depressed and healthy subjects. Nevertheless, exploratory analyses suggest that the severity of depression might be associated with a slightly decreased pupillary response to novel positive information. The results of further exploratory analyses will be presented at the conference.

Conclusion: Due to the immense relevance of major depression for our society, it is important to identify its maintaining mechanisms. The results of the present study do not yet provide a conclusive evidence for such a mechanism on the psychophysiological level. Therefore, further research is needed to determine psychophysiological correlates of reduced processing of new positive information.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

161

Depression and Anxiety Levels in Children and Adolescents with Attention Deficit Hyperactivity Disorder

Authors

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Dr. Tayfun Kara - Turkey - Alanya Alaaddin Keykubat University, Faculty of Medicine, Department of Child and Adolescent Psychiatry, Antalya

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Abstract

Introduction: Attention deficit/hyperactivity disorder (ADHD) is one of the most frequent neurodevelopmental diseases in kids, with a meta-analysis study reporting a global incidence of 5.29%. [1]. The prevalence of ADHD was found to be 12.4% in multicenter research done in Turkey [2]. ADHD is most frequently accompanied by oppositional defiant disorder (CO-ODD) (40.6%), major depressive disorder (21.6%), generalized anxiety disorder (GAD) (15.2%), and any anxiety disorder (32.2%). [3]. In this study, we aimed to determine the accompanying psychiatric comorbidities in children and adolescents with ADHD and to compare their depression and anxiety levels with healthy controls.

Method: Children and adolescents aged 8 to 12 years diagnosed with ADHD using DSM-5 criteria (n=80) were enrolled in the study and compared to healthy volunteer controls (n=40). A child/adolescent psychiatrist performed a complete diagnostic examination on each patient using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children, Present and Lifetime Version (K-SADS-PL) and a sociodemographic and clinical information questionnaire was completed [3]. Children and adolescents completed the Revised Child Anxiety and Depression Scales – Child Version (RCADS-CV) [4]

Results: The ADHD group consisted of 80 cases (30 females, 50 males) and the control group consisted of 40 cases (10 females, 30 males). Regarding age and sex, there was no statistically significant difference between the two groups. The RCADS-CV questionnaire's mean total and subscale scores for the ADHD group were found to be statistically significantly higher than those for the control group.

Discussion: When the literature is examined, it has been reported that depression develop over the years in children and adolescents with ADHD. Both clinical and epidemiological studies show that 1/3 of children with ADHD have anxiety disorder. Consistent with the literature, we found higher levels of depression and anxiety in the ADHD group compared to the controls. This may be due to the fact that children realize their inadequacies better due to the increase in their cognitive capacities with age, they are not as successful as their friends in their lessons, and they are ostracized by their friends due to behavioral problems.

Conclusion: Comorbidity of depression and anxiety disorder affects the prognosis negatively in ADHD cases. Therefore, examining ADHD cases in terms of depressive disorder and anxiety disorders in the diagnosis and treatment process is of great importance in terms of accurate and effective treatment and long-term prognosis.

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Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

166

Not Gone: After Death Communications in Addressing Grief

Authors

Prof. Kim Penberthy - United States - University of Virginia School of Medicine

Abstract

People of the world have recently endured dramatic increases in illness and death related to events including a global pandemic, horrendous warfare, manmade environmental disasters and natural climate events. For each death, there are on average 9 individuals who grieve that human loss. Although we have ongoing death and dying, and related grief, there has been a lack of progress in developing effective treatments for either fear of death and dying or for grief. We explore a phenomenon called after death communications (ADCs) that people report experiencing. An ADCs involve experiences of sensing the presence or receiving messages from a deceased person. We report on data from widow and widowers who reported ADCs and the impact on their grieving, healing, and acceptance of loss. The results show that 79% of participants found ADCs to bring comfort and emotional healing, while 7% reported that it made the absence of the deceased more painful. Interestingly, 64% of participants considered ADCs to be important for their bereavement process. Furthermore, 56% of participants believed that their bond with the deceased continued after death and that ADCs deepened that connection. 41% of participants wished for new contact, while 33% felt that the perceived contacts were already sufficient. Additionally, the study found that 51% of participants reported that ADCs reduced sadness triggered by loss, and 62% believed that ADCs made it easier to accept their loss. Finally, 49% of participants believed that their recovery and return to life's enjoyment were accelerated by ADCs, and 61% believed that their bereavement process would have been different if they had not experienced ADCs. This study adds to the research demonstrating the positive impact of ADCs on widows and widowers in addressing grief. Results also emphasize the importance of understanding this phenomenon in the grieving process and the need to further explore this phenomenon across cultures and for therapeutic implementation.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Older Adults

Submission ID

167

Motor Related Positive Affect in Depressed Individuals

Authors

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Abstract

Introduction: Finding new mechanisms that can be targeted to improve the psychological treatment of depression is a constant preoccupation. Non-clinical research suggests that, like perceptual fluency, motor fluency similarly evokes positive affect related to fluent actions. When individuals interact with objects with a fluent movement, they prefer those objects more than when they interact in a non-fluent manner (an obstacle makes the movement more difficult) (Hayes et al., 2008). Up to this moment, this effect has not been evidenced in clinical populations. Here we investigate the differences in motor fluency related positive affect between depressed and non-depressed individuals. In Study 1, we hypothesized that individuals with depression will have lower levels of reported movement related pleasure and will seek fewer activities that require physical movement. We also hypothesized that movement-related pleasure would mediate the relationship between depressed mood and anhedonia. In Study 2, we hypothesized that depressed participants would have lower motor fluency-related positive affect than non-depressed participants.

Method: In two studies, we examined the motor-related positive affect in depressed vs. nondepressed individuals. In a cross-sectional study, Study 1, 51 high depressed participants (PHQ-9 > 9; Manea et al., 2012) and 41 non-depressed (PHQ-9 < 5) participants completed subjective measures related to anhedonia (Snaith-Hamilton Pleasure Scale; Snaith et al., 1995) and rated the pleasure they feel when they move and whether they seek to do movement related activities on a Likert-type scale from 0 (not at all) to 6 (very much). In Study 2, we examined whether movement-related pleasure is affected in depressed individuals based on implicit measures. To this end, we selected 20 non-depressed and 20 depressed participants using PHQ-9 scores. Based on previous methodology (e.g., Hayes et al., 2008), participants had to move different objects (10 pairs of similar objects) in a fluent (no obstacle between the start and end of the movement) and non-fluent (participant had to overcome an obstacle) condition. After each trial, participants had to estimate how much they liked the object based on their first impression. At the end of the experiment, they responded to control questions.

Results: In Study 1, results showed that depressed participants reported less pleasure related to movement ($t = 2.272$, $p = .008$) and seeking movement in activities ($t = 4.235$, $p < .001$). Moreover, movement-related pleasure mediated the relation between depressed mood and anhedonia ($b = 0.679$, 95% CI: LL=0.155; to UL=1.390). In Study 2, results showed that depressed participants have lower levels of motor fluency than non-depressed participants ($t = 2.167$, $p = .037$).

Discussion: This study suggests that depressed individuals show a deficit in motor-related positive emotion. Moreover, our results suggest that this deficit may be evidenced both by self-reported and implicit measures.

Conclusion: We present preliminary evidence for a new mechanism, deficits in motor fluency-related positive affect that may be involved in anhedonia in individuals with depression. We discuss cognitive behavioural strategies that may be used for dealing with deficits in motor related positive affect.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

172

Development and Examination of Psychometric Properties of the Anticipatory Anxiety Inventory

Authors

Dr. Simge Vural - Cyprus - Bahçeşehir Cyprus University

Prof. Nuno Ferreira - Cyprus - Professor of Clinical Health Psychology

Abstract

Introduction: Anticipatory Anxiety (AA) is defined as a course of thoughts, feelings, and actions occurring just and only "before" the anxiety-provoking event (Hinrichsen, & Clark, 2003). A recent neural model of anticipation anxiety, the Uncertainty and Anticipation Model of Anxiety (Grupe & Nitschke, 2013; UAMA) aimed to clarify how anticipation before the uncertain threat is associated with the development and maintenance of psychological disorders (Grupe & Nitschke, 2013). To elucidate the reasons of AA, the UAMA model suggests the importance of consideration and measurement of five processes. Therefore, the absence and creation of an assessment tool that address 5 processes was warranted.

Materials: Anticipation Anxiety Inventory (AAI), Beck Anxiety Inventory (Beck & Steer, 1993), State-Trait Anxiety Inventory (Spielberger et al., 1995), World Health Organization Quality of Life-BREF (WHOQOL Group, 1998), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) were administered to examine the aim of this projects.

Method: In order to explore and examine the psychometric features of AAI, exploratory, and confirmatory factor analysis was carried out. Furthermore, the hierarchical linear analysis was performed to test the incremental validity of AAI. Lastly, moderated mediation analysis was carried out for investigating the utility of the AAI. **Participants:** In data collection 1, one hundred and ninety-nine participants were recruited. In data collection 2, four hundred and twenty six university students were recruited. The second data was collected before the final exam period.

Results: Exploratory factor analysis results suggested 4-factor solution for AAI; Emotional Hypersensitivity (Factor 1), Physical responses to AA (Factor 2), Dysfunctional Cognitions (Factor 3) and Daily Functioning (Factor 4). Findings of Confirmatory Factor analysis (CFA) conducted with AMOS indicated that AAI is an acceptable, reliable, and valid measure with an excellent internal consistency ($\alpha = 0.92$). Hierarchical Linear analysis findings also indicated that AAI, using the WHOQOL measure as a dependent variable, did not present significant predictive validity. Nevertheless, AAI displayed good convergent and concurrent validity. There were no significant gender group differences. However, Independent samples t-test results suggested no gender group differences in anticipation anxiety; nonetheless, AAI, STAI, BAI, WHOQOL-BREF, and DERS significantly rise in the existence of mental health problems (MHP).

Last but not least, PROCESS moderation analysis results indicated that difficulties in emotion regulation do not moderate the relationship between anticipation and outcome variables. Based on these findings, a post hoc analysis was run to check the impact of whether difficulties in emotion regulation moderate the relationship between clinical anxiety and anticipation anxiety. The results demonstrated a significant moderating effect of difficulties in emotion regulation in the relationship between clinical anxiety and anticipation anxiety.

Conclusions: As a conclusion, AAI showing excellent internal consistency, concurrent and convergent validity proposes that this research provided a new instrument to the field of stress and anxiety research. These findings also provided further clinical and research implications i.e AAI may serve as a tool that informs the practitioner, and the researchers. For the future implications, additional research is needed regarding the utility of this measure in clinical settings.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

188

Dating Violence and Adverse Childhood Experience: The Mediating Role of Sensitive Rejection, Irrational Beliefs

Authors

Mrs. Ruveyda Serçe - Turkey - Gaziantep University

Dr. Serap Özdemir - Turkey - Mehmet Akif Ersoy University

Abstract

Looking at the rates of dating violence in the world, it is seen that it is quite common. It has been determined that more than one out of every four women who have a partner between the ages of 15-49 have experienced physical/sexual violence by their partner at least once in their lifetime. In this study, the mediating role of rejection sensitivity and irrational beliefs in the relationship between young adults' childhood traumatic experiences and their attitudes towards dating violence were examined. 960 university students studying at different faculties at Mehmet Akif Ersoy University and Gaziantep University participated in the research. Personal Information Form, Dating Violence Scale, Childhood Trauma Questionnaire (CTQ), Rejection Sensitivity Scale and Relationship Belief Inventory were used in the study. Structural equation model, t test and ANOVA test were used to analyze the data. As a result of the analyzes, it was determined that there is a negative relationship between childhood traumatic experiences, rejection sensitivity and irrational beliefs and attitudes towards dating violence. The decrease in the average score taken from the scale for the attitude towards dating violence means that violence in dating is accepted. In other words, as childhood traumatic experiences, rejection sensitivity and irrational beliefs increase, the level of acceptance of dating violence also increases. For the structural equation model, the measurement model was tested in the first stage, and then the structural model was tested. According to the results obtained, it was determined that rejection sensitivity and irrational beliefs had a mediating role in the relationship between childhood traumatic experiences and attitudes towards dating violence. It was determined that the model explained 29% of the total variance of attitudes towards dating violence. In addition, in the study, the differentiation status of the attitude towards dating violence according to demographic variables was investigated. According to the results obtained, it was determined that the attitude towards dating violence differed according to gender and substance use status, but did not differ according to age and duration of relationship. With the findings obtained, it is understood that different risk factors may be effective in the intergenerational transmission of violence. Cognitive and emotional pathways model is proposed to explain the intergenerational transmission of domestic violence. This model considers the interactions between various cognitive processes (such as beliefs and knowledge structures) and various emotional processes (such as trauma responses, emotional regulation, rejection sensitivity). As a result, it was determined that childhood traumatic experiences predict the attitude towards dating violence through rejection sensitivity and irrational beliefs, and it was thought that the result obtained would contribute to the young adult's establishing healthy romantic relationships and the efforts to prevent dating violence.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

216

The Effects of Religiously Integrated Cognitive Behavioral Therapy: A Brief Intervention Program for Post-Traumatic Stress Symptoms

Authors

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Abstract

Introduction: Earthquakes are considered one of the most life-threatening, destructive and uncontrollable of the many types of natural disasters. They can cause massive destruction and loss of life, and survivors may face a serious burden of psychological symptoms. In addition, disaster survivors are at risk for acute stress disorder, depression or PTSD. Therefore, after earthquakes and major disasters, there is a need for short interventions that can be distributed to disaster victims in a cost-effective manner. In this direction, in psychotherapeutic treatment studies for ASD with proven effectiveness, it is stated that 5 to 6 sessions of therapy are generally given and good success is reported. However, posttraumatic reactions and recovery are the result of reciprocal and complex interactions between biological, personal, cultural and environmental factors and culturally sensitive approaches are important in creating appropriate mental health strategies for disaster scenarios and different trauma events. Accordingly, the aim of the study is to implement the Religiously Integrated Cognitive Behavioral Therapy A Brief Intervention Program for Post-Traumatic Stress Symptoms on those who directly experienced.

Method: The research is a quasi-experimental design study. The DSM-5 Acute Stress Symptom Severity Scale was used to identify the participants; the Posttraumatic Stress Disorder Checklist for DSM-5 (PTSD-5), the Posttraumatic Growth Inventory (PGRI), the Posttraumatic Cognitions Inventory (PTCI), and the Religious Coping Scale for Muslims (RCCS) were administered before and after treatment, and at 1-week and 1-month follow-up measurements for treatment outcomes. The study was conducted with 24 people with posttraumatic stress symptoms. The participants were nonrandomly divided into two groups as experimental and control groups. Participants received a 5-session, 2.5-week marathon intervention programme developed in consultation with clergy and trauma specialists.

Results: When the findings of the analyses were analyzed, the level of posttraumatic stress disorder, which was the key measure of the study, revealed a statistically significant decrease in the experimental group compared to the control group in the posttest assessment. Both groups showed a significant decrease in posttraumatic cognitions and an increase in posttraumatic growth and adoption of religious coping methods. In addition, some of the written feedbacks of the participants about what was useful in the therapy were as follows: "(the therapy) has introduced my values that I had realised but could not name", "I knew my values but I was not oriented towards them", "The ayats-hadiths were useful", "I learnt what I was going through in a professional way, the definition of the problem and the reactions given and the ways of coping", "Accepting some events, living by handing things over to Allah and being more surrendered can lighten the burden of human beings", "Normalising the moments that I remember negatively or avoid remembering by returning to that moment".

In conclusion: religiously integrated CBT intervention programme for posttraumatic stress symptoms are significantly effective in altering both PTSD symptoms and maladaptive cognitions. These findings also suggest that culturally sensitive interventions can be used as an alternative early intervention method to alleviate PTSD symptoms and prevent them from developing.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

229

Barriers to and Enablers of the Delivery and Implementation of Tuning in to Kids, an Emotion-Focused Parenting Program – an International Mixed Method Survey of Lessons Learned From 20 Years of Research and Practical Experience Worldwide

Authors

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Dr. Ayca Ulker - Turkey - Hacettepe University, Department of Early Childhood Education

Abstract

Introduction: Early childhood is an important window for the development of socio-emotional skills, also known as emotion socialization period. Mainly within the family context, children learn about emotions, emotion expression and emotion regulation. The Australian emotion-focused parenting program Tuning in to Kids (TIK)[®] enhances emotion related parenting behaviours. Research has shown that also child development and behavior as well as the family climate improve. TIK is well documented and has been evaluated in several countries, cultures and contexts in Australia, Asia, The Americas and Europe.

Implementation research on parenting programs has revealed a bunch of critical factors like finances, infrastructure, collaboration, participant and group facilitator factors. Still, there is much implicit and process knowledge that could improve the development, delivery and implementation of emotion-focused parenting programs, when these blind spots will be uncovered. Therefore, this study aims to examine the barriers and enablers of the delivery of TIK based on the facilitators' practical experience worldwide.

Method: After video calls and email exchange with nine colleagues from six countries, categories of barriers and enablers were defined. This first grid was sent to a group of 19 researchers from eight countries. These filled in their comments in the respective category. Resulting hereof, an online survey was set up, including important items from implementation literature if not already covered. The survey was sent to as many TIK researchers and practitioners worldwide possible. The survey was developed qualitatively and answered by researchers and practitioners experienced in TIK worldwide to collect and quantify answers.

Results: Already in the qualitative stage of the study, the following categories emerged: organization, finances, infrastructure, training, collaboration, participants, online-delivery, parenting programs during the covid-19 pandemic, group dynamics, recruitment, cultural aspects and certain contextual aspects of the TIK program.

Discussion: This study contributes to a better understanding of barriers and enablers of parenting programs that aim at improving parenting skills and child behavior.

Results and implementation uncovered blind spots will be presented and discussed.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Public Health (Including COVID-19)

Submission ID

230

The Mediating Role of Difficulties in Positive and Negative Emotion Regulation in the Relationship between Early Maladaptive Schemas and Cyber Dating Violence

Authors

Dr. Buket Ünver - Turkey - Işık University

Ms. Elif Hazal İnce - Turkey - Işık University

Abstract

Introduction: Cyber dating violence includes all kinds of words, attitudes and behaviors that individuals use against their partners in order to harm the partner in the digital environment. In the present study, it was aimed to examine the mediating role of difficulties in positive emotion regulation and negative emotion regulation in the relationship between early maladaptive schemas and cyber dating violence.

Method: The sample of the study consists of 298 individuals between the ages of 18-30 who are in a romantic relationship or have had a romantic relationship in the last 1 year. The data of the research was collected through Demographic Information Form, Cyber Dating Abuse Questionnaire, Young Schema Questionnaire-Short Form, Difficulty in Emotion Regulation Scale-Short Form and Multidimensional Measure of Difficulties in the Regulation of Positive Emotions.

Results: Pearson Correlation Analysis was used to determine the relationship between early maladaptive schemas, difficulty in positive emotion regulation, negative emotion regulation and applied and exposed cyber dating violence. As a result of the statistical analyzes, significant relationships were found between four schema areas, disconnection&rejection, impaired autonomy and performance, other-directedness, overvigilance&inhibition, and the digital dating violence both applied and exposed. Mediation analysis revealed that difficulty in positive emotion regulation had a partial mediator role in digital dating violence applied and exposed to four schema domains. In addition, a partial mediating role of difficulty in regulating negative emotion was found between the areas of disconnection&rejection and others-directedness schema areas and the digital dating violence exposed.

Dissusion: Individuals with an early life in an unhappy family develop schemas that cause them to turn to strategies such as fear, suppression and sabotage instead of feeling guilty for experiencing and enjoying positive emotions. At this point, the sabotage can be seen as the person being exposed to cyberbullying and/or being a cyberbully. The fact that digital dating violence seen in romantic relationships occurs especially through positive emotion regulation strategies reveals a need for how a positive emotion can be regulated especially in the adolescence and emerging adulthood group.

Conclusion: The association of early maladaptive schemas and emotion regulation difficulties with digital dating violence suggests that clinicians may be effective in developing interventions for emotion regulation skills. In particular, in terms of regulation of positive emotions, impulse control, goal-oriented behavior, ability to activate emotional strategies, acceptance of emotions and regulation of target-oriented emotions and behaviors will be important therapeutic targets. Finally, awareness of cyber dating violence, cyberbullying and/or being a cyberbully that can be seen in adolescence and emerging adulthood group should be increased and people should be aware of their possible victimization.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

234

Comparative Efficacy of Two Mobile Psychological Interventions in Reducing Depressive, Anxiety and Stress Symptoms: PsyPills and Online Contingent Attention Training (OCAT)

Authors

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Prof. Oana David - Romania - Babes-Bolyai University Romania
Prof. Alvaro Sanchez-Lopez - Spain - Complutense University of Madrid
Dr. Ivan Blanco - Spain - Complutense University of Madrid

Abstract

Introduction: The relevance of mobile health interventions has been highlighted especially at the level of the general population, for awareness, prevention and low-intensity interventions of common psychological problems. The most common mental health problems in the general population are depression, anxiety and stress. Although many apps have been around, studying the efficacy and mechanisms involved in change are still needed.

Two mobile interventions suited for these aims, that are targeted at general distress, but by purported different mechanism, are PsyPills and OCAT. "PsyPills" consists in prescribing personalized rational thinking strategies to change levels of dysfunctional emotionality. Whereas OCAT works by facilitating disengagement from negative content and positive engagement of personally relevant information, providing instruction and performance feedback.

Methods: The current study is a three-arm controlled clinical trial, with 4 waves of data collection, preregistered with the ClinicalTrials.gov identifier: NCT05294809, and representing the comparative hypotheses of the primary efficacy outcomes.

For this aim, 229 participants from the general population of Romania were retained, recruited through social media announces, with an age of minimum 18 and maximum 65, and having access and being able to use a smartphone. Participants were randomly assigned to one of three conditions: 2 experimental conditions (PsyPills and OCAT) and an active control group (shamOCAT, a "fake" version of the OCAT intervention, by offering the same attentional training, without training and feedback on performance).

The primary outcome measure is depression, anxiety and stress symptoms, measured by the DASS-21 questionnaire, with scores from 0 to 63, higher scores meaning worse outcomes. Measurements were collected before allocation (baseline), at the mid of the intervention (5 days), at the post intervention (10 days), and at an interval of one month after the intervention (follow-up).

Results: We obtained significant group * time interactions for psychological distress ($F=2.378$, $p=.030$), anxiety ($F=2.409$, $p=.028$), and stress ($F=186.517$, $p=.028$). Following these results with specific pairwise comparisons, we observed that PsyPills ($\beta=-5.219$, $p=.032$) as well as OCAT ($\beta=-6.299$, $p=.015$) reduced significantly the main psychological distress outcome compared with the active control group, at the follow up, with medium effect sizes ($d=.48$, and $d=.58$, respectively). For the anxiety outcome, PsyPills has the sole significant pairwise comparison with the control group ($\beta=-2.165$, $p=.011$), with a medium effect size ($d=.60$) at the follow up, while for the stress, both apps performed significantly better than the control at the follow up (PsyPills, $\beta=-2.640$, $p=.013$, $d=.59$; OCAT, $\beta=-2.618$, $p=.020$, $d=.58$). To note, although for the depression subscale, no significant interaction or comparisons effects were registered, the trend was still in the expected direction, with an effect size of $d=.34$ for the OCAT app.

Discussion and Conclusion: The results confirm both the equal effectiveness of the two interventions in the symptomatology of psychological distress, with a medium effect size, and indices of specificity in the mechanisms involved (PsyPills with a larger effect size on Anxiety, and OCAT in Depression, although with a non-significant difference). Future studies should focus on investigating the separate active ingredients behind the efficacy of these two interventions.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

242

A network analysis approach to cognitive emotion regulation strategies and academic burnout symptoms in children and adolescents

Authors

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Abstract

School children experience high levels of academic stress associated with exams, the interaction with teachers, bullying, and parental consequences associated with failure in the academic context. An important question to be asked is how can certain people manage stressful academic situations efficiently, whereas other people struggle, and eventually develop mental health problems such as academic burnout. The purpose of this study is to identify the how different academic burnout symptoms are interconnected and associated with specific cognitive emotion regulation strategies (CERS). A secondary objective was to investigate whether the network changes its connectivity across genders.

The sample consisted of 710 children and adolescents aged 9-16 ($M = 10.67$). Networks were estimated using the Gaussian graphical model. The results of the study identified emotional exhaustion and cynicism as the main symptoms of academic burnout in the current sample, and catastrophizing and reappraisal as the main CERS in the network structure. In terms of important links within the network, the analysis emphasized the relationship between exhaustion and cynicism symptoms, followed by the relationship between exhaustion and inadequacy, self-blame and catastrophizing, and positive reappraisal and refocus on planning. We employed a network subgroup analysis in order to test for statistically significant differences between the networks for females and males, respectively. In terms of global strength and edge weights, there were no statistically significant differences across the networks. When we looked at the individual edge differences, several differences emerged.

Following additional replication of our findings, future prevention and intervention programs should focus on cognitive strategies that would particularly target catastrophizing and train reappraisal strategies in stressful academic settings.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

245

A New Approach to Psychotherapy: Qualitative Case Analysis of Culturally Adoptable Motivational Cognitive Affective Determination Therapy

Authors

Dr. Murat Artiran - Turkey - Rumeli University

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Abstract

Introduction: Using a qualitative approach, the current study explored therapist and client perspectives using a fourteen-session Culture-Adoptable Motivational Cognitive Affective Determination Therapy (CA-MCADT) protocol on a 21-year-old male client with social phobia and problems with career planning. The CA-MCADT methodology is a novel approach that seeks to empower clients to create their own life's purpose, cultivate inner peace, develop self and others-love, and satisfy their fundamental psychological needs (namely, autonomy, competence, and the need for relatedness) through a combination of cognitive, emotional, and behavioral interventions. In addition to employing traditional Rational Emotive Cognitive Behavioral Therapy techniques, the approach also employs culture-specific metaphors, common aspects of Sufism teaching, discourse analysis and reconfiguration, emotional regulation, motivational strategies, and psychoeducational methods as intervention tools.

Method: In adherence to a qualitative research methodology, various sources were utilized to collect data including (1) observations from the therapist and client, (2) clinical treatment notes, (3) client feedback, (4) session notes, and (4) homework completion records. Additionally, an independent clinical psychologist observer listened recordings to of sessions and provided feedback. The results were assessed based on feedback from the client and observer, the usefulness of homework completion, understanding of CA-MCADT themes, and adherence to the theoretical assumptions of CA-MCADT during interviews.

Findings: The client who receiving therapy expressed that he found the discussions, metaphors, and assigned tasks pertaining to self-love and inner peace helpful in reducing their social phobia. However, he did not feel that the exercises had any impact on his understanding of life's purpose or fulfillment of basic psychological needs. The therapist followed the established treatment protocol, but the effectiveness of exploring the concept of life's meaning in clients presenting with symptoms of social phobia should be re-evaluated. The observer noted the potential significance of the therapy for career planning.

Discussion: The results indicated that the CA-MCADT approach was implemented through sessions focused on the main theoretical themes. While there were partially promising outcomes in terms of reduced social phobia symptoms and increased self-acceptance and self-love of the client, the approach highlighted the necessity for a more systematic model regarding intervention tools in the treatment.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

247

An Integrated Cognitive Behavioral Therapy Program in Consultation with a Clergyman for Behavioral Activation Against Rumination: A Case Report

Authors

Ms. Hanne Nur Özçelik - Turkey - Association for Psychology and Psychotherapy Research
Dr. Taha Burak Toprak - Turkey - Ibn Haldun University

Abstract

Introduction: Repetitive negative thoughts such as worry and rumination may be more common in adults who have been exposed to negative experiences/traumatic experiences in childhood, which may lead to other negative consequences such as posttraumatic stress symptoms, depression, and cognitive complaints (Mansueto et al., 2021). Therefore, considering these negative clinical outcomes, interventions to reduce recurrent negative thoughts are important. In this direction, it is seen that treatment approaches such as Cognitive Behavioral Therapy (CBT) (Wilhelm et al., 2005), Acceptance and Commitment Therapy (Kaplan et al., 2017), Rumination Focused CBT (Watkins, 2018) are recommended in studies. However, these intervention approaches do not sufficiently emphasize culture-specific factors. Considering the role of cultural background in an individual's learning processes (Rosa-Alcázar & Iniesta-Sepúlveda, 2018), the need for culturally sensitive individualized interventions becomes evident.

The aim of this study is to discuss the results of integration of the consultation intervention with an expert clergyman to the cognitive behavioral therapy practice for stopping rumination about traumatic experiences that prevent behavioral activation through a case study.

Method: In this study, a 21-year-old woman with unspecified trauma and stressor-related disorder and comorbid generalized anxiety disorder was presented. Beck Depression Inventory, Beck Anxiety Inventory and Generalized Anxiety Disorder-7 scales were used to assess symptoms during therapy; self-report was obtained for post-intervention assessment. The treatment included CBT methods consisting of 50-60 minute sessions once a week. In addition, the client was not in contact with her father due to traumatic experiences with him father. Due to her religious values, she was hesitant about issues such as "Do I have a responsibility towards my father?". For this reason, traumatic experiences were addressed and in addition to the classical cognitive intervention, religious information was shared through an expert clergyman about the ruminative content that prevented the behavioral activation of the client.

Results: When the obtained scale scores are analyzed, it is seen that there was a significant decrease in the symptoms of the case. In addition, the feedback received from the client at the end of the consultation intervention with an expert clergyman shows that the intervention clarified the client's ambivalence about how to regulate family relationships, which the client was constantly ruminating about, with religious information and restored the client's behavioral activation: "My mind is clear about whether I have a duty towards my father. I feel more at ease now. I am glad I went and talked to him. Now I will try to focus on the things in front of me without thinking about it. I will look at what I want to do with my school and my studies."

Discussion-Conclusion: The intervention was significantly effective in reducing the client's symptoms and stopping rumination, which inhibits behavioral activation. These findings also suggest that interventions such as religious information and counseling with clergy may function to increase treatment adherence for clients who are assessing whether something is appropriate in terms of their religious values. Therefore, it becomes important to develop culturally sensitive interventions or to adapt existing interventions to cultural sensitivities.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

249

Validating a new Measure of Violation Appraisals in the Context of Mental Contamination

Authors

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Abstract

Background: Mental contamination refers to feelings of internal dirtiness and/or washing behaviour that arise without contact with a physical contaminant. Instead, these feelings are proposed to arise in response to violating internal experiences (i.e., thoughts, images, memories). For this reason, the symptom is common among survivors of sexual trauma as well as those with obsessive-compulsive disorder. Cognitive models of mental contamination suggest that these feelings arise when individuals make a serious and negative misappraisal of a violation. However, little research has been done to identify and measure the specific appraisals that underlie this phenomenon. Therefore, the aim of the present study was to develop and validate a quantitative measure of mental contamination-relevant appraisals of violation.

Method: Items for the new violation appraisal measure were generated from semi-structured qualitative interviews with individuals with OCD and/or histories of sexual trauma aimed at understanding the meaning of violation. Undergraduate students (N=376) at Concordia University in Montreal, Canada were invited to complete a battery of questionnaires online, including the new measure. An exploratory factor analysis was conducted to determine the factor structure of the new measure, and psychometric properties of the measure were established through correlations with measures of related and distinct constructs.

Results: A five-factor solution was deemed to best fit the data based on a comparison of Eigenvalues from the data and the parallel analysis. The five factors identified were: responsibility/self-blame; permanence; self-doubt; powerlessness; and trust & safety. The measure showed excellent internal consistency, convergent, divergent, and predictive validity.

Conclusion: This appears to be a valid and reliable quantitative measure of mental contamination-related violation appraisals. A measure like this can help to evaluate the possible mediating role of different types of violation-related appraisals in the relationship between the experience of sexual assault and the development of subsequent mental contamination symptoms.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

162

Cost-Benefit of IAPT Norway and Effects on Work-Related Outcomes and Health Care Utilization: Results From a Randomized Controlled Trial Using Registry-Based Data

Authors

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Dr. Marit Knapstad – Norway – Department of Health Promotion, Norwegian Institute of Public Health

Abstract

Introduction: While there is solid evidence of the clinical effectiveness of the “Improving Access to Psychological Therapies” (IAPT) program, its overall cost-benefit and effects on work-related outcomes and health care use are more unsettled. In this study, data from the IAPT Norway trial (“Prompt Mental Health Care” (PMHC)) were linked to several administrative registers, which provided near complete annual outcome data up to three years following the intervention. The aims were 1) to examine the effects of PMHC compared to treatment as usual (TAU) on work-related outcomes and health care use, 2) to estimate the cost-benefit of PMHC, and 3) to examine whether intervention effects on work participation and cost-benefit were explained by intervention effects on self-reported clinical outcomes at 6-months follow-up (i.e., symptoms).

Method: The trial was conducted in a routine primary care setting in 2016-2017, and 774 participants were randomly assigned on a 70:30 ratio to either PMHC or TAU. We used Bayesian estimation and 90% credibility intervals (CI), and the posterior probability (PP) of effects in favour of PMHC were calculated for all outcomes. Primary outcome years were 2018, 2019 and 2020. The cost-benefit analysis was based on a societal perspective by estimating the net gains in Norwegian kroner (NOK) after accounting for production gains and losses, as well as health care costs. The trial is registered at ClinicalTrials.gov (NCT03238872); status completed.

Results: Registry-based outcome data was available for 738 participants (95.3% of original sample). Overall, the observed patterns were suggestive of intervention effects in favour of PMHC. In more detail, the PMHC group was more likely than the TAU group to be in regular work without receiving benefits in 2019 (34.0% vs 29.1%, OR= 1.28; 90%CI 1.03-1.32, d= .14, PP=96.0%) and 2020 (28.4% vs 22.1%, OR= 1.38; 90%CI 0.93-1.89, d= .21, PP= 95.0%). Results for 2018 were considerably more uncertain. Some evidence was found that the PMHC group spent less on health care services in 2018 and 2019. The cost-benefit of PMHC post-randomization was estimated at a net productivity gain of 26,460 NOK per treated patient per year. The PP of PMHC being cost-beneficial based on the available data was 91%. Mediation analyses suggested that the intervention effects on work participation and cost-benefit were largely explained by the intervention effects on mental health at 6 months follow-up.

Discussion and conclusion: This is the first study that examined the long-term societal impact of an IAPT-like service based on an RCT-design with objective and near complete outcomes. Altogether, the results support the societal benefit of investing in IAPT-like services. Our estimates are surrounded by considerable uncertainty because of the relatively low sample size set against the expected effect sizes of the included outcomes. Still, this study may be the best evidence available to date on this matter in the context of IAPT. The findings from the mediation analyses strengthened our confidence in the presented results, as it provides empirical evidence for the mechanism by which IAPT is expected to impact work outcomes, namely by improving mental health.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

250

Examining the Impact of Psychological Inflexibility Levels on Depression and Anxiety Levels in Pre-Adolescents

Authors

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Abstract

Introduction: The aim of this study is to investigate the influence of psychological inflexibility levels on depression and anxiety levels in pre-adolescents. Previous studies have shown that, similar to adults, psychological inflexibility lies at the core of mental health problems in pre-adolescents. Individuals who exhibit high levels of experiential avoidance, have not explored their values, and struggle to regulate their behaviors accordingly are prone to developing various psychopathologies. Therefore, examining the relationship between psychological inflexibility levels and depression and anxiety levels in pre-adolescents is crucial for the literature on child and adolescent mental health.

Method: The participants of this study consisted of 368 students (204 male, 164 female) attending three different state middle schools in Gaziantep province, Turkey. The Avoidance and Fusion Questionnaire for Youth 8-Item Version and the Children's Depression and Anxiety Scale were utilized as data collection instruments. After obtaining the necessary permissions, face-to-face data collection was conducted with the students. Following the verification of the assumptions of simple linear regression analysis, the analysis was performed, starting with simple linear correlations.

Results: The results of the simple linear correlation analysis revealed a significant positive relationship between pre-adolescents' psychological inflexibility levels and their total scores for anxiety and depression ($r = .76, p < .001$), social phobia ($r = .62, p < .001$), panic disorder ($r = .67, p < .001$), separation anxiety ($r = .39, p < .001$), generalized anxiety ($r = .59, p < .001$), obsessive-compulsive disorder ($r = .56, p < .001$), depression ($r = .74, p < .001$), and total anxiety ($r = .73, p < .001$). Following the correlation analysis, simple linear regression analysis was performed, revealing a significant relationship between pre-adolescents' psychological inflexibility levels and their anxiety and depression levels ($R = 0.766, R^2 = 0.586$), indicating that psychological inflexibility is a significant predictor of depression and anxiety levels ($F_{(1,366)} = 519.049, p < .001$). Psychological inflexibility accounts for 59% of the variance in pre-adolescents' depression and anxiety levels. The significance test of the regression equation's main predictor variable coefficient ($B = 2.522$) also confirms that psychological inflexibility is a significant predictor ($p < 0.001$). According to the regression analysis, the regression equation predicting pre-adolescents' depression and anxiety scores is as follows:

Total depression and anxiety score = $(2.522 \times \text{Psychological Inflexibility}) + 26.010$.

Discussion and Conclusion: The findings indicate that psychological inflexibility is a crucial predictor of pre-adolescents' mental health. Accounting for 59% of pre-adolescents' depression and anxiety levels highlights the importance of considering psychological inflexibility as a variable. As pre-adolescents' psychological inflexibility levels increase, their depression and anxiety levels also increase. A 59% predictive rate is considered high in social sciences. Future studies could replicate the research with younger age groups, including children and adolescents.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

254

Validation of the Game-Based Assessment System of RETHink Game for Emotion Regulation Abilities in Youth

Authors

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Ms. Ioana Alexandra Iuga - Romania - Evidence-Based Psychological Assessment and Interventions Doctoral School, Babeş-Bolyai University, Cluj-Napoca

Abstract

Background: Emotional symptoms among young individuals are a significant concern as they can have detrimental effects on their future development as adults. To address this issue, RETHink has emerged as an effective standalone therapeutic game, with demonstrated results. Drawing from the principles of rational-emotive behavioral therapy (REBT), RETHink offers a range of levels specifically designed to cultivate different emotional regulation skills. These levels target essential abilities such as emotion recognition, fostering a positive attention bias, promoting cognitive change, and nurturing mindfulness.

Objective: We aim at investigating the reliability and validity of the RETHink therapeutic game assessment system against standardized instruments for the assessment of emotion regulation abilities in youths.

Method: In accordance with established guidelines, we recruited 110 youths aged 8 to 14 years old ($M = 10.38$, $SD = 1.95$), 60% of which were females. Following informed consent, the participants filled out the standard questionnaires and, subsequently, they played the assessment system of the RETHink game. The reliability aspect was investigated by employing internal consistency and the test-retest reliability analysis.

Results: The results of the study revealed evidence of statistically significant positive associations between participants' scores and measures of emotion awareness, situational responsibility, and emotional control. In terms of predictive validity, the analysis showed statistically significant positive correlations for prosocial behaviors and negative correlations for conduct problems.

Discussion: The findings of our study demonstrate significant associations between the RETHink therapeutic game assessment system and established instruments used to assess emotional regulation abilities in youth. Furthermore, our results indicate that the total game scores obtained from the assessment system can serve as predictors for both conduct problems and prosocial behaviors. These outcomes highlight the validity and utility of the RETHink assessment system within the therapeutic game, offering valuable insights for both research and practical applications. The RETHink assessment system emerges as a reliable method for assessing emotional regulation abilities in youths, with implications for further research and practical implementation.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

255

Quality Assessment of Cognitive-Behavioural Therapy: Therapist Adherence and Competence, and Patient Outcome for Depression and Anxiety Disorders in Routine Psychiatric Care

Authors

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Abstract

Introduction: In the dissemination of evidence-based practice, quality of care is essential. Yet, therapist adherence and competence are seldom assessed in routine clinical care, despite their assumed influence on patient outcome. The aim of the present study was to assess the quality of cognitive-behavioural therapy (CBT) in routine psychiatric care for depression and anxiety disorders, considering therapist adherence and competence, and therapy effectiveness, as well as the associations between them.

Method: Therapists (n = 29) in routine psychiatric outpatient care recruited patients (n = 85) with a principal diagnosis of depression or an anxiety disorder in Stockholm, Sweden. Therapist adherence was assessed mid-CBT by an observer and post-CBT by patient and therapist, respectively, using an instrument developed as part of the present study. Therapist competence in CBT was assessed using role-plays with a standardised patient before treatment. Patients rated diagnosis-specific symptoms, depression, general anxiety, functional impairment, and global health pre- and post-CBT. Linear mixed models were used to analyse associations.

Results: Therapist adherence was high according to patients, moderate to high according to therapists, and moderate according to observers. Most therapists demonstrated competence in CBT as assessed using the Cognitive Therapy Scale Revised (M = 40.5, SD = 6.5; 76% passed the ≥ 36 points competence threshold). Patients improved significantly from pre- to post-CBT, with large within-group effect sizes across outcome measures (Cohen's ds = 0.80 – 1.37). Neither therapist adherence nor competence was associated to patient outcome.

Discussion: The findings that therapists were adherent to and competent in CBT were on par with, or exceeded, results from previous studies in more controlled settings. Large effect sizes were comparable to CBT metaanalyses. Possible explanations to why neither adherence nor competence was related to patient outcome are proposed. Implications for quality assessment and improvement of CBT in routine psychiatric care are discussed.

Conclusion: In routine clinical care, therapists can deliver CBT with adherence, competence, and large patient improvements, at least for depression and anxiety disorders, in psychiatric outpatient services in Stockholm, Sweden.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

256

Evaluation of Autistic Features in Obsessive Compulsive Disorder Patients with Eye Monitoring Tasks

Authors

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Prof. Şebnem Pirildar - Turkey - Ege University
Prof. Sonia Amado - Turkey - Ege University
Dr. Cenan Hepdurgun - Turkey - Ege University
Dr. Özlem Kuman Tunçel - Turkey - Ege University
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Mr. Murat Can Karataş - Turkey - Ege University

Abstract

Introduction: It is known that the frequency of autistic features is high in patients with Obsessive Compulsive Disorder (OCD). These features in OCD; The effects on symptom severity and quality, treatment response, and sociodemographic characteristics were also examined in previous studies, and researchers emphasized the importance of conducting more studies on the subject.

Methods: In this study, three participant groups (ASD patients, OCD patients, and healthy controls) with sociodemographically similar characteristics were included in the Autism Spectrum Questionnaire (AQ), Brown's Beliefs Assessment Scale (BABS), Stimulant Impulses Scale for Tics (PUTS) and two separate scales. quality eye tracking tasks (pictures in which social and physical norms are violated and videos consisting of interactive social stimuli) were applied. The data obtained; mixed pattern analysis of variance was compared between groups. The relationship between the results obtained and the Yale-Brown Obsession Compulsion Scale applied to OCD participants was examined by Spearman correlation analysis.

Results: The data of 48 (**OSD:14, OCD:18, Control:16**) participants who were accepted into the study were included in the analyses. ASD and OCD groups; It was found that the AQ, BABS, and PUTS scores differed significantly from healthy controls (**p's<0.001**). It was determined that the first fixation durations of the ASD group in the areas of interest in the pictures were longer than both the OCD (**p=0.005**) and Control (**p=0.024**) groups. In the ASD group, the time to first fixation in the areas of interest in socially weird pictures was found to be significantly longer than that of the OCD group (**p=0.012**). In eye tracking tasks consisting of video stimuli; OSB group's "Fransızca Öğreniyoruz!" they focused on the faces significantly less (**p=0.022**) and fixed later (**p=0.012**) in the video; It was determined that they focused more on anterior objects (**p=0.009**) than controls. It was found that the ASD group focused on faces less than the controls in the video "Heykeltraş Olmanız İçin Buyrun İlk Ders: Heykele Giriş" (**p=0.023**).

Discussion: AQ survey results; It shows that the frequency of autistic features is higher in OCD patients than in healthy controls. When the results of eye tracking tasks in pictures are evaluated; It can be thought that the subtle differences detected may reflect the social attention and social cognition deficiencies of ASD patients. Video task results; A significant difference was made between the ASD group and the controls in terms of focusing time on the face. The duration of focusing on the face of the OCD group; Although it was more than the ASD group and less than the control group, there was no significant difference between the groups, the group effect in the interest analysis and the linear relationship between the groups drew attention.

Conclusion: It was observed that the results of eye tracking tasks differed significantly between ASD patients and healthy controls. In the tasks consisting of video stimuli, the group effect for the focusing times on the faces and the results approaching the separation from the controls were observed for the OCD group.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

262

The Lived Experience Causal Influence of Early Course Psychosis Delusional Themes on Psychological and Social Consequences in a Large Ethnically and Culturally Diverse Urban Sample

Authors

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Dr. Louise Neil - United Kingdom - University College London
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Dr. Jonathan Souray - United Kingdom - Central and North West London NHS Foundation Trust
Dr. David Raune - United Kingdom - Central and North West London NHS Foundation Trust

Abstract

Introduction: Targeting specific delusion components potentially offers an augmented CBT intervention but a literature gap currently exists to guide Early Intervention in Psychosis (EIP) CBT staff about specific delusional cognitive themes and their possible subsequent psychosocial consequences after a first episode psychosis. Knowledge of this could help guide early intervention CBT for delusions aimed at the delusional theme itself or its causally implicated psychosocial consequences.

Method: The study took place in a London UK EIPS as part of a registered Quality Improvement project. The patient sample (N=400) was the most ethnically and culturally diverse sample of early course psychosis delusion patients to be reported to our knowledge. Previous carer surveys in our service have found that the majority of parents of our patients were not born in the UK and speak English as a second language. The study employed a secondary analysis design to assess the impact of different delusional themes (n=21) on psychological (n=13) and social (n=13) consequences (problem or benefit), examining patient case notes from the LESS project. Delusion-psychosocial consequence pairs were recorded when a causal relationship was identified based on patients' reported lived experiences, or where unavailable, from staff/caregivers. Delusional theme and psychosocial consequence prevalence rates were determined by recording their presence/absence. Furthermore, a clustering analysis was conducted on the causal pairs to identify if themes/consequences formed any single or co-morbid subgroups.

Results: A diverse range of delusional themes were reported including persecutory (93%) and religious (35%). Over three-quarters (76%) of patients reported at least one psychological (e.g. anxiety) or social (e.g. isolation, family, legal) consequence. Overwhelmingly, it was persecutory delusional theme that showed most of the negative psychosocial consequences. Utilising a K-means clustering algorithm and dimensionality reduction techniques, a framework of delusion-consequence relationships was established. Twelve psychological and twelve social clusters of varying size were identified. The clustering analysis indicated, in particular, varied psychosocial problems associated with persecutory delusions, such as anger or sadness, depending on the co-occurrence of other delusions.

Discussion: The prevalence pattern of delusional themes and associated psychosocial consequences we found may reflect cultural factors. Theoretically, our results can inform models of delusions which account for delusional consequences. Clinically, the results can inform CBT formulations and suggest theme/problem therapeutic targets for both patient and family intervention CBT. Potentially, the results might help classify patients as needing early intervention CBT intervention for a single versus multiply clustered set of problems. The results can also inform staff training and patient psycho-educational normalisation.

Conclusion: This large-scale study offers insights into the prevalence and psychosocial consequences of early course delusional themes and their psychosocial sequelae. The findings inform CBT clinicians to provide more personalised CBT for diverse communities.

Track

OPEN PAPERS

Topic Areas

Long-term Mental Health

Submission ID

264

Investigating the Mediating Effect of Difficulty in Emotion Regulation in the Relationship of Early Maladaptive Schemas with Couple Burnout in Married Women

Authors

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Abstract

Introduction: The aim of this study was to investigate the relationship between early maladaptive schemas and couple burnout levels of married women. The hypothesis that difficulties in emotion regulation would mediate the relationship between schema domains and levels of couple burnout was tested. In addition, it was examined whether women's sociodemographic variables provided any differentiation in terms of schema domains, levels of couple burnout, and levels of emotion dysregulation.

Method: The sample of the study consisted of 400 women between the ages of 22 and 60 who have been married for at least 2 years residing in Istanbul. Socio-demographic Information Form, Young Schema Scale Short Form-3 (YSQ-SF), Couple Burnout Scale, and Difficulties in Emotion Regulation Scale (DERS) were used to measure the variables of the study. Pearson correlation, simple regression and multiple linear hierarchical regression analyses were applied to analyze the study's main hypotheses. In addition, independent groups t-test and one-way ANOVA analyses were used to determine the differences in the variables of the study according to sociodemographic variables.

Results: In the study, a significant positive relationship was found between maladaptive schema domains and couple burnout. Similarly, a significant positive correlation was found between couple burnout and emotion regulation difficulties. Along with the relationship between the variables, the predictive effect was examined, and it was found that the five sub-dimensions of early maladaptive schema domains and emotion regulation difficulties predicted couple burnout. Difficulty in emotion regulation was found to have a partial mediating effect in the relationship between early maladaptive schema domains of disconnection, impaired autonomy, other orientation, high standards and suppression, and couple burnout. In addition, it was found that emotion regulation difficulties had a full mediating effect on the relationship between impaired boundaries and couple burnout.

Discussion and Conclusion: The study shows that the relationship between early maladaptive schemas of married women and couple burnout occurs through emotion regulation difficulties. Since similar variables have not been studied together before, these findings emphasize the importance of burnout experienced in marriage and contribute to the literature in terms of treatment and preventive interventions.

Keywords: Early maladaptive schemas, couple burnout, emotion regulation difficulties

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

265

A Multinational Systematic Narrative Review of the Clinically Significant Features of Auditory Verbal Hallucinations: Implications for Early Intervention CBT

Authors

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Mr. Thomas Gant - United Kingdom - University College London
Dr. David Raune - United Kingdom - Central and North West London NHS Foundation Trust

Abstract

Introduction: Auditory Verbal Hallucinations (AVH's) are the most common form of hallucination occurring in psychosis (e.g. Waters et al., 2012). CBT for psychosis (CBTp) is the individual therapy with the greatest evidence base for this population (NICE, 2014) but treatment effects are moderate at best (Lincoln & Peters, 2019). These findings suggest a need to review the CBT model of psychosis by investigating what the clinically significant features of AVHs are, whether these are consistent across cultures, and whether these are captured within current CBTp models. This multinational review summarises the evidence for features of AVH's in the early course of psychosis in the content, beliefs and topography domains that are associated with clinically important variables in the domains of the course of illness, co-morbidity, consequences of illness, cause of content and response to CBT treatment.

Method: A systematic narrative review was conducted and registered on PROSPERO (CRD42021256220). Medline and Psychinfo databases were screened alongside a manual journal search of relevant journals to obtain new publications. The search was limited to English language [HCD(1)] and updated until April 2023. Qualitative and quantitative studies were included with participants aged 18 and above diagnosed with psychosis and in the early course (mean <3 years of psychosis). Results were synthesised and formulated into tables organised by topography, belief and content features, reporting on the AVH feature, its clinical significance and study design characteristics.

Results: Data was extracted (N=25 papers) spanning nine nations: Turkey, Poland, Australia, Norway, United-Kingdom, India, Peru, Brazil and China, and comprised a diverse range of ethnicities (N = 1610). Inter-rater reliability ratings of study inclusion/strength between co-authors (JB and TG) was good (Cohen's kappa = 0.7). Thirty-eight features of AVHs are associated with a diverse array of clinically significant variables in early psychosis. Multiple belief, content and topography features were associated with co-morbidities, cause and consequences of the AVH's. No studies tested the responsiveness of content features of voices to CBT. One topography feature was associated with a positive response to CBT. Three belief-based features of AVH's were associated with a positive treatment response to CBT.

Discussion: Specific beliefs about AVH's and specific AVH content dimensions in the early course of psychosis have the most evidence for clinical significance. Gaps and design limitations of this literature are discussed. The broadness of the review inclusion criteria allowed all levels of evidence to be examined.

Conclusion: This review provides a template to contribute towards a clinical assessment protocol for early intervention CBT. The evidence-based AVH features highlighted here may inform CBT formulations to help explain causes and consequences of AVH's. The AVH features and their consequences also represent specific potential therapeutic targets for early intervention CBT.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

267

Use of Conversational Agents in Improving Young Population Mental Health: A Scoping Review

Authors

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Abstract

Introduction: Despite the growing body of research interested in developing and evaluating automated conversational agents such as chatbots, avatars and robots for addressing emotional problems among young people, the literature on this topic has not been yet characterized. Therefore, the objective of the current paper is to map out the status of automated conversational agents as tools to improve the emotional component of mental health in children, adolescents, and young adults.

Method: Our scoping review adheres to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines. A comprehensive search was conducted in 6 databases using a combination of terms related to conversational agents, age, and role. Initially 9905 unique studies were identified, 26 studies were included. Studies aiming to design/develop or test the usability, feasibility, efficacy, or economic cost effectiveness of an automated conversational agent as a tool to improve a mental health outcome among children, adolescents, and young adults (age≤25) were included.

Results: More often, automated conversational agents targeted anxiety and depression, in young adults, had a preventive role and were guided by Cognitive Behavioral Theory. Usability/feasibility and effectiveness outcomes were reported in 24 studies, while only 2 articles focused exclusively on describing the development of conversational agents. Approximately half of feasibility/usability and evaluation studies used a controlled design. Participants were predominantly recruited from educational settings, followed by hospitals and community settings. Sample size varies between 8 and 233 participants. Overall, the feasibility and usability parameters were reported to be relatively high across studies. However, the safety of using the conversational agents in emotional problems was assessed only in 2 studies, both reporting negative results. In terms of effectiveness, mixed results emerged. For example, when comparing the effect of conversational agents with a control group on anxiety measures, 5 studies reported a positive significant difference compared to control whereas 5 studies found no significant difference. Among uncontrolled studies, a significant decrease in anxiety from baseline to post-intervention was reported in 3 studies while 2 studies reported a negative effect of the conversational agent mediated intervention expressed as an increase in anxiety symptoms. In terms of characteristics of conversational agents, these were predominantly rule-based chatbots using text as communication modality.

Discussion: Automated conversational agents represent a feasible and engaging technology to deliver psychological interventions for emotional problems young people. However, their clinical efficacy is still reduced, despite employing evidence-based protocols for the targeted emotional problem.

Conclusion: Automated conversational agents hold potential in providing mental health services for youths and young adults from the usability and feasibility perspective, but more efforts should be concentrated to improve the effectiveness outcomes.

Track

OPEN PAPERS

Topic Areas

Digital Health

Submission ID

271

Aberrant Belief Updating in Depression – How Does Cognitive Immunization Affect Learning from Unexpected Positive Experiences?

Authors

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Dr. Tobias Kube - Germany - University of Kaiserslautern-Landau

Abstract

Introduction: People with depression often maintain negative expectations despite disconfirming positive experiences. These experiences are often considered invalid or regarded as an exception. This process is referred to as “cognitive immunization”. Cognitive Immunization can be an obstacle to interventions aimed at learning from new experience, such as behavioral experiments. In our study, we aimed to replicate that immunization modulates belief updating in major depression. Further, we examined whether people with episodic and persistent depression differ in their belief updating, and how other cognitive factors (i.e., attention, memory & interpretations) relate to immunization.

Method: 139 inpatients (18 -75 years) diagnosed with major depression were examined. Participants completed a false-feedback task, in which they received unexpectedly positive feedback. After receiving feedback, participants underwent one of four experimental conditions: immunization inhibition, immunization promotion, attention control group, neutral control group). In the immunization modulation conditions, participants read a text that presented the feedback as particularly valid (immunization inhibition) or invalid (immunization promotion). The primary outcome was change in participants’ performance expectations from before to after feedback (or after the experimental manipulation, respectively).

Results: There was no significant difference in belief updating between the experimental conditions (generalized expectations: $F(3, 135) = .79, p = .499$); task specific expectations: $F(3, 135) = .57, p = .637$). To our surprise, across the groups, participants updated their expectations in a positive direction (generalized expectations: $F(1, 135) = 86.96, p < .001, \text{partial } \eta^2 = .392$; task specific expectations: $F(1, 135) = 24.66, p < .001, \text{partial } \eta^2 = .154$). This pattern did not differ between people with episodic and persistent depression. Overly negative interpretation of the feedback weakly correlated with a lower task specific expectation update, but not with generalized expectation update. There was no significant correlation between expectation update and memory. In contrast to previous studies, the results of the manipulation check indicate that the manipulation was largely unsuccessful in manipulating participants’ appraisal of the feedback.

Discussion: The non-significant differences between the experimental conditions are most likely due to the failure of the immunization manipulation. This may be attributed to some procedural differences between the present study and prior studies (e.g., diagnostic interview prior completion of the paradigm, differences in the sample). Further, the manipulation might not have been sufficiently strong to modulate immunization. Stronger manipulation could be achieved through simpler wording and the use of videos instead of text. The unexpectedly overall positive expectation update may be accounted for by the failed manipulation or the lack of comparison to a healthy control sample. The same applies to the results regarding the diagnosis and the other cognitive factors.

Conclusions: Our study failed to replicate the effect of immunization on belief updating in depression. Future research may aim to use a stronger manipulation to manipulate immunization successfully. To further examine the effects of immunization on experiential learning, future studies may also consider using more naturalistic experimental designs, e.g., investigating real social interactions.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

278

Trauma, Posttraumatic Growth and Some Related Variables: Comparison of LGBT+ and Heterosexual Individuals

Authors

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Abstract

Posttraumatic growth (PTG) is an experience of positive changes in various areas of life (e.g., relationships with others, new possibilities, etc.) as a result of the struggle with highly challenging life crises (Tedeschi and Calhoun, 2004). Although challenging events leading to growth is not a new concept as is emphasized in spirituality, PTG has become a topic of academic research over the last four decades. One of the most important models for PTG is the Functional-Descriptive Model (Tedeschi and Calhoun, 2004). Organismic Valuing Theory of Growth (Joseph and Linley, 2005) is also an important model to understand the concept of PTG. These models suggest that traumatic events have destructive effects on people's schemas, assumptions, and beliefs as well as the importance of rebuilding them in order to experience PTG. Researchers who established these theories also mention different variables (e.g., social support, personality traits, etc.) that support the process of PTG (Tedeschi and Calhoun, 2004; Joseph and Linley, 2005). Schaefer and Moos (1998) suggest that social conditions are also influential in the process of appraising the trauma and the outcomes that may come along with it. However, these conditions may vary among individuals. Considering LGBT+ who are usually subjected to oppression and discrimination, social conditions may result in different outcomes for them than heterosexual individuals. Therefore, we investigated the differences between a sample (LGBT+) that is seen as a minority in Turkey in which have unideal social/legal conditions and a sample (heterosexuals) that have privileged conditions in terms of gender identity/sexual orientation. We aimed to examine whether there are significant differences between LGBT+ and heterosexual individuals with regard to traumatic stress, PTG and some concepts (social connectedness, perceived support etc. that may be related to them. The sample consisted of 113 people (LGBT+=40, heterosexual=73) participants. We used the Turkish versions of the PTG Inventory (Kağan et al., 2012) to assess and PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PCL-5) (Boysan et al., 2017) to assess traumatic stress. The Brief Resilience Scale (Doğan, 2015), the Social Connectedness Scale (Duru, 2007), the Perceived Available Support Scale (Kapıkıran and Kapıkıran, 2010) and Acceptance and Action Questionnaire-II (Yavuz et al., 2016) were also used to assess concepts that may be related to traumatic stress and PTG. The data was analyzed with independent samples t-test to compare the scores between LGBT+ and heterosexual individuals regarding the variables mentioned above. The results revealed that all of the variables but PTG differed significantly between LGBT+ and heterosexual groups. The scores on resilience, social connectedness, and perceived available support were significantly higher in heterosexuals than in LGBT+ individuals. However the scores on posttraumatic stress and psychological inflexibility were significantly higher in LGBT+ individuals than in heterosexuals. We will discuss these findings with regard to traumatic stress and PTG along with what the results could mean for social conditions and cultural diversity as well as CBT with minorities.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

287

The Faux-Pas Recognition Test: Validation of Different Evaluation Algorithms

Authors

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Abstract

Introduction: Theory of Mind (ToM) refers to the ability to attribute mental states to others. ToM impairments are common in many mental disorders. There is no consensus on how to measure ToM best. The Faux Pas is a popular ToM task, however, there is no agreed upon method to analyse its results. The Faux Pas presents 10 stories that contain a social faux pas and 10 control stories that do not contain a faux pas. Depending on the version, each story is followed by up to 6 questions that assess ToM and 2 attention checks. In the literature, 10 different algorithms for coding the faux pas were reported, differing in the inclusion and exclusion of the questions. Validation of each algorithm was not available. To identify and validate the best algorithm we tested which algorithm was best suited to differentiate between a community and clinical samples and which algorithm showed the highest correlation to other ToM measures.

Methods: ROC analyses compared which algorithm differentiated best between the community sample with 59 participants and the three independent clinical samples with patients with depression (48), posttraumatic stress disorder (54) and borderline personality disorder (44). Additionally, correlations between Faux Pas and Reading the Mind in the Eyes test (RMET) were assessed.

Results: The algorithms differed substantially in their ability to differentiate between the community and the clinical samples as well as in their correlation with the RMET. We will present the optimal algorithm to analyse the Faux Pas.

Conclusions: This work provides a comparison and validation of the analysis method of a central ToM measure. ToM is a crucial dimension underlying mental disorders; improving ToM measures is necessary to deepen our understanding of mental health.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

288

The Feasibility, Acceptability and Preliminary Efficacy of a Group Intervention Aimed at Reducing Social and Emotional Loneliness: A Pilot Study

Authors

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Prof. Jan Henk Kamphuis - Netherlands - Clinical Psychology, University of Amsterdam

Abstract

Introduction: In 2021, 11% of the population in the Netherlands reported feeling severely lonely. This makes loneliness a major problem. Loneliness is often a temporary state because loneliness motivates individuals to connect with others. However, negative cognitions such as negative interpretation of social cues, or negative emotions such as anxiety, can prolong the experience of loneliness. Chronic loneliness is related to health problems, as well as psychological problems such as depression and anxiety. Moreover, loneliness is often related to social isolation.

Challenging negative cognitions seems most effective for loneliness, but increased levels often remain after these interventions. Moreover, the literature distinguishes between social and emotional loneliness, but this was not often taken into account in previous intervention studies.

Further research into an intervention to reduce social and emotional loneliness is needed. This pilot study investigates the feasibility, acceptability and preliminary efficacy of a protocol-based cognitive behavioural therapy group intervention. The goal of this intervention is to reduce social and emotional loneliness.

Method: Participants are recruited through posters at the University of Amsterdam. Inclusion criteria are: a minimal level of moderate loneliness based on the De Jong-Gierveld Loneliness Scale, being older than 16 years and proficient in English. An exclusion criterion is the presence of severe (psychiatric) problems, as indicated by the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1998).

To motivate and sustain a change in social behaviour, the intervention focuses on awareness of values. These values serve as an inspiration for a socially oriented goal, which participants will work towards. The intervention incorporates cognitive-behavioural therapy techniques and positive psychology exercises to promote social interaction and develop skills to reduce negative emotions and thoughts. The intervention is designed as a course to lower the barrier to participation and is offered in a group of five to ten participants, provided by two trainers.

Prior to the intervention, there is a baseline period. Then, the intervention consists of seven weekly 120-minute group sessions and a booster session. Data are collected at screening, pre-test, post-test, one-month and three-month follow-up, as well as in weekly measurements during the baseline period and the course. Ratings of sessions by participants and drop-out are included to measure feasibility and acceptability. Preliminary efficacy is measured using the De Jong-Gierveld Loneliness Scale (social and emotional loneliness) and the Lubben Social Network Scale (LSNS; social isolation) as primary outcome measures. The Social Interaction Anxiety Scale (SIAS; social anxiety), Center for Epidemiological Studies Depression Scale (CES-D; depression) and Daytime Functioning (daily functioning) are administered as secondary outcome measures. Another pre-specified outcome measure is the Inventory of Interpersonal Problems-32 (IPP-32; interpersonal problems).

Results: The intervention started in May 2023. The results will be presented at the congress.

Discussion and conclusion: To our knowledge, this is the first protocol-based group intervention aimed at reducing loneliness that integrates elements from cognitive behavioural therapy, personal values and positive psychology. If this intervention proves feasible and is well received by participants, its effectiveness will be investigated on a larger scale in a randomised controlled trial.

Track

OPEN PAPERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

295

The Contextual Factors Contributing to the Discrepancies Between Child and Parent Reports on Child's Mental Health Problems

Authors

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Dr. Tessa Reardon - United Kingdom - University of Oxford
Prof. Cathy Creswell - United Kingdom - University of Oxford

Abstract

Introduction: Understanding discrepancies between child and parent reports on child mental health has clinical importance in the context of identifying mental health problems and, assessing treatment outcomes. This study aims to 1) examine the extent of agreement between child and parent-reported child anxiety symptoms, depression symptoms, hyperactivity/inattention and conduct problems, and 2) assess the contribution of the child, parent/family, and community factors in explaining observed discrepancies between child and parent reports of child anxiety, depression, hyperactivity/inattention and conduct problems.

Method: This study uses data collected as part of the baseline assessment in a large randomised controlled trial in 84 primary schools in England (Identifying Child Anxiety Through Schools: Identification to Intervention (iCATS-i2i)¹). The sample includes >1,000 children (aged 8-9 years) and their parents. Anxiety and depression symptoms were assessed using the child- and parent-report versions of the Revised Children's Anxiety and Depression Scale (RCADS-C/P), and conduct problems and hyperactivity/inattention were assessed using corresponding subscales of the child- and parent-report versions of the Strengths and Difficulties Questionnaire (SDQ-C/P). We will examine the level of agreement (intra-class correlation, ICC) between child and parent reports on the RCADS-Anxiety scale, RCADS-Depression scale, SDQ-conduct problems subscale, SDQ-hyperactivity/inattention subscale, and calculate discrepancies between child and parent ratings for each measure using standardised difference scores. Hierarchical regression analyses will be used to examine the contribution of the following factors to discrepancies between child and parent reports: child factors (gender, ethnicity, perceived health); parent/family factors (parent age, income, relationship to the child) and community factors, including school characteristics (proportion of pupils: eligible for free schools meals (an indicator of deprivation), on special educational needs support, with English as an additional language) and neighbourhood characteristics (urbanity, vs rurality, neighbourhood deprivation). Statistical analysis will be conducted using SPSS, version 25.

Results: Analyses are ongoing and will be complete by September 2023. The strength of agreement between child and parent-reported child anxiety symptoms, depression symptoms, hyperactivity/inattention and conduct problems will be presented, using standard classifications for intra-class correlation coefficients (<0.5=poor; 0.5-0.75=moderate; 0.75-0.9=good; >0.9=excellent). Standardised child-parent discrepancy ratings for the four mental health measures and associations between child, parent/family and community factors and these discrepancies will be presented including regression coefficients, the amount of variance explained by each factor (R^2), and the increments of change (ΔR^2) in the variance with each added level of factors with 95% CI and $p < .01$.

Discussion: Implications for child mental health assessment across research and clinical settings will be discussed.

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Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Basic Processes and Experimental Psychopathology

Submission ID

297

Developing a Cognitive Behavioral Therapy and Virtual Reality (CBT+VR) Intervention Protocol for Athletes with Anterior Cruciate Ligament (ACL) Injury

Authors

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Prof. M. Hakan Türkçapar - Turkey - Ankara Sosyal Bilimler Üniversitesi
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Abstract

Introduction: The psychological issues that develop from severe sport injuries, such as anterior cruciate ligament (ACL) injuries, can make return to sport difficult. Although various coping methods for these issues have been proposed, few structured intervention plans have been created. This study aimed to develop a structured intervention protocol based on Cognitive Behavioral Therapy (CBT) enhanced with virtual reality (VR) to help athletes dealing with re-injury anxiety, kinesiophobia, rehabilitation adherence, and self-efficacy issues following ACL surgery.

Method: A multidisciplinary team, comprising four researchers with expertise in CBT and sport psychology and one computer scientist collaborated to develop the CBT+VR protocol. The first phase involved constructing a CBT intervention, followed by the creation of VR exposure scenarios in the second phase. In the third phase, immersive videos shot from the perspective of actual basketball, volleyball, and soccer players were completed for the scenarios. The videos were then presented as cine-VR experiences using a mobile VR head-mounted display in the fourth phase. The feasibility of the CBT+VR intervention protocol was assessed in the final phase with four athletes (three males and one female, aged 21 to 29 years) who had undergone ACL surgery and were between the 7th and 12th week of rehabilitation. 10 weekly sessions lasting 1.5 hours were conducted. Psychophysiological anxiety data were collected during the sessions using biofeedback devices. Participants filled out the Tampa Scale for Kinesiophobia (TAMPA), Re-Injury Anxiety Inventory (RIAI), Sport Injury Rehabilitation Adherence Scale (SIRAS), and Athletic Injury Self-Efficacy Questionnaire (AISEQ) at the beginning and end of the sessions. Individual interviews were conducted following the 10th session.

Results: Although there were no statistically significant differences between the initial and final measurements of the AISEQ ($Z = -1.604$; $p > .05$), RIAI ($Z = -1.604$; $p > .05$), SIRAS ($Z = -1.000$; $p > .05$), and TAMPA ($Z = .000$; $p > .05$), 3 participants stated that they found the sessions helpful and that their anxious thoughts about the rehabilitation process and returning to sport decreased. 1 participant noted that there was no change in his anxiety because he was not very anxious at the beginning, but after the sessions, he was able to adhere better to physical therapy and became more disciplined in doing home exercises. The most noteworthy adjustment made in the process of finalizing the protocol after feasibility testing was to lower the number of sessions to 7 because participants reported that 10 sessions were not sustainable and that there was repetition across sessions.

Discussion: It is clear that athletes may experience psychological issues after ACL surgery and that a structured intervention approach may have utility in addressing these problems. As suggested by feasibility testing, the CBT+VR intervention protocol has the potential to meet this need and enable athletes to return to sport more effectively.

Conclusion: The findings suggested that the CBT and VR components of the intervention developed to give psychological support to athletes undergoing rehabilitation following ACL surgery are ready for implementation. CBT+VR is an easy-to-use, structured protocol.

Track

OPEN PAPERS

Topic Areas

Long-term Mental Health, Long-Term Physical Conditions

Submission ID

298

Efficacy of Narrative Exposure Therapy Among Adolescent Female Survivors of Human Trafficking In India: A Pre-Post Intervention Study

Authors

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Abstract

Background: Human trafficking, a form of gender-based violence, is considered modern slavery and constitutes a set of labour and sexual crimes that violates the rights of survivors with detrimental psychological consequences and trauma sequelae. India is one of the largest portals and destination grounds for the trafficking and sexual enslavement of young girls. It is home to an estimated 14 million survivors, including sex trafficking, bonded labour, child labour, domestic servitude and forced marriage. Although this population has received considerable attention from psychosocial organizations, very little clinical research has been conducted on adequately supporting and treating these groups. Given the scarcity of evidence and the need for effective interventions for this group, it is vital to assess the efficacy of a novel short-term manualized treatment, Narrative Exposure Therapy (KIDNET), among survivors of human trafficking.

Objective: This pre-post intervention study aimed to investigate the efficacy of Narrative Exposure Therapy (KIDNET) compared to a Waitlisted Control Group in improving trauma symptomatology, psychological distress, anxiety, and depression.

Methods: The study was conducted at a shelter home for minor girls, run by the Department of Women, Child Development & Social Security, Govt. of India, using purposive sampling. After conducting a sample size estimation, 30 adolescent girls between the age of 13 to less than 18 years were enrolled in the study. To ensure eligibility, participants underwent screening using assessments of the Trafficking Victim Identification Tool (TVIT), Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI KID), Life Events Checklist (LEC), Standard Progressive Matrices (SPM), and Kessler's Psychological Distress Scale (K10). Random allocation was used to assign participants to the Clinical (N = 20) or Waitlisted Control (N = 10) group. Outcome measures included the Clinician-Administered PTSD Scale, Kessler's Psychological Distress Scale, Beck's Anxiety Inventory (BAI) and Patient Health Questionnaire (PHQ – 9). Baseline and post-intervention measurements were collected from the participants' pre- and post-delivery of KIDNET. Statistical analysis was conducted using descriptive statistics and repeated measures ANOVA.

Results: The study shows that the clinical and control groups exhibited comparable socio-demographics, clinical parameters, and baseline symptom scores. Significant improvements were seen in trauma symptomatology, psychological distress, depression, and anxiety in the clinical group post-delivery of KIDNET sessions, compared to the waitlisted control group indicating therapeutic efficacy.

Discussion: The findings of our study demonstrate evidence regarding the efficacy of KIDNET in Human Trafficking survivors in India, a population that has been understudied and received only limited access to mental health care so far. The findings show that KIDNET improved post-traumatic symptomatology and reduced psychological distress, anxiety and depressive symptoms in adolescent survivors of Human Trafficking.

Conclusion: This study is a small attempt to study the efficacy of KIDNET in providing treatment benefits with effective reduction in trauma symptomatology. It indicates that it is also efficacious in decreasing psychological distress and improving scores of anxiety and depression, suggesting that it may be a potentially effective therapeutic intervention for adolescent survivors of human trafficking in India.

Keywords: Trauma Symptomatology, Psychopathology, Narrative Exposure Therapy, KIDNET, Adolescents, Human Trafficking, Intervention Study

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Long-term Mental Health

Submission ID

299

Parental Acceptance/Rejection, Social Emotional Competencies and Bullying Victimization: A Moderated-Mediation Model

Authors

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Abstract

Bullying is a common issue among children and adolescents. A recent study has estimated that 30.5% of children and adolescents (95%CI: 30.2 – 31.0) had been the victims of bullying on one or more days in the previous 30 days (Biswas et al., 2020). Internalizing problems such as depression, anxiety, low self-esteem, and poor academic performance are examples of related issues (Sourander et al., 2007) associated with bullying victimization. Some of the aforementioned problems can continue over time, their negative effects frequently having lasting impacts into adulthood (Schoeler et al., 2018), resulting in a persistent vulnerability. Generally, school bullying is perceived as a group phenomenon (Salmivalli, 2014), but there is a significant body of research showing increased relevance of parental factors regarding peer victimization. One such factor is parental acceptance and rejection, as described by Interpersonal Acceptance-Rejection Theory (IPARTheory) (Rohner, 2021).

High perceived parental rejection and low perceived parental acceptance seem to be associated with negative developmental outcomes for children, such as depression, externalizing problems and school difficulties (Khaleque & Rohner, 2012). Specifically, longitudinal evidence demonstrates that parental rejection at Time 1 significantly predicts bullying victimization at Time 2 (Stravinides et al., 2018). Correspondingly, another study found that the association between maternal rejection and victimization is mediated by depressive symptoms, and that paternal acceptance is a significant moderator of this relationship (Papadaki & Giovazolias, 2014). Apart from depressive symptoms, low levels of social and emotional competencies have been associated with both less perceived parental acceptance (Peixoto et al., 2021) and bullying victimization (Rodríguez-Álvarez et al., 2021). Despite growing evidence of the importance of parental acceptance on child outcomes, we still lack complex understanding of the mechanisms underlying vulnerability towards victimization and bullying.

Consequently, the present study aims to assess the mediating role of social-emotional competencies in the relationship between maternal rejection and bullying, respectively bullying victimization. Subsequently, we aim to test the moderating effect of paternal acceptance on `maternal rejection – social and emotional competencies` and `social and emotional – bullying/victimization` relationships.

Participants comprised of 728 students (48,48% girls) aged 11 to 15. The analysis were conducted in RStudio. Results indicated that maternal rejection negatively predicts both bullying and victimization. Social and emotional competencies significantly mediated the relationship between maternal rejection and bullying, but not maternal rejection and victimization. Paternal acceptance was a significant moderator only for the `maternal rejection – social and emotional competencies` relationships.

The implications of the current study involve a better understanding of the mechanisms explaining the association between maternal rejection and bullying, by presenting social and emotional competencies as a mediator of this relationship. At the same time, it contributes to advancing bullying prevention and intervention programs, by addressing not only school or personal factors, but also home stability and parent-child dynamic. Helping families with learning how to express more warmth and acceptance towards children might decrease victimization in school-aged children.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

305

Do OCD Symptom Dimensions Differently Relate to Negative Emotionality? Identification of an Important Confound in Obsessive-Compulsive Measures.

Authors

Ms. Valerie Swisher - United Kingdom - University of California, Los Angeles
Dr. Emily Ricketts - United States - University of California, Los Angeles
Dr. Ivar Snorrason - United States - Massachusetts General Hospital

Abstract

Introduction: Items in measures of psychiatric symptoms often include distressing language or negative tone (e.g., “dangerous”, “disgusting”), which makes them assess distress or negative emotionality (NE; e.g., depression and anxiety). Measures of obsessive-compulsive disorder (OCD) symptoms often include negative tone, which may be justified given the nature of the construct (i.e., distressing symptoms). However, OCD measures typically include subscales for different symptom dimensions (e.g., contamination fear, taboo obsessions), and it can be problematic if some subscales have negative tone but not others. To address this issue, we examined associations between NE and OCD measures and its relationship with inflated negative tone across three studies.

Methods: In Study 1, we created two versions of a 16-item Obsessive-Compulsive Symptom Scale (OCSS). Both versions were identical except one had words that evoke negative tone in each item (e.g., I had a painful habit of cleaning or avoiding touching things to reduce the chance of awful contamination), and the other did not (e.g., I had the habit of cleaning or avoiding touching things to reduce the chance of contamination). Undergraduates were randomized to complete the OCSS with negative tone ($n = 124$) or without negative tone ($n = 124$), and the Depression Anxiety Stress Scale (DASS). Pearson correlation analyses and Fisher’s z method were used to examine correlations between DASS total scores and OCSS versions, and compare correlation coefficients between independent samples, respectively. In Study 2, linguistic inquiry and word count (LIWC-22) was used to quantify negative tone in subscales of nine OCD measures. In Study 3, we selected the three most widely used instruments (i.e., OCI-R, DOCS, PI-WSUR) of the nine instruments from Study 2 and conducted a systematic review of English-language peer-reviewed articles that reported a correlation between at least one subscale of the OCI-R, PI-WSUR and DOCS and at least one measure of NE in an unselected sample (i.e., community or college). Meta-analyses were then performed to estimate the correlations between NE and subscales in these three measures. Correlations were then associated with LIWC-22 scores derived from Study 2.

Results: In Study 1, DASS total scores were significantly more correlated with the OCSS with negative tone ($r = .79$) relative to the version without negative tone ($r = .68$), $z = -1.89$, $p = .03$. In Study 2, all nine measures had at least one subscale with elevated negative tone ($>10\%$), and at least one subscale with no or minimal negative tone ($0-2\%$). In Study 3, all subscales with elevated negative tone had significantly higher correlations with NE, $r = .51 - .68$, compared to other subscales of that instrument, $r = .29-.44$.

Discussion: Results showed that negative tone can influence correlations with NE. Overall, negative tone represents an important confound in existing OCD measures by inflating correlations with NE in subscales with elevated negative tone relative to those without.

Conclusions: Developers of future OCD measures may want to (1) make sure negative tone is even across subscales, or (2) eliminate negative tone from item stems, and instead rely on response options to assess distress.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

308

Understanding Divergent Trajectories: Self-Ambivalence Indirectly Affects Eating Disorder and Obsessive-Compulsive Symptoms Through Different Feared Self-Themes

Authors

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Ms. Adrienne Mehak - Canada - McGill University
Dr. Sarah Racine - Canada - McGill University

Abstract

Introduction: Eating disorders (EDs) and obsessive-compulsive disorder (OCD) have high rates of comorbidity, and several mechanisms have been identified as common to both diagnostic groups. Despite this overlap, it remains unclear why some individuals develop an ED and others develop OCD and vice versa. Uncertainty regarding one's identity has been theorized to lead to investment in a feared self (i.e., a version of the self possessing undesired qualities or characteristics) and ultimately lead to symptoms of OCD. Associations between eating pathology and indicators of self-uncertainty as well as fear of self have also been observed, suggesting that this model may be relevant to EDs as well. It is possible that self-uncertainty increases risk for the development of both OCD and ED symptoms, and that investment in differing feared self-themes helps explain the nature of the clinical presentation.

Method: A sample of undergraduate and community women (N = 138) completed questionnaires assessing self-ambivalence (state of uncertainty and conflicting beliefs about personal characteristics), three distinct feared self-themes (corrupted, culpable, and unattractive feared selves), eating pathology, and obsessive-compulsive symptoms.

Results: A path analysis was conducted to examine the indirect effect of self-ambivalence on eating and obsessive-compulsive symptoms through different feared self-themes. As expected, self-ambivalence was related to eating pathology indirectly via the feared unattractive self. In contrast, self-ambivalence was associated with obsessive-compulsive symptoms indirectly through the feared corrupted self. In this model, the feared culpable self was not significantly associated with either symptom type.

Discussion: Uncertainty regarding one's identity, operationalized in this study as self-ambivalence, may be a higher order risk factor conferring risk for both EDs and OCD. Subsequent investment in feared selves with differing thematic content (i.e., feared corrupted vs. feared unattractive) may help to explain why one person develops an ED while another develops OCD.

Conclusion: Research of this kind contributes to our understanding of multifinality (one factor increasing risk for different disorders) and divergent trajectories (why an individual may develop an ED while another develops OCD) with the aim of improving transdiagnostic models of psychopathology.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Eating Disorders

Submission ID

312

Investigation of Healthcare Professionals Exposed to the 6 February Türkiye Earthquakes in Hospitals

Authors

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Abstract

Introduction: After the 6 February Türkiye-centered earthquakes, there was a great destruction. The disaster affected many cities in Türkiye and Syria, where approximately 15 million people live. Earthquake is one of the most life-threatening, destructive and uncontrollable natural disasters. Depending on the magnitude of the earthquake, it is a disaster that can cause people to lose their homes and loved ones, and cause significant mental health problems (Wu et al. 2014). Health workers are an important part of the response system that is affected by the disaster and expected to provide health services after the earthquake. Our aim in this study was to investigate the psychological effects of the earthquake in healthcare workers who experienced the earthquake in the same hospital.

Method: The population of this descriptive and cross-sectional study consists of 32 earthquake survivors, who worked in the same hospital in the 6 February Turkey earthquake and gave first aid to the injured after the earthquake. Sociodemographic data of earthquake survivors, Pittsburgh Sleep Quality Index (PSQI), Dissociative Experiences Scale (DES) and Symptom Checklist-90-Revised (SCL-90-R) results were noted.

Results: %53.1 (17) of 32 healthcare professionals with a mean age of 32.44 ± 7.4 years were women. Participants' PSQI average score; It was 11.84 ± 4.89 . According to PSQI scores, 90.63% (29) of healthcare professionals have low sleep quality. The mean DES score was 17.04 ± 4.95 . Participants' SCL-90-R general symptom, depression, anxiety, and additional scale mean scores were 0.78 ± 0.30 , 1.66 ± 0.95 , 1.73 ± 1.06 , 1.73 ± 0.73 , respectively.

Discussion: Studies have shown that survivors of natural disasters may experience psychological problems, including post-traumatic stress disorder (PTSD), anxiety disorders, and depression (Norris et al. 2002). Consistent with the literature, in our study, it was observed that the depression and anxiety subcategory scores were higher in healthcare workers affected by the Turkey-centered earthquakes of February 6, 2023. An increase in sleep complaints has been shown after a trauma (Neylan et al. 1998). The most common complaints are difficulty in falling asleep, interrupted sleep, shorter sleep duration, restless sleep, sleep-related respiratory disorders, daytime fatigue, and nightmares (Spoomaker and Montgomery 2008). The most common psychological effect in healthcare workers participating in our study was poor sleep quality. It is particularly noteworthy that healthcare professionals do not seek help for their psychological symptoms.

Conclusion: Studies conducted in recent years have shown that disasters have significant negative effects on the mental health of medical response teams (Naushad et al. 2019). The traumatic events that health care workers are exposed to and the stress caused by the nature of their work can make them psychologically vulnerable. Therefore, it is important for healthcare professionals to have access to a good support system, psychological counseling and appropriate stress management techniques. In addition, institutions and health systems should take measures and provide support to protect the psychological health of health workers.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

313

Effectiveness of a Stepped Cognitive-Behavioral Intervention for Distressed Family Caregivers: Primary Outcome Results of the ReDiCare Study

Authors

Prof. Gabriele Wilz - Germany - Friedrich-Schiller-University Jena, Department of Clinical and Counseling Intervention

Abstract

Introduction: Informal caregivers of individuals with diseases or chronic conditions experience negative psychological, physical, social, and economic impacts. Despite the socio-economic relevance of caregiver intervention research, successful interventions have been infrequently translated into routine services. Hence, the Relieving Distressed Caregivers (ReDiCare) study evaluated the effectiveness of a stepped cognitive-behavioral approach for burdened caregivers in routine care settings.

While previous caregiver interventions have been developed and evaluated for specific caregiver groups (e.g., dementia caregivers, stroke caregivers), this study focused on a broader group of caregivers.

Method: A pragmatic randomized controlled trial was conducted. Participants were family caregivers of older adults (N = 438) assigned to either the ReDiCare intervention or a control group receiving routine care. The stepped intervention involved a low-threshold care counselling intervention first. Depending on a rescreening after care-counseling, a telephone-based cognitive-behavioral therapy (CBT) intervention was offered to caregivers who continued to experience high distress. Data were collected at baseline and after 3, 9, and 15 months with depressive symptoms measured with the CES-D as the primary outcome.

Results: The results indicate that the ReDiCare intervention had significant effects on depression. Reliable change analyses suggest that the effects of the intervention included both enhancing reliable improvement and recovery from clinical depression scores as well as reducing reliable deterioration and preventing transition to clinical depression.

Discussion: The results suggest that stepped cognitive-behavioral interventions for family caregivers delivered within existing routine care structures can effectively reduce depression in distressed family caregivers.

Conclusion: To address the serious consequences of the expected increase in the number of family caregivers due to demographic change, evidence-based and cost-effective intervention concepts for family caregivers should be established as part of routine care.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Older Adults

Submission ID

317

Aftermath of Kahramanmaraş Earthquake: Resilience, Trauma and Sleep.

Authors

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Dr. Seyda Eruyar - Turkey - Necmettin Erbakan Üniversitesi
Dr. Yusuf Bayar - Turkey - Necmettin Erbakan Üniversitesi
Dr. Mehmet Kavaklı - Turkey - Necmettin Erbakan Üniversitesi
Prof. Mehmet Ak - Turkey - Necmettin Erbakan Üniversitesi

Abstract

Introduction: Turkey is one of the regions in the world that has been greatly affected by both natural and human-made traumatic events. The south-eastern part of the country had been disturbed by a series of two devastating earthquakes in February, 2023. Current study aims to explore the aftermath of the series of these disasters and how they impacted emotional functioning, resilience, trauma related symptomatology and sleep disturbances in young people and adults.

Method: The sample size was 474 young people and adults aged between 15 and 67, 78 % of them were female. Among all, 11% of them were living in areas exposed to the earthquakes and 7 % have been to affected areas to provide assistance in the aftermath of the earthquakes. Resilience, trauma-related cognitions, PTSD symptoms and sleep disturbances were assessed at a single point by an online survey study. Participants completed Life Events Checklist-5, Impact of Events Scale-Revised, Trauma-Related Cognitions Scale, Brief Resilience Scale, Positive and Negative Affect Scale and Sleep Disturbances Scale along with questions on demographic characteristics. Path Analyses were run to examine the associations between resilience (IV), and PTSD symptoms and sleep disturbances (DVs) where trauma related cognitions hypothesised to mediate these relationships in the models.

Results: The hypothesised models demonstrated a good fit to the data. Analyses revealed a significant direct effect of resilience on PTSD symptoms, but this relationship was small in magnitude ($\beta=-0.15$, $p<0.05$). This relationship was mediated by trauma related cognitions ($\beta=-0.27$, $p<0.05$). A similar pattern was observed between the small but significant direct path between resilience and sleep disturbances ($\beta=-0.18$, $p<0.05$). Similarly, this significant path was mediated by trauma related cognitions ($\beta=-0.16$, $p<0.05$).

Discussion: Findings of the current study highlights the importance of trauma related cognitions in explaining PTSD symptoms and sleep disturbances in relation to resiliency. Less resilient individuals may be likely to suffer more from PTSD symptoms and sleep disturbances, however their beliefs about traumatic experiences play a significant role in the relationship.

Conclusion: Further research should examine the nature of trauma related cognitions to better inform development of interventions targeting PTSD symptoms and sleep disturbances for individuals less resilient towards traumatic life events.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

319

Heart Rate Variability and Suicidal Thoughts and Behaviour: a Systematic Review

Authors

Ms. Sonja Omlor - Germany - LVR Clinic for Psychiatry, Psychotherapy, Psychosomatic; University Duisburg-Essen

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Prof. Thomas Forkmann - Germany - University Duisburg-Essen

Abstract

Introduction: As almost 1 million people per year commit suicide, we need to better our understanding of risk factors for suicidal thoughts and behaviour. Even though single risk factors such as male gender, advanced age, social isolation, depressive and psychotic illness, substance use, and insomnia are well-studied, the prediction of suicidal attempts or suicide remains insufficient. Here, the consideration of proximal instead of solely distal risk factors was proposed to be promising. Two highly discussed proximal risk factors for suicidal crisis are heart rate (HR) and heart rate variability (HRV). While a negative association between HRV and depression has been suggested, the relationship between HRV and suicidal crisis as part of depression or without depression remains unclear. We therefore aimed to systematically review the empirical evidence for an association between HR, HRV and suicidality.

The review addresses the primary research questions, if there is an association between HR/ HRV and the intensity or frequency of suicidal thoughts or behaviour.

We are interested, at what point in time within the suicidal crisis HR or HRV changes are observed.

Method: The review will be conducted according to the PRISMA guidelines for reporting systematic reviews. The search strategy will comprise a combination of keywords or respectively MeSH terms (in the Pubmed library), Boolean operators and truncation. We will search the database from 2000 until 2023. The PRISMA compliant search query will be applied: suicid* AND ('heart rate variability' OR 'heart rate' OR 'HRV' OR 'Cardiac Vagal Control' OR 'Cardiac Vagal Tone' OR 'Autonomic Nervous System' OR 'Cardio-Vascular Reactivity'. The search will be undertaken using the PubMed database, the PsychINFO database, the WebOfScience database and the Cochrane database.

Inclusion criteria will be (1) studies, that measured HRV or HR and (2) measured suicidal thoughts or behaviour in (3) clinical populations. Quantitative research studies, published until the 1st of June 2023, published in or translated to English, published in a peer reviewed journal will be included.

Exclusion criteria will be (1) studies, that did not measure the intensity or frequency of suicidal thoughts or behaviour by a questionnaire as well as (2) studies, that did not quantitatively measure HR or HRV. (3) Non-peer-reviewed and non-English articles will also be excluded. First, studies will be excluded by screening the title and abstract information. In a second step, the full text will be examined to identify further eligible studies.

Results: We will provide a narrative synthesis of the findings from the included studies, structured around measure, type of study (Intervention study, observational study), target population, and the type of outcome. Information will be summarized and reported in accordance with PRISMA reporting standards.

Discussion: We will summarize the main findings and will embed them into the broader literature on risk factors of suicidality. Limitations of our study methods will be discussed.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Physical Health

Submission ID

325

Anthesis: Preliminary Data on the Preparation and Implementation Steps to Develop a Randomized Controlled Trial of an Internet-Based Intervention for Sexual Distress

Authors

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Dr. Vinicius Jobim Fischer - Luxembourg - University of Luxembourg

Prof. Gerhard Andersson - Sweden - Linköping University, Karolinska Institute

Abstract

Introduction: Sexual dysfunctions (SD) are highly prevalent and threaten sexual health, impacting the well-being of individuals and couples. The component that is nuclear to all SD is sexual distress. However, cognitive-emotional models of sexual response, widely acknowledged as prominent explanatory frameworks for understanding SD, have totally disregarded sexual distress. Similarly, clinical trials in clinical sexology have overlooked sexual distress. So, we want to focus on this neglected central aspect. Also, the most up-to-date empirical evidence supports that transdiagnostic factors are associated with SD, such as neuroticism, cognitive inflexibility, repetitive negative thinking, and emotion dysregulation. These findings are consistent with a transdiagnostic approach to emotional distress, demonstrating that this dimensional approach to sexual distress is worth exploring. In this way, we aim to explore sexual distress as a form of emotional distress linked to specific transdiagnostic factors by testing an online intervention for sexual distress. Online interventions are cost-effective, accessible, and appropriate for individuals experiencing the shame of seeking help for stigmatized behaviors. Therefore, we developed Anthesis, a project that aims to determine the acceptability, feasibility and preliminary efficacy of a transdiagnostic approach that uses an internet-based intervention to reduce the levels of sexual distress of people with SD.

Method: A randomized controlled trial (RCT) will be conducted. The trial is a two-arm parallel and open-label. Individuals are eligible for this study if they meet the following criteria: (1) understand Portuguese, (2) be above 18 years old, (3) be in a monogamous relationship for at least six months, and (4) meet criteria for a diagnosis of SD. Eligible participants will be equally allocated to either Group 1 (Treatment As Usual; TAU) or Group 2 (Waiting-list Controlled Condition; WCC). Those allocated to TAU will receive the intervention immediately after randomization, whereas participants allocated to the WCC group will receive the intervention program later. Each participant will have the possibility of carrying out the intervention program, complying with ethical principles. Assessments will occur before the trial's start, at the end, and 3-month, 6-month and 12-month follow-ups. This randomized controlled trial will follow the Consolidated Standards of Reporting Trials guidelines for reporting parallel group trials.

Results: We hypothesize that the Anthesis will demonstrate efficacy in improving the outcomes of interest (e.g., sexual distress) in the TAU compared to the WCC. Thus, we hypothesize that mitigating sexual distress in people with SD will minimize the adverse effects of sexual problems on both individual and couple levels.

Discussion: This study's findings may significantly impact the community and clinical practice. They may pave the way for a new area of research and practice, offering novel therapeutic possibilities that can be applied across various settings, including private practices, hospitals, and primary care.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

328

Preliminary Study of the Multivariate Association Between Cognitive Flexibility and Enneagram Personality Typing System

Authors

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Abstract

Introduction: Psychological flexibility (PF) can be defined as the ability to adaptively shift one's cognitive processes and responses in the face of changing situational demands. According to the perspective of acceptance and commitment therapy (ACT), the core of psychopathology and human happiness lies in psychological inflexibility (PI). PI includes experiential avoidance, cognitive fusion, attachment to the conceptualized self, avoidant persistence, and a lack of contact with chosen values (1). The modern Enneagram Personality Typing System (EPTS) is an approach that classifies individuals into nine different personality types and explores their development throughout their lives. According to this theory, each type possesses distinct coping mechanisms and cognitive thinking styles. EPTS provides in-depth information about personality traits (2). The aim of this study is to investigate the multivariate association between PF and Enneagram personality types.

Method: A sociodemographic form, the Psychological Flexibility Scale, and the Enneagram Personality Types and Subtypes scales were administered to healthy participants via an online survey. All the tests were validated in our language.

Results: A canonical correlation analysis (CCA) was conducted using the five psychological flexibility traits as predictors of the nine Enneagram personality types to analyze the multivariate shared relationship between psychological flexibility and Enneagram types. CCA yielded four significant functions, of which the first three had significant effect sizes (R^2) of 30.6%, 16.2%, and 12.9%, respectively. The full model was found to be statistically significant (Wilks's $\Lambda = .470$ criterion, $F(45, 848.55) = 3.66$, $p < .001$). In Function 1, Type 3, Type 5, Type 7, and Type 8 were prominent among the relevant criterion coefficients; in Function 2, Type 3 and Type 6; and in Function 3, Type 1 and Type 3. As for the predictor variables, "Values," "Being present," "Self-as-context," and "Defusion" were found to be the primary contributors in Function 1. Only "Acceptance" in Function 2 and "Values" in Function 3 reached interpretable variance.

Conclusion: Our results demonstrate that there may be a multi dimensional association between psychological flexibility and Enneagram personality types, suggesting that further studies are needed to clarify this association.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

329

What is Known About Maladaptive Daydreaming? A Scoping Review

Authors

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Prof. Patrícia M. Pascoal - Portugal - HEI-Lab: Digital Human-Environment Interaction Lab, Universidade Lusófona, Portugal

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Prof. Gerhard Andersson - Sweden - Linköping University

Abstract

Introduction: Maladaptive Daydreaming (MD) addresses a dysfunctional cognitive process characterised by time-consuming and absorption-based fantasising, a mental activity that causes distress and impairment. Attention on MD is increasing rapidly as researchers attempt to: overcome conceptual hurdles to clarify MD from other related concepts; explore MD prevalence in general and academic populations as well as its' relation to other constructs (e.g. worry, attention deficit); and, attend to the populations' needs through the development and cultural-adaptation of assessment tools and interventions for mental health professionals' use. With the rise of MD research, a comprehensive assessment of the evidence is underway. We mainly question "What is known from the literature about Maladaptive Daydreaming in all age frames and contexts?" and aim to explore: the MD definition; procedural characteristics of MD research; and, map knowledge on the clinical manifestation of MD.

Method: This ongoing ScR is guided by the updated Arksey & O'Malley Framework and PRISMA guidelines. After a preliminary literature review, we defined a search strategy and searched MEDLINE, EBSCO PsychInfo, Scopus, and Web of Science databases for relevant results. We are currently making the ScR protocol available on Open Science Framework. We will also be verifying additional reference lists and grey literature as a part of our search strategy to retrieve all relevant results for the selection process. The extraction of results from the databases is currently an ongoing process that will follow a duplicate removal process and two-phase (title/abstract and full-text) screening procedure based on eligibility criteria facilitated by Rayyan software. Eligibility criteria are designed to include peer- and non-peer-reviewed English-written studies with original data on MD specifically and exclude studies with other concepts of the broader topic of stimulus-independent thought (e.g., mind-wandering), books, editorials, and other non-original data studies. The included articles will be analyzed through quantitative descriptive statistics and qualitative content analysis methods to summarise existing literature on MD.

Preliminary results and discussion: During our preliminary search process, we have already identified 40-100 relevant results in each database. We verified that the most relevant results are found in more than one database. In this sense, the duplicate removal process will reduce the number of studies to be screened for eligibility in the next step of this ScR. Our main findings will summarise the general procedural characteristics of the included research, specifically by addressing geographical and temporal details on the conduction of the research as well as research details on study objectives and hypothesis, methodological approach, assessment measures, etc. Researchers' MD definitions will be analysed to identify common and distinctive aspects. Main themes and study outcomes will be explored to summarise and address our research aim while also identifying the limitations of existing literature. The final results and discussion of the retrieved results will be presented at the conference.

Conclusion: With this ScR, we provide a comprehensive overview of the existing empirical evidence on MD, while providing a summarised review of MD knowledge and suggest further directions for researchers in the field.

Track

OPEN PAPERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

330

Mental Health and Well-Being of Asylum Seekers From Ukraine in Switzerland and Other European Countries

Authors

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Peter Wilhelm, Department of Clinical Psychology and Psychotherapy, Fribourg University, Switzerland

Abstract

Introduction: The war in Ukraine has caused a humanitarian crisis and widespread suffering, of which migration within and outside the country has been one of the most significant factors.

The search for safe shelter and resettlement has had a powerful impact not only on people's well-being but also on their mental health. Affected people are exposed to a large number of stressors that can have both immediate and long-term consequences.

These include exposure to violence, separation from or loss of loved ones, inadequate living conditions, poverty, food insecurity, physical injury and illness, and lack of access to services such as health, education and social welfare. This is the situation now with many Ukrainian who left their homes and cities of residence.

The purpose: of this study is to investigate mental health problems of asylum seekers from Ukraine and empirically identify current levels of distress and the most typical manifestations of mental health problems among Ukrainian people.

Method: In the first stage of the study, was used a scientific-theoretical analysis to identify the most typical operationalizable practical approaches in contemporary research on refugee mental health. In the next stage, an empirical study of the mental health of Ukrainian refugees was conducted on the basis of an online questionnaire developed to diagnose components of mental disorders and life well-being. An online questionnaire based on standardised self-report was developed, including: the Brief Symptom Inventory (BSI), Post Traumatic Stress Disorder (PCL-5) symptoms, Pittsburgh Sleep Quality Index (PSQI), Sense of Coherence (SOC), Refugee Post Migration Stress Questionnaire (RPSM), Difficulties in Emotion Regulation Scale (DERS-D), and Socio-Demographic Data.

Results: Initially, the study analysed the possibilities of different approaches in studying mental disorders and identifying their symptoms. The possibilities of the traditional clinical approach, the biopsychosocial approach and the cross-cultural clinical-psychological approach in addressing the problem were examined.

The biggest differences among asylum seekers of different groups were found in the manifestations of symptoms of depression, anxiety, post-traumatic stress and post-migration stress, as well as in global index of distress severity and sense of coherence.

The results of the survey now are being finalised and will be finalised before Congress.

Discussion: An analysis of the main research approaches has shown that there are advantages in using each of them to illuminate different aspects of the mental health problems of the target group under investigation.

It is also important that people usually start to feel better gradually if the symptoms of the disease are detected in time, including the symptoms of mental disorders considered in our study.

Conclusion: This study confirms the relevance of research of problems of mental health of asylum seekers from Ukraine and shows the most significant stressors and the most common symptoms of mental illness. The results of the study will help to reduce at least some of the stressors, improve psychoprophylactic, psychoeducational work and psychosocial support with asylum seekers in general.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

331

Dimensional Relationship between Enneagram Personality Types and Personality Beliefs: A Preliminary Study

Authors

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Mr. Ömer Yanartaş - Türkiye - Marmara University Pendik Research & Training Hospital
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Abstract

Introduction: The modern enneagram personality theory (EPT) consists of nine different personality types, three subtypes, and their development across the lifespan (Hook et al., 2021). EPT identifies three centers of psychological functioning, including mental, emotional, and somatic and each type uses one of these centers more dominantly than the others (Alexander & Brent., 2020). The cognitive theory of personality disorders emphasizes the role of dysfunctional beliefs as a prominent feature. According to cognitive theory of personality disorders, each personality disorder has a characteristic set of dysfunctional beliefs. The behavior patterns of the different personality disorders are viewed as overt manifestations of the underlying cognitive structures (Beck, Freeman, & Associates, 1990). Aim: In the present study, we aimed to reveal the latent relationships of Enneagram personality and personality beliefs, which offer very important and different perspectives within the scope of human emotion, thought, behavior and personality traits, through personality tests validated in our country. Methods: We distributed the sociodemographic questions, Enneagram Types and Subtypes Inventory (ETASI) and Personality Belief Questionnaire-Short Form (PBQ-SF) to 203 healthy people through google forms. ETASI and PBQ-SF were validated in Turkish language.

Results: Canonical correlation analysis (CCA) was conducted to examine the dimensional relations between Enneagram types, subtypes and personality beliefs at multivariate level. ETASI types and subtypes were determined as a dependent variable sets, PBS sub scales were determined as an independent variable set. CCA yielded five significant canonical functions for the pair of enneagram types and personality beliefs (CCA-1; $Rc1=0.345-0.725$), three significant canonical functions for the pair of enneagram subtypes and personality beliefs (CCA-2; $Rc2=0.313-0.581$). Inspection of the top two strongest functions in CCA-1 ($Rc2=52.7\%$ and 45.9%) shows that they are explained by distinct predictor personality traits and form a well-defined opposing latent dimension. Dependent (-0.693), schizoid (0.437), borderline (-0.578) personalities have substantial loadings of variance in first dimension predicting the ETASI. On the other hand, obsessive-compulsive (-0.789) trait has marked loadings oppositely in second strongest function.

Conclusion: Preliminary results suggest that ETASI was multidimensionally predicted by personality beliefs in discrete patterns. The loadings on the five canonical variate sets obtained were consistent with previous studies and replicated in Turkish culture as supported by well-established personality theories. (Newgent et al., 2004). The demonstration of the latent relationships of theories with different frameworks has provided deep insight into enneagram personality types.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

333

Is Measuring Health-Related Quality of Life Redundant When We Already Measure Symptoms of Depression?

Authors

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Abstract

Background: Scales for the measurement of subjective quality of life and well-being are frequently being added to the selection of instruments used in studies that already include scales for measuring symptoms of depression and other aspects of distress. The underlying assumption is that quality of life instruments measure something distinctly different from distress. This assumption is addressed in the present study, by examining whether measuring subjective quality of life using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, full and short version) increases the information richness of a study where a widely used scale for measuring symptoms of depression, the Patient Health Questionnaire (PHQ), has already been included.

Methods: The present study is based on data (n=1690) from a baseline data collection which was carried out as part of a cohort study aimed at examining effects of 'Prompt Mental Health Care' (PMHC), the Norwegian Version of the British 'Improving Access to Psychological Therapies' (IAPT) services. Data analyses included use of bifactor and multiple indicators, multiple causes (MIMIC) bifactor models.

Results: (i) The correlations between PHQ and the WEMWBS scales were strong and negative, approaching 0.80 with the full WEMWBS scale when modelled as latent variables, (ii) the associations between PHQ and a set of demographic variables were similar to associations between the WEMWBS scales and the same set of demographic variables, only with reversed signs, (iii) the omega reliability coefficients for the WEMWBS scales, after adjustment for the general (PHQ) factor were low (slightly above 0.30), and (iv) associations between the WEMWBS scales and a set of demographic variables generally disappeared when adjusting for the a general (PHQ) factor.

Conclusion: Previous studies have found the WEMWBS scales to be valid and precise instruments to measure well-being in primary health care patients with symptoms of anxiety and/or depression. Nevertheless, the findings in the current study indicate that when including measures of subjective quality of life in a study, its overlap with scales measuring symptoms of depression and distress might deserve attention.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

338

Trauma Exposure in First-Responders: A Closer Look to the Links between Traumas and Mental Health Issues

Authors

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Abstract

Introduction – First responders (FR) are the first to arrive and provide help at the emergency scene, such as disasters, accidents, and crime. During professional duties, they are indirectly exposed to aversive details of those traumatic events (APA, 2013), considered Chronic Indirect Vicarious Exposure (CIVE) to trauma. As exposure to trauma is linked with mental health disorders, we aim to: i) Look at the links between trauma and mental health disorders, ii) Look at the prevalence of mental health disorders in an FR population; iii) Validate a model of moderation of distress; iv) Examine the longitudinal changes in a subpopulation.

Method – Our convenience sample comprised two hundred and twenty-nine first responders (157 males and 72 females) with an average age of 37.5 (SD=11.5). All participants filled in a set of questionnaires online identifying traumatic events and measuring a variety of mental health disorders. In the longitudinal study, 41 participants of the 229 FR filled in the same set of questionnaires online. There were 17 females and 24 males, with an average age of 37.5 years (SD=11.7 years).

Results – The number of traumas experienced at work did not significantly correlate with any of the mental health outcomes. There were many intercorrelations between the mental health disorders studied apart from nicotine and alcohol dependency. In the longitudinal study, only burnout, anxiety, and PTSD had reduced over time.

Discussion – The number of traumatic events in the workplace is not correlated with any the mental health outcomes. This result could be explained by the permanent state of arousal in FRs, waiting for the next emergency, or because FRs are prepared to encounter traumatic events which become “predictable”. Mental health scores are almost all higher than in the general population, and it is essential to provide suitable resilience training and to encourage peer support.

Track

OPEN PAPERS

Topic Areas

Professional Issues, Training & Supervision

Submission ID

348

The Mediating Role of Intolerance of Uncertainty and Maladaptive Perfectionism in the Relationship between Frustration of Basic Psychological Needs and Difficulties in Emotional Regulation

Authors

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Abstract

Introduction: The relevant literature explicitly states that the three innate and universal psychological needs of each person (autonomy, competence, and relatedness), if obstructed, may cause unfavourable effects on individuals. Intolerance of uncertainty and maladaptive perfectionism are also known to have a negative influence in individuals' lives. Emotional regulation, on the other hand, is a key trait to possess to cope with problems in life. Based on these, the present study aimed to examine intolerance of uncertainty, maladaptive perfectionism, and difficulties in emotional regulation, which are implicated in the emergence of many psychopathologies and are called transdiagnostic variables, from the point of view of the Basic Psychological Needs Theory.

Method: This study assessed the mediating role of intolerance of uncertainty and maladaptive perfectionism in the relationship between basic psychological need frustration and difficulties in emotional regulation. There were a total of 1015 participants in the study. The data was collected online.

Results: The frustration of basic psychological needs directly predicts intolerance of uncertainty, maladaptive perfectionism, and difficulties in emotional regulation. As a result of the mediation analysis performed, it was found that the frustration of basic psychological needs significantly and positively predicts difficulty in emotional regulation through the mediating mechanisms of intolerance of uncertainty ($\beta = .18$, $SE = .02$, $p < .001$) and maladaptive perfectionism ($\beta = .13$, $SE = .02$, $p < .001$). It can be said that there is a partial mediating effect between frustration of basic psychological needs and difficulties in emotional regulation, as the former directly and indirectly predicted the latter through intolerance of uncertainty and maladaptive perfectionism.

Discussion: Frustration of basic psychological needs may leave individuals vulnerable to intolerance of uncertainty in their future lives. By its nature, intolerance of uncertainty leads to perceiving even unlikely events as unacceptable (Dugas et al., 2001). Life is uncomfortable for individuals with intolerance of uncertainty, given the number of uncertainties in life (Buhr and Dugas, 2002). Hence, the presence of uncertainty and the inability to figure out how to deal with it as well as the frustration of basic psychological needs further complicate the situation, putting those with frustration of basic psychological needs into a complicated and chaotic vicious circle due to their perception of intolerance of uncertainty. On the other hand, individuals exposed to frustration of their basic psychological needs create perfectionist standards as a way of proving themselves, which, when not met, leads them to experience difficulties in emotional regulation (Byrne et al., 2016). These findings are in line with the relevant literature.

Conclusion: Evaluation of the direct and indirect effects revealed in the path analysis model together shows that people with frustration of basic psychological needs are far from being flexible due to the nature of perfectionism and intolerance of uncertainty (Shafran et al., 2002). Therefore, individuals with a high level of frustration of basic psychological needs, intolerance of uncertainty, and maladaptive perfectionism experience difficulties in emotional regulation. In their formulation of effective intervention principles, clinicians need to take these factors into consideration.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

356

The Mediating Role of Schema Domains in the Relationship between Young Parenting Styles and Anxiety in Clinical and Non-Clinical Turkish Adults

Authors

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Dr. Mustafa Gürsoy - Turkey - Istanbul Arel University

Abstract

Numerous studies in the literature have emphasized the relationship between parenting styles, early maladaptive schemas, and anxiety. However, research examining the mediating role of schema domains in the relationship between Young parenting styles and anxiety is limited. This study aimed to investigate the mediation role of schema domains in the relationship between domains of Young parenting style and anxiety. Two separate samples consisting of 616 clinical and 600 non-clinical Turkish participants aged between 18-65 years were brought together for the study. The data were collected using the Young Parenting Inventory, Young Schema Questionnaire Short Form-3 and Beck Anxiety Inventory. During the preparation phase of the current study, high-level confirmatory factor analysis revealed that the Young Parenting Inventory consisted of two upper dimensions, namely obsessive(controlling) parenting and irresponsible parenting, and the Young Schema Questionnaire consisted of three upper dimensions, namely overvigilance, impaired autonomy, and detachment. As the result of the structural equation model analysis, it was determined that the overvigilance schema domain fully mediated the relationship between parenting style areas and anxiety in both clinical and non-clinical groups. The findings indicated that schema domains mediated the relationship between parenting style domains and schema domains, the relationship between schema domains and anxiety, and the relationship between schema domains. The results further suggest that unmet early childhood needs in the parent-child relationship lead to anxiety and mediate its development, as evidenced by the schema domains.

Keywords: schema therapy, Young parenting style, early maladaptive schemas, schema domains, anxiety, parenting

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Children & Adolescents

Submission ID

357

Body Dissatisfaction in Children's Daily Life: Can Parents Protect Against Appearance Comparison on Social Media?

Authors

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Abstract

Research suggests that body dissatisfaction is common among children. However, it remains largely unknown how body dissatisfaction occurs on a daily basis and which environmental factors are linked to this occurrence. The purpose of this study was to examine (1) state body dissatisfaction, dietary restraint, compensatory exercise and binge eating among children and its association with upward comparisons via social media and (2) whether trust towards parents may attenuate this association. Children from 10 to 12 years old (N=51) were assessed three times a day via a smartphone during a two week period. Trust was examined via a baseline questionnaire. State body dissatisfaction, dietary restraint, compensatory exercise, binge eating and upward comparisons were examined via Ecological Momentary Assessment (EMA). Multilevel analyses indicated that an increase in upward comparisons is associated with a concurrent increase in state body dissatisfaction, compensatory exercise and binge eating. Trust towards father/mother significantly moderated the association between appearance comparison and body dissatisfaction. Future research is necessary to enhance our understanding of daily fluctuations of body dissatisfaction among children and to gain insight into environmental factors that may protect children from the adverse effects of social media.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Eating Disorders

Submission ID

363

Examining the Whole Plate: The Role of The Family Context in The Explanation of Children's Food Refusal Behaviors

Authors

Ms. Juliette Taquet - Belgium - Ghent University
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Abstract

Introduction: In the context of explaining children's food refusal behaviors (FRB) such as food fussiness and food neophobia, research has predominantly focused on the role of parental feeding strategies. However, little is known about which general family context variables add to the explanation of children's FRB. The purpose of this study was to examine the relation between children's FRB and (1) parent's own use of maladaptive emotion regulation strategies when they are anxious, (2) parent's reactions towards their children's emotions in stressful situations, and (3) parenting styles. Methods: Mothers and fathers (N = 157) of young children (M = 4.64, SD = 1.7) completed a series of online self- and parent-report questionnaires. Results: The model examining the role of parenting styles was found to be significant in explaining FRB in children. More specifically, the current findings demonstrate that higher levels of a coercive parenting style were associated with higher levels of both food fussiness and food neophobia in children. Furthermore, higher levels of a chaotic parenting style were associated with higher levels of food neophobia in children. The models examining parents' maladaptive emotion regulation strategies when anxious and parents' reactions towards their children's emotions during stressful situations were not found to be significant. Conclusions: Factors related to the parenting style appear to be important for explaining FRB in children. Replication of the findings using longitudinal and observational designs is needed.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Eating Disorders

Submission ID

373

The Need for Culturally Adapted CBT in a World of Diversity

Authors

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Abstract

Cognitive-behavioral therapy (CBT) is the first line of treatment indicated for a wide range of mental health disorders.

It is important to note that this approach reflects Western values. At the same time, it is also necessary to consider the fact that the culture of every person shapes the perception of health, beliefs about the causes of difficulties and the access to the treatment thereof.

Bearing in mind the tendencies of globalization and internationalization, as well as the diversity of target populations and communities, there is a clear need for cultural adaptations of psychological treatments. Not to mention that most psychological treatments, CBT included, have been developed and evaluated in Western countries.

Additionally, ethnic minorities were very often less represented in randomized controlled trials on treatment effectiveness, and this reduces generalizability of findings even further. Furthermore, culture significantly affects the type of symptoms and risk factors associated with certain mental disorders so the diagnostic processes as well as outcome measures need to be adapted and evaluated to reflect these tendencies and this is still rarely the case.

For these reasons, cultural adaptation of psychological treatments is recommended. Despite this, empirical analyses on the effectiveness of such treatments are still scarce.

The aim of this systematic review was to synthesize evidence on the effectiveness of culturally adapted cognitive-behavioral therapy in comparison to standard form in an outpatient context as well as to evaluate the quality of these studies. The study was conducted in accordance with PRISMA-P guidelines and had included randomized controlled trials published in English. We have included studies that examined the effectiveness of culturally adapted and standard forms of CBT, regardless of the implementation modality or the type of difficulty.

To identify relevant studies, the electronic bibliographic databases psychINFO and PubMed, primary study registers, Cochrane Library CENTRAL and Gov.Trial database, and selected grey literature sources www.opengrey.eu and DART were screened. Web of Science was also included in the screening process. The methodological quality of the studies included was assessed using an algorithm and the guidelines specified in RoB 2.0. Two thirds of the studies were generally assessed at a low risk of bias.

Included studies focused on a variety of difficulties and disorders including substance use disorders, mood disorders and anxiety disorders. Despite a limited number of studies that met the inclusion criteria and methodological challenges, the findings of this study support the effectiveness of culturally adapted CBT treatment in comparison with the standard one.

Moreover, it is important to highlight few clinical implications of these findings: incorporating person's view and explanatory model of the difficulties is of utmost importance; it is necessary to consider various contextual factors such as the existing support systems in the community; caution is required when using diagnostic instruments and measures to monitor treatment outcomes that include norms in which minority groups are underrepresented.

Both body of research and clinical practice highlight the need for culturally sensitive interventions to offer effective care in this changing world.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

377

The Effect Of An In-Service Training Programme Adopted From mhGAP on Mental Health Literacy of General Practitioners

Authors

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Abstract

Introduction: The Ministry of Health (MoH) launched an in-service training programme (Mental Health Services Strengthening Program-MHSSP) to equip primary health care staff with the skills to identify mental health problems, manage common mental disorders, provide basic care and refer to specialized health services or other services (ie. social care) where necessary. MHSSP was adopted from mhGAP programme which was developed by World Health Organization. The program mainly aims improving basic clinical skills including recognizing possible risk factors and existing symptoms of common mental health problems, identifying appropriate pharmacological and non-pharmacological interventions, providing treatment and referral when necessary. We tested the hypothesis that the level of mental health literacy is different in general practitioners' who received and did not receive MHSSP training.

Method: The analyzes were completed with the data of 689 people in total. Sociodemographic data form and Mental Health Literacy Scale (MHLS) were given to participants. MHLS is developed by Jung et al and has three sub-dimensions: resource-oriented, knowledge-oriented, and beliefs-oriented mental health literacy. Goktas et al conducted reliability and validity study for Turkish population.

Results: 689 general practitioners were analyzed. 274(39.85%) participants received MHSSP training and 415(60.2%) did not receive in service mental health training. Of 274 MHSSP trainees, 83.95 found the training useful for their clinical practice while 6.20% reported it as unuseful. 9.85% of trainees were neutral. The level of knowledge on mental health problems related with mental health questionnaire was significantly higher in doctors received MHSSP training ($t:4.19$ $df:672$ $p<0.01$). Total mental health literacy scores of trained doctors were statistically higher than the non-trained doctors ($t:5.05$ $df:656$ $p=0.00$). All subscale scores of mental health literacy questionnaires were statistically higher in trained doctors with the highest difference in resource-oriented mental health literacy and lowest difference in beliefs oriented mental health literacy.

Discussion: Mental health services in primary care have a unique role in terms of accessibility and cost. The importance of training primary health care workers for improving mental health literacy in developing countries is known in literature. Education of primary care workers increases literacy and improves service quality. MoH has been transforming mental health services and as part of integrating mental health services into primary care services component, started to upskill primary health care providers in mental health. Adequate mental health literacy of primary care staff may increase quality of primary mental health care services. The aim of the trainings delivered within this context is to ensure a better physician practice which comes with increased mental health literacy.

Conclusion: Mental health literacy should be considered as an important concept both in society and health professionals for the acceptability of mental health services. In this sense, we think that any activity to strengthen mental health literacy will have a positive impact on health services.

Track

OPEN PAPERS

Topic Areas

Long-term Mental Health, Public Health (Including COVID-19)

Submission ID

387

Internet-Based Weight Control Intervention in Bi'kilo Mobile App: A Qualitative Analysis of Usability, Acceptability and User Experiences

Authors

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Abstract

Introduction: Digital/Online Mental Health Interventions provide advantages such as anonymity/avoidance of stigma, ease of use and accessibility (Chan et al. 2016). mHealth is broadly accessible so while reduce language, time and place barriers, at the same time provide low-cost resources to overcome health inequalities (Schueller et al. 2019).

Because of mHealth apps are still having significant dropout rates despite their effectiveness, there is a need to identify factors which influence engagement with and adherence to health-promoting technology.

We aimed to examine a qualitative analysis of the usability, acceptability and user experiences of a internet-based weight control intervention.

Methods: “Bi’Kilo” mobile application developed for weight control and weight loss, based on cognitive behavioral techniques. The project was funded by TÜBİTAK (The Scientific and Technological Research Council of Turkey) (ARDEB 1001)- Research Support Programs Directorate with number 122S049. This study, which aims to explore the experiences of “Bi’Kilo” mobile application users and evaluate their opinions in the context of acceptability and usability of the intervention, is structured in a qualitative research methodology. Phenomenology design, one of the qualitative research designs, was used in the study. The selection criteria include the following parameters: being literate, having above average technological literacy. Eight people who participated in the “Bi’Kilo” mobile application pilot study were invited to study. Semi-structured interviews were conducted with the participants. The research data were analyzed using content analysis.

Results: 8 participants were included in the study. 4 participants are mental health workers and 4 participants are people who want to lose weight. The education level of the participants was postgraduate and graduate. All participants were women. The mean age of the participants was 26,0.

The codes obtained from the interviews with the participants were combined under the themes of Content, Useful Features, Technical Problems, User Experience, Improvement and Suggestions.

Participants appreciated the use of written and visual materials together. It was stated that the questions received after the information were useful reinforcements. They mentioned that especially the emotional eating and mindful eating modules are different and useful than other apps. Notifications and stepped transitions were found to be useful to make it easier to maintain motivation. At the follow-up phase (without new content), motivation to remained dropped. Participants stated that they prefer data entry to be in a simple interface and comparable. Personalized notifications would make it easier to stay motivated. Expert feedback would be useful. It was important that mobile apps were more accessible and cheaper than face-to-face interventions. Personalized tasks could be useful. Participants said that diversity can promote maintenance.

Conclusions: We aimed to reveal new views that will increase the usability and acceptability of applications. Study participants were positive about the usefulness of the “Bi’Kilo” mobile application to strengthen care on weight loss. These technologies have the potential to improve equity of access to appropriate weight loss management. Strengthening the weight management process of people with mobile applications can facilitate this process.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

389

Cognitive Behavioral Therapy-Based Mobile Application Usage on Grazing Behavior in Overweight Individuals

Authors

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Abstract

Introduction: Overweight and obesity are critical contemporary issues due to their health risks, including chronic conditions, and the societal challenges they present, such as reduced productivity and increased healthcare costs. Regularly consuming high-calorie and unhealthy snacks can contribute to weight gain and obesity. Grazing behavior, which means eating small amounts of food frequently and uncontrollably, is one of the behaviors that can lead to weight gain (Conceição et al., 2017; Heriseanu et al., 2019). The aim of this research is to examine the effect of Cognitive Behavioral Therapy-based Mobile Application Usage on Grazing Behavior in Overweight Individuals. Previous web-based and mobile-based studies have shown that self-help and weight loss applications of this kind have a positive impact on self-regulation capacity, reducing the consumption of harmful substances and disinhibition (Martin et al., 2015; Womble et al., 2004). In this study, it is expected that the Bi'kilo mHealth application will reduce grazing behavior in individuals.

Methods: The Bi'kilo mobile application is a 10-week program consisting of six modules and a four-week monitoring period. The purpose of these modules, prepared based on CBT, is to provide participants with information about nutrition and healthy living and to equip them with new skills. Participants applied to this program online, with a total of 22 individuals, comprising 7 women and 4 men in the experimental group, and 11 women in the control group. These two groups followed the content prepared for them. The Repetitive Eating Questionary was used to measure participants' grazing behaviors (Gormez et al., 2023). Participants completed this scale at the beginning and end of the program, and their weight measurements were taken at the program's outset and conclusion. The obtained data were analyzed using repeated measures ANOVA.

Result: The control group has gained a total of 29.4 kilograms, while the total weight of the intervention group has decreased by 12.5 kilograms. While the Rep(eat)-Q score of the control group has decreased by 91 points, the experimental group has seen a decrease of 180 points. However, the results did not yield statistical significance ($p=0.07$)

Discussion: According to the study results, we observe that the Bi'Kilo mobile application has positive effects on reducing grazing behavior and promoting weight loss. However, we are unable to statistically support this difference as significant. The difference in initial weights between the experimental group ($M=92.45$) and control group ($M=75.5$) might have contributed to this. Moreover, the small number of participants could also be a contributing factor to this result.

Conclusion: Although the Bi'Kilo mHealth application did not show statistically significant results in this study, it is evident that the Bi'Kilo mHealth application has been beneficial for weight loss and grazing behavior. Larger sample sizes may lead to more conclusive results in future studies.

The project is funded by the TÜBİTAK (The Scientific and Technological Research Council of Turkey) (ARDEB)-Research Support Programs Directorate 1001.

Project Name: "Development and Efficacy Testing of a Cognitive-Behavioral Therapy-Based Weight Control Mobile Application 'Bi'kilo'.

Program Code: 122S049

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Track

OPEN PAPERS

Topic Areas

Digital Health , Eating Disorders

Submission ID

404

Augmented Reality Exposure Therapy for the Treatment of Dog Phobia: A Pilot Feasibility Study

Authors

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Dr. Ceren Acartürk - Turkey - Koç University

Abstract

Introduction: Traditional exposure therapies to treat specific phobias can have some challenges since it is not always feasible to create the phobic situation in or bring the phobic object to the therapy room. Moreover, the idea of confronting the phobic object or situation can create a great amount of distress, and clients may either not start to treatment process at all or drop out easily. To overcome these practical challenges, augmented reality exposure therapies (ARET) has begun to be used. The current study aims to treat dog phobia with ARET and then evaluate the feasibility of this method.

Method: 183 individuals applied for the study and 40 individuals found eligible in the first screening phase (had a score indicating moderate or severe phobia severity from Specific Phobia Scale and were 18 years or older) were informed further. 22 individuals who could attend the study had clinical interviews, and 18 individuals meeting the diagnostic criteria for specific phobia were invited to participate the study. Participants were randomly allocated to intervention (n=10) and control group (n=8). All participants received three assessments: Baseline (right before the intervention), post-assessment (one week after the intervention) and follow-up assessment (one month after the intervention). In all assessments, participants completed a self-report Specific Phobia Scale, consecutively a behavioral approach test in which subjective units of distress (SUDs) were used. Participants in the intervention group received one session (max. 2 hours) ARET with Microsoft Hololens-I. After all assessments, the participants of control group were offered the intervention, and 4 participants from the intervention group were interviewed for process evaluation.

Results: At the end of the follow-up assessments, compared to control group, participants of intervention group could approach the dog closer (not statistically significant) with much lower SUDs ($p < .05$). All participants who received the intervention had no dog phobia anymore, could approach the dog completely and pet it in the post- and follow-up assessments, and they reported only slight level of distress. The average duration of the single session was less than an hour and found to be much shorter compared to the traditional single-session exposure therapies which take around three hours. Furthermore, in the process evaluation interviews, participants reported that they are in closer contact with dogs, and a few could generalize the skills they gained in this study to the other animals such as cats they used to be phobic of. Participants mentioned several parts that they found useful in the intervention: That the software includes various breeds of dogs looking realistic, and that the intervention uses a collaboratively built fear hierarchy and not a real dog. They indicated using a goggle with a wider-angle vision, troubleshooting the connection issues, and having a more ergonomic goggle might improve the intervention.

Discussion: The results provide preliminary support for effectiveness of ARET for dog phobia. Further studies with larger samples and more advanced goggles are suggested.

Conclusion: ARET can be promising to treat dog phobia in a short time and is found feasible by the participants.

Track

OPEN PAPERS

Topic Areas

Digital Health

Submission ID

407

The Relationship of Early Maladaptive Schemas and Emotion Regulation with Body Image Coping Strategies

Authors

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Abstract

Introduction: The aim of this study was to the relationship between early maladaptive schemas, emotion regulation difficulties and body image coping strategies in adults was examined. The hypothesis that body image was significantly predicted by early maladaptive schemas and emotion regulation scores was tested.

Method: In this study, Demographic Information Form, Young Schema Scale Short Form-3 (YSQ-SF), The Body Image Coping Strategies Inventory-BICSI, and Difficulties in Emotion Regulation Scale (DERS) were used to measure the variables of the study. Data were collected from a middle-to-high income community sample of 454 adult Turkish participants using convenience methods and snowball sampling. The sample consisted of 113(24,9) males and 341 (75,1) females between the ages of 22 and 45 ($M= 30,61 \pm 6,65$). The obtained data were analyzed by IBM Statistics SPSS (v.26). The results were analyzed by Pearson Correlation Method and Multiple Linear Regression Analysis.

Results: There is a statistically significant and positive relationship between body image coping strategies and, emotion regulation difficulties; a statistically significant and positive relationship between emotion regulation difficulties and the early maladaptive schemas domains (Impaired Autonomy, Disconnection, Unrelenting Standards, Impaired Limits, Other-Directedness); a statistically significant and positive relationship was found between body image coping strategies and the early maladaptive schemas domains. A multiple linear regression analysis was conducted to investigate the predictive relationship between several independent variables associated with early maladaptive schemas and the dependent variable, BICSI (Body Image Coping Strategies). The results revealed that the model demonstrated a moderate fit, explaining approximately 15% of the variance in BICSI scores. Among the predictors, "Unrelenting Standards" and "Other-Directedness" emerged as statistically significant predictors of BICSI scores. This suggests that individuals with higher levels of these early maladaptive schema domains were more likely to employ body image coping strategies.

Discussion and Conclusion: This study aimed to examine the relationship between early maladaptive schemas, emotion regulation difficulties, and body image coping strategies. The findings indicate a significant and positive relationship between emotion regulation difficulties and body image coping strategies. Furthermore, specific early maladaptive schema domains (Impaired Autonomy and Other-Directedness) were identified as significant predictors of body image coping strategies. Since similar variables have not been studied together before, these findings emphasize the importance of body image coping strategies and contribute to the literature in terms of treatment and preventive interventions.

Keywords: Body image, body image coping strategies, emotion regulation, early maladaptive schemas, schema.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

414

Identifying Common Psychological Processes Between Orthorexia Nervosa and Eating Disorders: A Processual Transdiagnostic Approach

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Abstract

Introduction: Orthorexia nervosa (OrNe) is a strong preoccupation with healthy diet with negative emotional, cognitive, and/or social consequences while trying to approach this goal and when the eating behavior deviates from it. Barrada and Roncero (2018) proposed to consider orthorexia as a bidimensional construct composed not only by a pathological dimension (OrNe), but also by a healthy dimension ("Healthy orthorexia", HeOr, i.e., interest in and tendency to eat healthily). Research has shown that OrNe is positively associated with indicators of psychopathology, while HeOr was not associated or inversely associated with these indicators. Overlaps between OrNe and eating disorders (EDs) have been observed in the literature. Moreover, studies suggest that OrNe can be an antecedent or comorbid with an ED; similarly, OrNe can occur and/or intensify after treatment of EDs. Based on a transdiagnostic processual approach, it is likely that biological, social, and circumstantial factors, as well as psychopathological processes, are common and transdiagnostic elements across EDs and OrNe. This approach, illustrated by the mediating psychological processes model (Kinderman and Tai, 2007), stipulates that the influence of biological, social, and circumstantial factors on psychopathological disorders is not direct but mediated by transdiagnostic psychological processes. The aim of the current study is to investigate the role of the following psychological processes that could be common across OrNe and EDs: mental ruminations, intolerance of uncertainty, and perfectionism, using a bidimensional orthorexia scale. The contributive role as distal causes in OrNe of the following factors will also be investigated: biological factors (body mass index, gender, age, educational level), social factors (appearance-related pressure from family, media, peers, and significant others), and circumstantial factors (history of dieting, physical activity, history of traumatic experiences).

Method: A sample of 511 participants (81.8% women) aged between 18 and 72 years ($M=37.2$, $SD=14.6$) responded to self-reported questionnaires: the Teruel Orthorexia Scale, the Eating Disorders Examination-Questionnaire, the Sociocultural Attitudes Towards Appearance Questionnaire, the Ruminative Response Scale for Eating Disorders, the Intolerance of Uncertainty Scale, the Multidimensional Perfectionism Scale, the Godin Shephard Leisure Time Physical Activity Questionnaire, as well as a socio-demographic questionnaire.

Results: Results are currently being analyzed using exploratory structural equation modeling. Based on the literature on eating disorders, we expect that all factors and psychological processes correlate with OrNe (the latter to a larger degree) and that the association of distal factors to be mediated by psychological processes.

Discussion: Results of this study will contribute to the identification and the understanding of risk factors associated with OrNe. Additionally, it is expected that the results will clarify similarities which could exist

between OrNe and EDs, as well as contributing to the development of specific interventions for screening and prevention purposes.

Conclusion: The results of this study could provide new clinical perspectives for the treatment of OrNe and EDs. This could contribute to creating clinical interventions based on common processes, rather on disorder, aiming towards a flexibility improvement of these processes. This type of approach may also help prevent relapses of these disorders.

Track

OPEN PAPERS

Topic Areas

Eating Disorders

Submission ID

416

Childhood Trauma, Intolerance of Uncertainty, Functional Impairment and Worry in Patients with Generalized Anxiety Disorder

Authors

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Abstract

Introduction: Individuals with childhood traumas are more prone to develop anxiety disorders than those without. Intolerance of uncertainty (IU) is one of the main factors that elicit to experience stressful feelings and excessive worry in GAD (Behar et., 2009). Functional impairment is a persistent problem in anxiety disorders (Iancu et al., 2014). We aimed to compare patients with GAD and healthy controls in terms of childhood traumas, worry, IU, and functional impairment. Secondly, we investigated the associations between the aforementioned factors in patients with GAD.

Method: Hamilton Anxiety Scale(HAM-A), Hamilton Depression Scale- 17 item version(HAD-17), Penn State Worry Questionnaire (PSWQ), Intolerance of Uncertainty Scale (IUS), Childhood Trauma Questionnaire-28 (CTQ-28), Sheehan Disability Scale (SDS) were administered to participants. Mann Whitney U test or Student's t-test was performed depending on the normality of distribution. Between groups, analysis of the categorical variables was performed with the chi-square test or Fisher's exact test. Pearson or Spearman correlation coefficients were calculated to evaluate relationships between variables. Multivariable linear regression analysis was performed to determine independently associated variables with the SDS-total and SDS subdomain scores. Statistically significant variables according to correlation coefficients were included in the regression model.

Results: Fifty-six patients with GAD and 56 healthy controls matching due to age, gender, and years of education were enrolled. HAM-A ($p<0.001$), HAM-D ($p<0.001$), PSWQ ($p<0.001$), IUS-total ($p<0.001$), CTQ-total ($p=0.019$), CTQ-emotional neglect ($p=0.036$), SDS-total ($p<0.001$), SDS-work/school ($p<0.001$), SDS-social life ($p<0.001$) and SDS-family life ($p<0.001$) scores were significantly higher in the patient group than the control group. PSWQ scores were significantly correlated with IUS-total scores ($r=0.435$, $p=0.001$) and CTQ-emotional abuse scores ($r=0.320$, $p=0.016$). CTQ-total scores were significantly correlated with scores of IUS-factor 3(disturbing thoughts about the uncertainty of the future) ($r=0.273$, $p=0.042$). SDS-total scores were significantly correlated with scores of PSWQ ($r=0.334$, $p=0.012$), IUS total scores ($r=0.278$, $p=0.038$), IUS-Factor 1(uncertainty is stressful and upsetting) ($r=0.282$, $p=0.035$), IUS-Factor 2 (negative self-assessment about uncertainty) ($r=0.301$, $p=0.024$). In the multivariable linear regression analysis, any variables significantly correlated with SDS-total scores did not predict SDS-total scores. PSWQ scores significantly predicted SDS-social life scores (standardized $\beta=0.357$, $p=0.010$) and IUS-total scores significantly predicted SDS-family life scores (standardized $\beta=0.294$, $p=0.028$).

Discussion: Levels of IU, worry, depression, anxiety, global functional impairment, and subdomains of functional impairment were higher in the patient group. Global functional impairment levels of the patients were significantly correlated with worry and IU. Worry predicted social life functioning and IU predicted family life functioning. However, regression analysis did not reveal any significant predictor regarding global functioning. Emotional abuse levels of the patients were associated with worry, and global childhood trauma levels were associated with disturbing thoughts about the uncertainty of the future.

Conclusion: In the follow-up of patients with GAD, intolerance of uncertainty may be considered to assess family life functioning and worry may be considered to assess social life functioning. Additionally, in the assessment of IU, childhood adverse events may deserve attention.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

418

Alexithymia and Depression as Risk Factors for Cerebral Small Vessel Disease: Towards the Development of Psychotherapeutic Prophylaxis

Authors

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Abstract

Introduction: Both alexithymia and depression are known to be associated with cardiovascular mortality, hypertension, and atherosclerosis. We hypothesized that these factors might also contribute to cerebral small vessel disease (SVD)—age-related progressive vascular brain damage that represents a major cause of cognitive impairment in elderly people. Since both alexithymia and depression can be managed psychotherapeutically, evaluating their role in SVD may pave the way for psychotherapeutic prophylaxis of age-related cognitive decline.

Method: We enrolled 193 adults, aged 56 ± 8 years, with no history of cardiovascular events. Participants underwent brain MRI to determine the presence or absence of SVD, were assessed for hypertension both anamnestically and with the use of 24-hour blood pressure monitoring and filled out the Toronto Alexithymia Scale (TAS-20) and Beck Depression Inventory (BDI). First, structural equation modelling (SEM) was used to explore the role of age, TAS-20, and BDI (observed exogenous variables) in hypertension and SVD (observed endogenous variables; presence or absence). Next, we performed an item analysis for TAS-20 and BDI to explore the aspects of alexithymia and depressive attitudes that contribute to the latent variable. The identified items were classified with the use of hierarchical clustering, and the relationship between the resulting clusters was modelled with SEM.

Results: The data on the relationship of age, TAS-20, and BDI with SVD and hypertension were best explained by a model with a latent variable mediating the relationship between observed exogenous and endogenous variables (perfect fit with $\chi^2=0.93$, CFI=1.0, TLI=1.0, SRMSA=.015). We identified 9 items from TAS-20 and 6 items from BDI that correlated with the latent variable. Hierarchical clustering of these items revealed four clusters that were interpreted and named as follows: “limited emotional and interoceptive insight”, “negative self-thoughts”, “low energy”, “difficulties communicating emotion”. The SEM performed for these four phenomena allowed us to construct a model with limited insight and negative self-thoughts as co-dependent causes, and low energy and difficulties communicating emotion as independent consequences. This model perfectly explained the data ($\chi^2=0.0$, CFI=1.0, TLI=1.0, SRMSA<.001).

Discussion: Our results indicate the presence of a common dysfunction underlying the psychosomatic mechanisms of hypertension and SVD. This dysfunction is related to specific interrelated aspects of alexithymia and depressive attitudes: limited emotional and interoceptive insight, negative self-thoughts, low energy, and difficulties communicating emotion.

Conclusion: Our study is the first to demonstrate that emotional factors serve as risk factors for cerebral SVD. We proposed a model that could serve as the basis for developing cognitive-behavioural interventions for prophylaxis of age-related cognitive decline.

Track

OPEN PAPERS

Topic Areas

Behavioural Medicine, Older Adults

Submission ID

430

Does Similar Experience Facilitate Empathic Accuracy?

Authors

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Abstract

Introduction: Being able to infer what another person is thinking or feeling, is a precondition for successful social interactions. Moreover, it is a crucial ability in psychotherapy, because it helps the psychotherapist to keep in close touch with the patient. This ability has been labelled affective perspective taking, cognitive empathy, or empathic accuracy.

Studies have shown that people can infer other people's thoughts and feelings to a certain extent and that the degree of accuracy is moderated by characteristics of the target, characteristics of the judge, the relationship between target and judge, and the available information (verbal information, nonverbal information, or both). However, little is known about the effect of similar experience on empathic accuracy. Does it help, for example, to have a migration experience to better understand how a migrant might feel in a particular situation?

The goal of our study was to investigate whether empathic accuracy improves when judges made the same experiences as the target persons.

Method: A total of 89 students were randomly allocated to two groups. Participants in the "same-experience group" went first through different experimental conditions that induced negative affective states (Trier Social Stress Test, recalling a dangerous event, and watching movie scenes). Then participants watched videos of two target persons who went through the same experimental conditions. After each video, participants inferred how the target was feeling during the particular situation. For participants in the non-experience group, the order was reversed. They first saw the videos of the targets and judged the targets' affective states before they went through the experimental conditions themselves.

As a measure of empathic accuracy, we computed the similarity (profile-correlation across items) between each target's self-reported affective state and the corresponding participants' ratings of the targets' affective state after each situation.

Results: A three factorial mixed ANOVA revealed that empathic accuracy was slightly higher for participants who had the same experience before they judged the targets' states than for participants who had the same experience after they judged the targets' states. However, differences between targets, the kind of experimental condition, and the interaction between targets and experimental condition produced larger effects

Discussion: Results suggest that similar experience facilitates empathic accuracy. However the effect was rather small. Readability of the target and the kind of experimental condition had larger effects on empathic accuracy. We experimentally manipulated similar experience vs. no similar experience using somehow artificial laboratory paradigms to induce momentary stress and negative feelings in targets and participants. This limits the generalization of our findings.

Conclusion: Having made a similar experience helps to be more accurate in inferring another person's affective state. However, the effect seems to be small and probably limited to rather brief stressful experiences.

Track

OPEN PAPERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

431

Effects of Cognitive-Behavioral Therapy on Episodic Memory and Metacognitive Judgments in Individuals with Obsessive-Compulsive Disorders: A Pre-Post and Follow-Up Study

Authors

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Abstract

Introduction: Obsessive-compulsive disorder (OCD) is characterized by various symptoms, such as checking and repetitive thoughts. Researchers have claimed that these symptoms occur because people with OCD have memory impairments and cannot remember whether or not they accomplished a task correctly. However, others suggest these symptoms may occur due to a lack of confidence regarding their memory rather than memory impairment¹. Recent studies suggest that flawed metacognitive beliefs unique to OCD are at the root of cognitive problems in OCD². Cognitive behavioral therapy (CBT) is one of the most effective behavioral interventions for OCD treatments. Current approaches to CBT effectiveness mainly focus on metacognitive beliefs and behavioral strategies associated with these beliefs; yet, CBT's effectiveness on cognitive functioning in OCD has not been studied sufficiently. Thus, we investigated the effects of CBT (before, after, and after 6-month follow-up) on memory and metacognitive judgments in patients with OCD and compared them to healthy individuals.

Method: Ninety-six participants consisting of 46 patients diagnosed with OCD according to DSM-5 criteria and 50 healthy controls (HCs) who were matched for age and education level participated in the study. We used three different episodic memory tasks, consisting of symptom-free stimuli (word, scene, and face), and we measured their metacognitive judgments (feeling-of-knowing: FOK and judgment-of-learning: JOL). Each task consisted of consecutive phases: learning, JOL judgment, JOL recognition, FOK, and FOK recognition. The OCD group underwent 10 CBT sessions³ by a clinical psychologist at Ankara City Hospital, and their clinical symptoms and cognitive performances were assessed in three time periods, namely before CBT, after CBT, and after a 6-month follow-up.

Results: The OCD groups' symptom severity was measured Yale-Brown Obsessive-Compulsive Scale significantly decreased after CBT and remained below the clinical level at the follow-up time ($M_{\text{before}} = 27.54$; $M_{\text{after}} = 8.71$; $M_{\text{follow-up}} = 9.04$). Before CBT, except for FOK judgment, the OCD group showed lower performance than the controls ($p \leq .042$). However, after CBT, the OCD group showed improvement on all cognitive measures, and group differences on all cognitive measures were insignificant ($p \geq .109$). Lastly, for the follow-up study, the differences within the OCD group (pre-post) and also between the OCD and controls were insignificant ($p \geq .221$).

Discussion: Our results indicated that CBT is effective on both impairments of episodic memory and metacognitive process in OCD, and this improvement remains effective after a 6-month follow-up. Metacognitive processes play an essential role in OCD. We found that individuals with OCD have more difficulties in retrospective metacognitive judgment than prospective ones. Our finding provided important clues that this distinction can be taken into account in CBT applications.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

437

Ancient Method from Aristotle: Integrating Classical Logic into Psychoeducation and Challenging Thoughts

Authors

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Abstract

Classical logic is a philosophical discipline that studies the rules of correct thinking. It is the science that deals with the method that checks the validity of inferences and the consistency of sets of propositions or the rules that determine validity and inconsistency. From this point of view, it examines not the accuracy of information but the correctness of the internal integrity of thoughts and concepts that utter the accuracy of information. The purpose of this discipline is to protect thought from falling into error. Thanks to logic, right and wrong thinking styles are distinguished. Since classical logic is the study of thinking in terms of rules, it has a formal feature, and the Greek thinker Aristotle, who wrote six books on this subject, is the most important representative of classical logic.

In this study, concepts such as postulatam, syllogism, simple apprehension, judgment, particular, and universal, which are considered within the framework of classical logic, will be explained. Furthermore, it will be focused on how these concepts can be used as a psychoeducational tool. The propositional forms of the thoughts discussed in the cognitive formulation will be emphasized and the effect of these propositions in certain situations will be tried to be clarified. Thus, automatic thoughts will be able to be transformed into examinable "sentence" forms. Secondly, the formed phrases within the framework of these concepts will be discussed within the classical logic rules. The inferences will be discussed in the context of logic errors. Therefore, it will be tried to look at automatic thoughts with a method that is completely based on the objective forms.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Children & Adolescents

Submission ID

438

Predictors of Clinical Insight in First-Episode Psychosis: Different Patterns in Male and Female Patients

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Abstract

Background: Poor insight in one's own condition is a major problem in psychosis, being detrimental for treatment compliance and recovery. Previous studies have suggested a crucial role of metacognitive and social cognitive dysfunction, which points to the potential use of developing therapies specifically addressing these deficits with the aim of improving insight in affected individuals.

Aims: The current study aimed to determine clinical, metacognitive, and socio-cognitive predictors of insight in first-episode psychosis, specifically in men and women.

Methods: Regression analyses of different insight dimensions were conducted in 116 male and 56 female patients with first-episode psychosis. Measures of clinical symptoms, metacognition and social cognition were entered as predictors.

Results: Delusions emerged as a strong predictor of all insight dimensions in both sex groups. In men, certain negative symptoms, a jumping to conclusion bias, and impaired theory of mind were additional predictors of poor insight. In women, the main predictors of insight impairment were attention disorders, emotional recognition impairment and a self-serving bias.

Conclusion: Metacognition is strongly involved in insight impairment in these patients, with marked differences between men and women with respect to the specific metacognitive and social cognitive abilities involved. These findings suggest new avenues for more targeted metacognitive and social cognitive interventions to improve insight in men and women with psychosis.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

444

Investigation of the Relationship between Automatic Thoughts and Thought Errors and Core Beliefs and Metacognitions in Depression Patients

Authors

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Abstract

Introduction and Aim: Depression is characterized by symptoms such as depressed mood, lack of interest or pleasure, fatigue, guilt, pessimism, thoughts of worthlessness, sleep and appetite disorders and sexual reluctance. Among the psychological theories, cognitive theory comes to the fore in its etiology. However literature studies on metacognitive theory, which is a relatively new approach increasing. The most important difference of metacognitive theory from cognitive theory is that the source of psychopathology is not in the person's thought content, but in the form of thought. The aim of this study is to examine the relationship between metacognitions and cognitions and depressive symptoms in depression.

Method: 100 patients who applied to the Dışkapı Yıldırım Beyazıt Training and Research Hospital Psychiatry Clinic and were diagnosed with Depression according to the Structured Clinical Interview for DSM-5 (SCID-5-CV) diagnostic criteria were included in the study. Depression Specific Sociodemographic Data Form, Beck Depression Inventory (BDI), Metacognition Scale 30 (MCS-30), Automatic Thoughts Scale (ATS), Thought Characteristics Scale (TCS), and Social Comparison Scale (SCS) were applied to the research participants.

Results: Automatic thoughts alone explain the severity of depressive symptoms to a large extent. Core beliefs explain less than automatic thoughts. Thought characteristics are the least influential. In the mediation models between core beliefs, automatic thoughts and thought characteristics, results supporting the classical cognitive theory were obtained. At the same time, it has been determined that metacognitions are effective on depressive symptoms through certain automatic thoughts and thought features.

Discussion and Conclusion: Core beliefs explain the level of depressive symptoms at a high level. It has been determined that certain automatic thoughts and thought characteristics have a role in the effect of metacognitions on the level of depression. This situation makes us think that the use of the two theories not separately from each other, but integrating them may be correct.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

447

The Effect of Cognitive Behavioral Therapy-Based Mobile Application Use on Physical Activity Levels in Overweight Individuals

Authors

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Abstract

Introduction: Obesity and overweight are global public health challenges associated with various physiological and psychological issues, diminishing overall quality of life. Reduced physical activity contributes to obesity, which, in turn, increases health risks and mortality rates. These conditions not only impact individual well-being, but also impose significant societal and economic burdens. This study evaluates the impact of a CBT-based mobile application, "Bi'kilo" designed for individuals with a BMI of 25 or higher, on their physical activity levels (PAL). While the effectiveness of mobile app-based CBT methods has been demonstrated in recent studies, there is a scarcity of CBT-based mobile apps targeting obesity. The "Bi'kilo" app aims to enhance motivation by enabling users to monitor their physical activities, set goals, and receive feedback.

Methods: In this 10-week randomized controlled trial, participants used the CBT-based 'Bi'kilo' mobile app to implement self-directed physical activity plans. Physical activity levels (PAL) were measured before and after app use. Routine blood tests and anthropometric measurements were conducted. The International Physical Activity Questionnaire (IPAQ) was administered. Preliminary results were based on 22 individuals who completed the initial phase and were randomly divided into two groups: experimental and control, each with 11 participants. Changes in PAL were evaluated at both the 1st and 10th weeks using the IPAQ. Data was reported in terms of percentages, means, and standard deviations, and comparisons between data points were performed through repeated measures ANOVA.

Result: In this investigation, we evaluated the impact of the CBT-based 'Bi'kilo' mobile application on exercise behaviors. The experimental group collectively achieved a weight loss of 12.5 kilograms, in contrast to the control group, which exhibited a weight gain of 24.9 kilograms. The experimental group demonstrated a noteworthy increase of 722 points in their IPAQ scores following their engagement with the Bi'kilo mobile application. Conversely, the control group experienced a decrease of 77 points in their PAL Scores.

Discussion: According to the study findings, it is evident that the Bi'Kilo mobile application exhibits potential in reducing PAL and facilitating weight loss. Nevertheless, due to the relatively minor magnitude of weight loss, statistical significance may not have been achieved. This could be attributed to the initial variances in participants' physical activity levels, with the experimental group commencing the study with an average PAL of 802, while the control group had a baseline PAL of 1373. Additionally, the small sample size may limit the generalizability and statistical power of our findings.

Conclusion: While the Bi'Kilo mHealth application did not yield statistically significant results in this study, it is evident that it has been beneficial for weight loss and PAL. These findings have the potential to offer design recommendations for future mobile health applications targeting healthy weight loss among individuals with weight issues.

Project Name: "Development and Efficacy Testing of a Cognitive-Behavioral Therapy-Based Weight Control Mobile Application 'Bi'kilo'.

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Track

OPEN PAPERS

Topic Areas

Public Health (Including COVID-19) , Digital Health

Submission ID

449

Generalization of Exposure Therapy Effects to Untreated Stimuli

Authors

Prof. Armin Zlomuzica - Germany - Ruhr University Bochum

Abstract

Exposure is considered as the most effective intervention to attenuate exaggerated fear. The extent to which exposure treatment effects can generalize to fears not targeted during treatment remains elusive. In a series of recent studies, we demonstrated that a generalization of therapeutic effects during exposure is possible across stimuli which belong to the same category yet differ perceptually from each other. Subjects with fear of spiders and cockroaches who underwent an exposure for one phobic stimulus (spiders), whereas the other phobic stimulus (cockroaches) was left untreated, exhibited attenuated fear to both spiders and cockroaches. We further showed that exposure treatment generalization can be observed for untreated stimuli which do not share any perceptual resemblance with treated stimuli and belong to a different fear category. Findings from our studies indicate that exposure might entail beneficial effects which go beyond the observed reductions in fear and avoidance related to the treatment stimuli. Future research aimed to identify the decisive factors underlying exposure treatment generalization might help to expand the generalization effect permanently to any given type of fear.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

450

Examining the Relationship between Flexibility in Retrieving Autobiographical Memories and Social Problem Solving in Depression

Authors

Dr. Barbara Dritschel - United Kingdom - University of St Andrews

Abstract

Previous research has established that dysphoric individuals have difficulty in flexibly retrieving specific autobiographical memories (Dritschel et al., 2013). Specific autobiographical memories refer to memories for highly contextualized events that last less than one day (e.g., going out to dinner for my niece's birthday). Flexible retrieval refers to the ability to retrieve a specific autobiographical immediately after retrieving a more general autobiographical memory that represents a summary of events (e.g., going to play tennis on Friday afternoons). The ability to retrieve specific memories flexibly is deemed to be important for a range of functions including problem-solving and emotion regulation. However the relationship between social problem-solving ability and flexibility in retrieving autobiographical memories as well as general cognitive flexibility has not been tested. A further question is how this relationship varies as a function of depression. The current study investigated these questions. It was predicted that reduced flexibility in retrieving autobiographical memories would be associated with poorer social problem –solving. We also predicted that this effect would be more pronounced in our depressed versus non-depressed sample. Twenty depressed and 20 non-depressed took part in the study. Cognitive flexibility on the Brixton spatial appreciation task and flexibility in retrieving autobiographical memories were assessed together with several indices of problem –solving performance. The Social Problem Solving Inventory Revised (SPSRI) was used to assess attitudes to problem solving and other process outcomes. The Means Ends Problem Solving task (MEPS) assessed the ability to solve hypothetical social problems. Further individual difference measures of rumination and emotional regulation were also measured. A significant difference was found between the non-clinical and clinically depressed groups on the autobiographical memory flexibility measures and social problem solving measures. Memory flexibility was associated with some aspects of social problem-solving. The implications of the findings for the complex relationship between memory retrieval and social problem solving in depression are discussed.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

451

The Mediator Role of Schema Modes in the Relationship Between Parentification and Co-Dependency

Authors

Dr. Buket Ünver - Turkey - Işık University
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Dr. Bahar Köse Karaca - Turkey - Rumeli University
Ms. Ceyhan Kahveci - Turkey - Işık University

Abstract

Introduction: The disruption of the hierarchy between the parent and the child obscures the role of the child in the family. Parentification is characterized by the child taking emotional and/or instrumental responsibilities and caring for parents and siblings. Therefore, lead to significant difficulties in the child's development of a self, and these difficulties may be reflected in the child's romantic relationships in adulthood in the form of difficulties in thinking independently. This situation is conceptualized as co-dependency and is defined as excessive focus on others, assuming full responsibility, and low self-esteem. It is hoped that discovering the roles of schema modes, which are defined as emotional and behavioral states that emerge suddenly when people are hypersensitive, in these relationship styles will be a significant guide, especially in therapy sessions. Therefore, the main purpose of this study is to determine which schema modes mediate the relationship between parentification and co-dependence.

Method: The research was conducted with 355 participants aged 18-69 years. The Sociodemographic Form, Parentification Inventory, Co-Dependency Assessment Scale, and Schema Mode Scale-Short Form were used in the study. Process Macro analysis Model 4 developed by Hayes (2013) was used to test the mediating role of schema modes between parentification and co-dependency.

Results: According to the results of the analysis, the level of co-dependency is higher in women. Eight different mediator effect models were tested, including child modes, coping modes, parent modes, and healthy adult mode, between parent-focused parentification and sibling-focused parentification and co-dependency. The mediating role of the angry child mode, self-aggrandiser mode, and demanding parent mode was found between parent-focused parentification and co-dependency. In addition, the mediating role of the punitive and demanding parent mode was found between sibling-focused parentification and co-dependency.

Discussion: It is noteworthy that the same mediating effect between both parent-focused and sibling-focused parentification and co-dependency is the demanding parent mode. The demanding parent mode, which prioritizes the needs of others, predicts co-dependency and shows the mode that should be studied first in treatment. The attention is drawn to the mediating variable between the punitive parenting mode, characterized by self-blaming aspects in individuals who assumed the responsibility of caring for their sibling during childhood, and perfectionism, which is co-dependency. Similarly, it is observed that the self-aggrandiser mode compensates for the emotional deprivation caused by parentification. These modes, which develop in root family interaction, mediate similar imbalances in adult roles. The prominence of the angry child and self-aggrandiser mode suggests that these individuals can be evaluated especially in terms of narcissism in studies and/or therapy sessions that examine the relationship between parentification and co-dependency.

Conclusion: The schema modes come from the experiences of their root families and continue actively in the adulthood romantic relationships of individuals who take responsibilities that are not suitable for their developmental level in their childhood. It is thought that this study will enable individuals who experience parentification to define their unhealthy roles and explore their relational problems and will provide a new perspective on the predictor of childhood experiences on adulthood.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

459

A Longitudinal Examination of the Relationship between Intolerance of Uncertainty and Ontological Well-Being in Adolescence*

Normalization of Postdiction and Frontal Alpha-Rhythm Asymmetry During Cognitive-Behavioral Therapy in Schizophrenia

Authors

Prof. Szabolcs Kéri - Hungary - Budapest University of Technology and Economics, Department of Cognitive Science, National Institute of Mental Health, Neurology and Neurosurgery, Budapest, Hungarian Association for Behavioural, Cognitive and Schema Therapies

Abstract

Introduction: Patients with schizophrenia exhibit enhanced confidence in events that never occurred and overestimate their internal predictions (postdiction), which correlates with impaired reality testing and psychotic symptoms. In addition, cognitive rigidity is characterized by failure in shifting prefrontal lateralization during reasoning and problem-solving (left greater than right). This study aimed to investigate how these cognitive and electrophysiological markers change during cognitive-behavioral therapy (CBT).

Methods: We enrolled 25 patients with schizophrenia stabilized on antipsychotic medications. All participants received CBT for 12 weeks, explicitly focusing on delusions and negative symptoms. We tested overestimated internal predictions using a visual postdiction task during which participants predicted which of four white squares flashed on the computer screen would turn red. Postdiction was measured by overestimating the likelihood of correct decisions on color changes above chance. Frontal resting-state asymmetry was measured with NEUVO – CURRY 8X-system with a 256-channel Quik-Cap Neo Net (Compumedics, NeuroScan). The clinical symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS) by a rater blind to the study's aims.

Results: There was a significant reduction of positive, negative, and general symptoms of schizophrenia during the treatment, as indicated by PANSS differential scores ($p < 0.05$). In addition, the patients with schizophrenia exhibited significantly decreased postdiction ($p < 0.01$). We also observed a shift to left frontal activation relative to the right ($p < 0.01$). Decreased postdiction correlated with the reduction of positive symptoms ($r = 0.52$). However, changes in frontal asymmetry were unrelated to the clinical improvements and to normalized postdiction.

Discussion and conclusions: These results indicate that successful CBT in schizophrenia focusing on delusions and negative symptoms is associated with changes in neurocognitive and electrophysiological markers indicating overconfidence in internal predictions and cognitive rigidity. By the end of the treatment, the patients display enhanced reality testing and better cognitive flexibility, as indicated by ameliorated postdiction and left-shifted frontal activation.

Track

OPEN PAPERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

466

Enhancing Positive Cognition Using Gratitude Practices in The Treatment of Depressive Symptoms: A Randomized Controlled Trial

Authors

Mr. Yakup Işık - Turkey - Association for Psychology and Psychotherapy Research
Dr. Senem Eren - Turkey - Ibn Haldun University

Abstract

Introduction: Depression is a mental health disorder with a high prevalence worldwide (WHO, 2022). Individuals with depressive symptoms often experience overt difficulties in processing positive data which leads them to develop an impaired perception of reality, making it important to consistently establish positive memory networks and to use interventions that actively promote positive cognition (Beck, 2019, p. 26; Watkins, 2013, p. 178). Gratitude is a psychological construct that has positive relationship with many mental health indicators and gratitude intervention programs are known to reduce depressive symptoms (Bohlmeijer et al., 2020; Cregg & Cheavens, 2021). The aim of the current study was to analyze the effect of the Gratitude Based Intervention Program (GBIP), developed by the researchers, on the depressive symptoms and gratitude levels of adults aged 18-40 with depressive symptoms.

Method: A total of 290 people from various regions of Turkey applied to partake in this study. Of the 132 participants who met the inclusion criteria, 66 participants were randomly assigned to the experimental and control groups respectively. A 4-week GBIP (online intervention program containing exercises to enhance positive cognitions and behavioral activation) was applied in the experimental group and no intervention was applied to the control group. Participants' level of depressive symptoms were measured with the Beck Depression Inventory (BDI), and gratitude levels were measured with the Gratitude Scale (GS) at three time points; before the intervention (pre-test), at the end of the intervention (post-test) and 4 weeks after the end of the intervention (follow-up test).

Results: The findings showed that GBIP significantly reduced depressive symptoms and significantly increased gratitude in the experimental group. In addition, these improvements were maintained at the 4 week follow-up. The depressive symptoms and gratitude levels of the control group did not differ significantly at any measurement point.

Discussion-Conclusion: As hypothesized, the Gratitude-Based Intervention Program was found to be effective in reducing depressive symptoms and increasing levels of gratitude in adults with depressive symptoms, in comparison to the control group. These improvements were maintained 4 weeks post-intervention. This study contributes to the literature in terms of methods that can be used in the treatment of depression. Another contribution of the study is demonstrating the effectiveness of online applications in achieving positive results in depressive individuals. Considering the challenges faced by depressive individuals in seeking support and maintaining participation due to social withdrawal, the potential applications of this new gratitude based intervention program are promising.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

475

T-RAC: Exergame-Augmented Dynamic Imagery Intervention to Rehabilitate Motor Cognition as an Add-on to CBT and Behavioral Activation Treatment

Authors

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Dr. Marius Drugas - Romania - University of Oradea
Dr. Carmen Bora - Romania - University of Oradea
Mrs. Ioana Sanislav - Romania - University of Oradea
Mrs. Felician Borz - Romania - University of Oradea
Dr. Ioana Sirbu - Romania - University of Oradea

Abstract

Technical /Scientific background: Deficiencies in action simulations are suggested to act as mechanisms involved in emotional disorders. Individuals with deficiencies in action simulations often benefit less from imagery interventions. To boost imagery interventions, we developed a rehabilitation-based procedure to increase action and affective simulations. We focus on two potential solutions based on embodied processes for improving imagery: (1) exergames and (2) dynamic imagery. Remote kinematics in the form of exergaming (XboxKinect™ games) results in the augmentation of motor (kinesthetic) imagery, increased motor rehabilitation in stroke patients, motor learning and work as a stand-alone intervention for the reduction of depressive symptomatology. Dynamic imagery or imagery doubled by mimicry of simulated movements increases the vividness of mental imagery, it is superior to static imagery regarding motor learning, and that deficits in imagery which are evidenced by static motor imagery are not evident when a dynamic strategy of motor imagery is adopted.

Key features of the technology presented

The procedure involves several components:

- (1) **Conceptualisation.** The therapists explain the deficits in action simulation related to the patient condition and describes the augmentation of action simulations by exergame, actfulness, action memory, and dynamic imagery.
- (2) **Remote kinematic exposure** in which clients are exposed to remote kinematic experience to increase motor recruitment to imagery. We describe the protocol for doing the Kinect exposure.
- (3) **Actfulness** is a 5-minute exercise in which clients focus on movement sensation and synchronise hand gesture with breathing to increase the action simulation-outcome association. An audiotope will be presented.
- (4) **Action memory rescripting.** We describe the procedure used in the protocol.
- (5) **Dynamic imagery**-is a dynamic imagery procedure we use to support the recruitment of motor and affective experience during imagery. We describe how we use the supported simulation method to boost action imagery.

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Brief description of the TD presenter(s) (maximum of 2)

Alexandru Tiba, PhD is currently senior assistant professor in the Department of Psychology, University of Oradea, Romania. He is a CBT supervisor affiliated to Romanian Association of Cognitive and Behavioural Psychotherapies, Cluj-Napoca, Romania and senior clinical psychologist specializing in cognitive behavior therapy certified by the Romanian National Board of Psychologists. His research falls in the domains of clinical cognitive science, embodied simulation and the development of science-derived psychological treatments.

Implications for everyday clinical practice of CBT

The intervention may be used as an add on to existing CBT procedures such as behavioural activation.

The intervention may be used as tool to increase treatment acceptability.

The intervention may be selected for patients with deficiencies in positive affect and mental imagery.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

479

Safety Behaviours Among Early and Middle Adolescents With Social Anxiety Disorder (SAD). Developmental Presentation and Response to Treatment

Authors

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Dr. Pauliina Parhiala - Finland - Tampere University
Dr. Liisa Voutilainen - Finland - Tampere University
Mr. Jaakko Monthan - Finland - Tampere University
Ms. Kaisa Kärkkäinen - Finland - Tampere University
Prof. Mauri Marttunen - Finland - University of Helsinki

Abstract

Introduction. Safety behaviours (SBs) are key maintaining symptoms of Social Anxiety Disorder (SAD). Population study suggests there may be age-related differences in the types of safety behaviours used by adolescents in social situations. However, data is scarce on whether such differences are present among adolescents with SAD. Theoretically, more advanced, active SBs aimed at impression management might be more prevalent among older adolescents. As social, cognitive, and affective development during adolescence is rapid and social interactions are of high emotional relevance, it seems indicated to study possible differences in SBs between early and middle adolescents with SAD. It is also important to examine how adolescents' SBs respond to clinical treatment. Results from such studies may aid in further development of SAD interventions for this developmental period, coinciding with peak of SAD onset.

Aim. The first aim of this study was to examine possible age-related differences in the use and presentation of SBs between early and middle adolescents with SAD. Second, the effect of developmentally oriented cognitive therapy (DOCT-SAD) to the decrease in the use of SBs was studied.

Method. A group of 41 adolescents, aged 13-17 years were identified from school health and welfare services as a part of research trial. A semi-structured interview was administered to adolescents and their parents to detect a range of clinical disorders. All DSM-5 anxiety disorders were assessed with ADIS-5 anxiety disorder module. All participants had primary SAD. Participants completed SAFE, a 32-item self-report measure assessing frequency of engaging in SBs of three types, represented by subscales restricting behaviours (RB), active/impression management behaviours (AB), and managing physical symptoms of anxiety (MPS). Questionnaire data were analyzed using independent samples t-tests and explorative item analyses between age groups. A pilot subgroup (n=10) was treated with DOCT-SAD. Treatment response analyses utilized Wilcoxon signed ranks test.

Results. Mean age (SD) of adolescents was 15.0 (1.1) years. Of them, 24 (58.5%) were aged 13-14 (early adolescents) and 17 (41.5%) aged 15-17 (middle adolescents). Mean (SD) SAFE score was 66.0 (21.1) in the whole sample; no differences between middle and early adolescents (68.3 vs. 64.4 points, n.s.) were found. Compared to early adolescents, middle adolescents reported a trend towards using more MPS-type SBs, showed by higher mean MPS subscale total score ($p=0.08$), and higher mean MPS subscale score adjusted and corrected relative to SAFE total score ($p=0.06$). Unexpectedly, early adolescents showed a trend for higher use of active SBs, demonstrated by higher AB subscale mean score adjusted and corrected relative to SAFE total score ($p=0.06$). Marked gender differences were noted across different SBs. Item analysis suggested that some SBs requiring active interactions with peers (both AB and MPS type) and rationalization of own anxiety by devaluing others were more prevalent among middle adolescents. Mean pre- to post-treatment reduction in SAFE total score was -31.4 points ($Z=-2.80$; $p=.005$, $d = 1.614$) after DOCT-SAD.

Discussion. More research is needed on developmental presentation of SBs in adolescents with SAD. SBs in this age group seem responsive to clinical, targeted treatment.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

481

The Predictive Value of Cognitive Biases for Acrophobic Avoidance Behavior

Authors

Ms. Beray Macit - Germany - Ruhr University Bochum
Ms. Annalisa Lipp - Germany - Ruhr University Bochum
Prof. Armin Zlomuzica - Germany - Ruhr University Bochum
Dr. Simon E. Blackwell - Germany - Ruhr University Bochum
Prof. Jürgen Margraf - Germany - Ruhr University Bochum
Prof. Marcella L. Woud - Germany - Ruhr University Bochum

Abstract

Introduction: Acrophobia is a specific phobia characterized by fear and avoidance of heights. Exposure therapy is regarded as the gold-standard treatment. However, not all patients benefit from it or relapse, particularly in the long term. Therefore, a deeper understanding of the underlying mechanisms is needed to improve the efficacy of exposure therapy. Here, recent conceptualizations put forward that cognitive change may be a driving mechanism, i.e., exposure should be operationalized such that the patients' dysfunctional cognitions are maximally violated. Interpretational processing biases may reflect such cognitions, and they play an important role in the etiology and maintenance of anxiety disorders such as acrophobia. Specifically, it is assumed that they are (causally) related to e.g., fear and anxiety-relevant avoidance behaviors. Hence, understanding the relationship between cognitive, emotional, and behavioral processes may be an important prerequisite to operationalize exposure-based treatments more effectively, and advancing our understanding of this interplay is the main aim of this presentation.

Method: This talk will present a subset of the data we are currently collecting in the context of a randomized clinical trial (RCT, ClinicalTrials.gov ID: NCT05780203). The RCT includes patients diagnosed with an acrophobia and investigates the potentially beneficial effects of computerized interpretation training on exposure. For the purpose of this talk, we will include the following baseline data: The Encoding Recognition Task (ERT) and Heights Interpretation Questionnaire-German (HIQ-G) to assess interpretational processing biases, data of a Behavioral Approach Test (BAT) to assess avoidance behaviors, and the Acrophobia Questionnaire (AQ) to assess height-related anxiety and avoidance.

Results: The RCT is currently on-going, and it is planned that the data collection will be completed in September 2023 ($N_{\text{target}} = 80$). We will investigate the relationship between interpretational processing biases, levels of acrophobia, and behavioral avoidance tendencies via correlational analyses, using outcomes of the baseline ERT, HIQ-G, BAT, and AQ. Further, regression analyses will be conducted to specify and nuance the predictive validity of the assessed interpretational and anxiety-related concepts, with a specific focus on predicting acrophobic avoidance tendencies assessed during the BAT.

Discussion: This open paper will summarize the main findings and will embed them into the broader literature on cognitive-emotional-behavioral mechanisms in acrophobia. In addition, we will give an outlook of the transfer of these findings regarding the operationalization and fine tuning in the context of exposure-based treatments in acrophobic samples.

Conclusion: This study aims to deepen our understanding of the cognitive-emotional-behavioral mechanisms underlying acrophobic behavior and its treatment. By investigating interpretational processing biases and their relationship with anxiety-related concepts, the findings have the potential to enhance the efficacy of exposure-based treatments for acrophobia and may also be relevant for other anxiety- and fear-related disorders.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

484

Mindfulness Integrated Cognitive-Behavioral Group Therapy in Cases of Illness Anxiety Disorder (IAD) and Somatic Symptom Disorder (SSD)

Authors

Selçuk Aslan

Abstract

Introduction: Illness Anxiety Disorder (IAD), and Somatic Symptom Disorder (SSD) both conditions are challenging cases in psychiatry.

Illness Anxiety Disorder, formerly known as Hypochondriasis, is a mental health disorder characterized by excessive worry and fear about having a serious medical condition, despite having little or no medical evidence to support the belief. Individuals with IAD often misinterpret minor bodily sensations or normal bodily functions as signs of a severe illness. This preoccupation with health concerns can lead to distress, frequent doctor visits, and a significant impairment in daily functioning.

Somatic Symptom Disorder is another mental health condition characterized by a heightened focus on physical symptoms and distress related to these symptoms. Individuals with SSD may experience a range of physical complaints and symptoms, which can be either mild or severe. Unlike IAD, the concern in SSD is not necessarily about having a specific illness but rather the distress and preoccupation with bodily sensations or functions. This preoccupation can significantly interfere with a person's daily life and can be associated with excessive doctor visits, medical tests, and treatments, even when there is no clear medical explanation for the symptoms.

This study presents our experiences with cognitive-behavioral group therapy in cases of Illness Anxiety Disorder (IAD) and Somatic Symptom Disorder (SSD). The study was conducted online at the Psychiatry Clinic of Gazi University and aims to provide insights into the planning and implementation of a CBT program integrated with Mindfulness and Acceptance practices.

Method: Online CBT group therapy sessions were conducted via the Meet program, with each session lasting 90 minutes and conducted weekly over a period of 10 weeks. The participation of the main therapist and accompanying assistant therapists was ensured. Following a preliminary assessment conducted by an assistant therapist, patients who met the criteria and agreed to participate were included. Two consecutive groups, totaling 12 patients, were planned, and therapy sessions were completed with seven patients in two separate consecutive groups. Participants were assessed using the Beck Anxiety and Depression Inventories, Health Anxiety Scale, Somatic Symptoms Scale, Symptom Interpretation Scale, and SF-36 at weeks 1, 5, and 10.

Session Structure: Sessions 1-2 focused on introducing the cognitive model and formulating IAD and SSD. These sessions explored the sympathetic system, emotions, and the relationship between symptoms. Mood assessments and evaluations of recent week symptoms were conducted at the beginning of each session. Homework assignments relevant to the session's topics were given, and the first 15 minutes were dedicated to setting the agenda for the session.

Subsequent sessions included the following content:

Understanding thoughts and their functions

Recognizing emotions and behaviors

Psychoeducation

Thought defusion exercises (observing thoughts from a distance)

Examining the differences between the observing self, automatic thinking mind, and being in the moment

Acceptance and letting go exercises

Mindfulness practices (e.g., 20-minute body scan, 3-minute breathing space, and attention deploying exercises using objects, colors and sounds)

Explaining cognitive structure (Core and Intermediate Beliefs, Automatic Thoughts)

Cognitive restructuring

Identifying and understanding the function of symptoms

Exploration of values

Exposure to symptoms and illness scenarios

Use of metaphors to understand strategies and their results

After each group session, the therapy team evaluated and determined the content for the following week based on participants' progress and needs.

Termination Phase: The final two sessions were dedicated to termination and developing strategies for addressing recurring problems. A review of learned skills was conducted, and participants created a toolbox for potential future challenges.

Results: The study included participants with an average age of 32.71 ± 6.13 (Min 29, Max 41), consisting of 5 females and 2 males. While changes in values related to depression, illness anxiety, physical symptoms, and the interpretation of these symptoms were observed, it is not appropriate to draw conclusions due to the small number of participants. The p-value could not be determined.

Discussion: Our preliminary results suggest potential benefits in integrating Mindfulness and Acceptance practices into CBT for patients with SSD and IAD. However, the main limitation of our study is the small number of participants. Nevertheless, our study is ongoing, and the results presented here are preliminary and serve as an interim report.

Comparison of changes in participants from baseline to cbt group termination.

	First Week	Fifth Week	Tenth Week
BAI	27,29 ± 11,90	13,71 ± 9,71	11,29 ± 6,26
BDI	15,14 ± 11,13	8,43 ± 7,07	6,29 ± 4,07
SF36			
-Physical Functioning	76,43 ± 25,12	87,14 ± 23,43	88,57 ± 23,93
-Role Limitations Due to Physical Problems	50,00 ± 47,87	39,29 ± 42,96	36,43 ± 46,07
-Role Limitations Due to Emotional Problems	38,07 ± 40,48	42,84 ± 46,00	42,84 ± 46,00
-Vitality	41,43 ± 26,88	54,29 ± 13,36	51,43 ± 19,09
-Mental Health	56,57 ± 22,20	69,86 ± 16,74	73,71 ± 15,98
-Social Functioning	51,79 ± 24,40	67,14 ± 22,47	63,57 ± 14,71
-Bodily Pain	79,64 ± 15,24	80,00 ± 14,07	83,21 ± 13,28
-General Health Perceptions	43,57 ± 16,26	50,71 ± 21,68	55,00 ± 20,82
Somatic Symptom Scale			
	11,71 ± 5,12	10,71 ± 3,73	8,86 ± 3,48
Health Anxiety Inventory			
	28,43 ± 10,78	24,71 ± 9,67	20,57 ± 8,58
Symptom Interpretation Questionnaire			
	116,57 ± 16,52	113,86 ± 13,42	117,57 ± 16,96
-Normalizing	38,86 ± 3,48	37,86 ± 6,84	40,43 ± 8,18
-Psychological	39,57 ± 7,57	38,43 ± 6,95	39,43 ± 9,65
-Somatic	38,14 ± 8,38	37,57 ± 8,52	37,71 ± 8,52

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

487

Investigating the Effectiveness of Acceptance and Commitment Therapy to Increase Psychological Flexibility in Parents of Children with Attention Deficit Hyperactivity Disorder

Authors

Mrs. Ahsen Uluçay - Turkey - Ibn Haldun University

Dr. Hasan Turan Karatepe - Turkey - Istanbul Medeniyet University, School of Medicine, Department of Psychiatry, Istanbul, Turkey

Abstract

Introduction: Intervention programs targeting parents of children with Attention Deficit Hyperactivity Disorder (ADHD) primarily focus on behavior-based psychoeducation for managing child behaviors (Coates et al., 2015). Limited interventions are available for parents of ADHD-diagnosed children in Turkey. Acceptance and Commitment Therapy (ACT)-based interventions for ADHD parents are also limited, with no studies found in Turkey. The aim of this study was to develop an ACT-based intervention to examine its effect on parenting stress and psychological flexibility in parents of children with ADHD.

Methods: This study employed a randomized controlled semi-experimental design with pre-test, post-test, and one-month follow-up measurements. We assessed parental psychological flexibility, parenting stress, self-compassion, depression anxiety stress, and life satisfaction. Participants were selected homogeneously through simple random sampling based on inclusion and exclusion criteria, resulting in a total of 34 parents, with 16 assigned to the experimental group. The intervention program comprised six 90-minute sessions over two days for the ACT group. Following the completion of follow-up measurements for the experimental group, the control group attended a one-day ACT workshop.

Results: The results have demonstrated significant differences in favor of the experimental group, as evidenced by the post-test and follow-up measurements. The experimental group had significantly reduced parenting stress and increased sub-dimension of parental psychological flexibility, committed action, as shown in the post-test. Furthermore, in the follow-up measurements, there were increased parental psychological flexibility and life satisfaction, along with reductions in parenting stress and total scores on the depression anxiety stress scale. Although no significant difference was observed between the two groups, a significant increase in self-compassion levels was found in the experimental group in the post-test compared to pre-test. However, no significant differences were observed in depression symptoms.

Discussion: The findings of this study highlight the positive effects of the ACT intervention on the well-being of parents of children with ADHD. These results emphasize the potential of ACT interventions to enhance the well-being of parents dealing with the challenges of raising children with ADHD. Additionally, consistent with prior research indicating that changes associated with ACT treatments tend to become more pronounced months after following the intervention's completion (Gould et al., 2018). Further research is needed to explore the specific factors influencing the impact of ACT on depression symptoms and to evaluate the long-term effects of the intervention.

Keywords: ADHD, parenting, psychological flexibility, acceptance and commitment therapy.h

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

492

The Diminished Social Motivation: How Overgeneralized Autobiographical Memory Mediates the Relationship Between Depression, Rumination, Negative Core Beliefs and Social Anhedonia

Authors

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Abstract

Social anhedonia (SA), the loss of interest in or pleasure from social interactions, is one of the cardinal symptoms of Major Depressive Disorder (MDD) and is traditionally measured through self-reports. Due to negative memory biases in MDD, retrospective self-measurements indicating high SA levels might not accurately represent the momentary social experience of the individuals. Experimental studies have provided evidence that individuals with MDD report lower levels of social motivation, yet they may still enjoy social interactions to the same degree as healthy individuals. The present study posits that individuals report lower levels of social motivation, as the perceived rewarding value of social interactions in autobiographical memory (AM) becomes distorted through overgeneralization with increasing levels of depression, negative rumination, and core beliefs. To investigate these relationships, 180 adults diagnosed with mild to severe MDD and 177 healthy controls were recruited to complete the Beck Depression Inventory, Revised Social Anhedonia Scale, Reactions to Positive Emotions Scale, Memory Content Evaluation Form, and Short Autobiographical Memory Scale. Results showed that SA levels were negatively associated with the precision of AM, positive ruminations, and positive beliefs about self, others, and the future while positively associated with depression and reduction in positive emotion levels. Also, a regression analysis showed that levels of depression, reduction in positive emotions, overgeneralized AM, and beliefs about others are significant predictors of SA. To supplement the correlational findings of this cross-sectional phase, an invitation will be extended to all participants to participate in a 13-day Ecological Momentary Assessment (EMA) study that will compare the real-time and retrospective social motivation and pleasure levels of the participants during and after various social interactions. The study sample will consist of 40 outpatients diagnosed with mild to severe MDD and 40 healthy controls who will complete short questionnaires sent to their smartphones five times a day for 13 days to indicate their activities and how much they want and enjoy their social interactions at that moment. Additionally, at the end of each day, and on the seventh and final day of the study, participants will re-evaluate their past social pleasure experiences and provide a rating of their anticipatory motivation levels for future similar interactions. The study anticipates that MDD participants will exhibit significantly reduced momentary and anticipatory social motivation levels, but their momentary social pleasure levels will not significantly differ from healthy participants. Furthermore, the retrospective social pleasure ratings of the MDD group will be significantly lower than their own momentary ratings, and the propensity to form overgeneralized memories, the reduction of positive emotions, and the presence of a negative cognitive triad will predict the extent of this discrepancy. Besides the findings of the survey study, the feasibility of the EMA study, including the acceptance rate and the characteristics of participants who consent to participate, will also be reported along with an assessment of the motivation for receiving a personalized feedback report in order to support future studies.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

502

Enhancing Parenting and Child Behavior: A First RCT With the Emotion-Focused «Tuning in to Kids» Parenting Program in Switzerland

Authors

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Abstract

Emotion-focused parenting interventions have only rarely been evaluated systematically in Europe. Tuning in to Kids (TIK) is an evidence-based parenting program that uses emotion socialisation theory with evidence first established in Australia. Theoretical influences include Emotion-focused Therapy, Mindfulness, Neuropsychology, Attachment Theory and Meta-Emotion Theory and Acceptance Commitment Therapy.

Parents attend six weekly group meetings for 2,5hours. Methods include psycho education, role-play, counseling and video demonstration, relaxation techniques. Research from several countries and different cultures (Australia, Norway, Iran, China, USA, Turkey, Germany) the effectiveness in enhancing parenting and child behavior outcomes. TIK has proved effective in primary prevention and as a cost-effective intervention for e. g., anxiety, ADHD, trauma, and disruptive behavior.

This study investigates the effectiveness of the online delivery of TIK during the covid-19 pandemic in a randomized controlled trial in Switzerland

Parents (N = 141) with children between three and six years of age were included in the study and randomly assigned to an intervention (attended groups in 2021) and wait-list control group (attended groups in 2022). Parents' beliefs about emotions, their reported reactions to the child's negative emotions, family emotional climate and child behavior (internalizing and externalizing) improved after the intervention and stayed better until the six months follow-up in the intervention group, but not in wait-list controls. Adherence to the program in both groups was very high.

This study shows that parent emotion socialization practice is changeable with effects even on child behavior and even after online delivery. This makes Tuning in to Kids a promising emotion-focused parenting intervention also in central Europe.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Digital Health

Submission ID

517

Do Adolescents Really Recover From Anorexia? A Systematic Review

Authors

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Abstract

Background: Anorexia Nervosa (AN) is an eating disorder that causes physical, behavioural and psychological deteriorations. Although diagnostic criteria are clearly defined, there has been no consensus on what recovery is. The primary aim of this project was to review prior studies indicating recovery criteria, as well as recovery rates of patients with adolescent-onset AN.

Method: Related studies were searched through three databases MEDLINE (Ovid), PsycINFO (Ovid), and CINAHL (EBSCOhost) from the beginning of November to the 28th of June 2022. A total of 15 English studies with patients who had adolescent-onset and DSM-V/ICD-11 diagnoses from 2013 to 2022 were included. A systematic review was conducted by following the PRISMA expanded checklist and the qualities of eligible articles were evaluated via the Quality Criteria Checklist (QCC).

Results: Of the 15 studies, two studies mentioned only the physical dimension of recovery, whereas the rest of the 13 studies covered behavioural and psychological dimensions of it. The measurement tools of assessment related to ED- pathology, course and/or outcome have changed between eligible studies and EDE-Q was found as the most frequently used. The follow-up years of the patients fluctuated from one to 30 years, and the recovery rate varied from 30.6% to 72%.

Discussion: In the current circumstances, there are some difficulties faced in defining recovered patients. Since no consensus was achieved, every researcher set their own recovery criteria. Until the policymakers of the field standardize the definition of recovery from AN, researchers that are interested in recovered patients or the outcomes of AN should be aware of the fact that inconsistencies in definition can affect the results of their research.

Track

OPEN PAPERS

Topic Areas

Long-term Mental Health, Eating Disorders

Submission ID

519

Critical Factors for Academic and Familial Development of Eritrean Refugee Children in Switzerland – A qualitative Study

Authors

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Prof. Andrea Lanfranchi - Switzerland - University of Teacher Education in Special Needs, Zurich, Switzerland.

Abstract

People from Eritrea are currently the largest group of asylum seekers in Switzerland, about 30000 already live in Switzerland; many of them have small children under six years of age. In the next few years thousands of children will start school. In the canton of Zurich, 450 Eritrean children are expected to start kindergarten each year. The specific social, cultural, and familial background, sometimes in combination with traumatizing experiences during the journey to Switzerland might be challenging for teachers school psychologists.

The aim of this study was to find predictors and determinants of academic success and adjustment. Official data was analyzed, complemented by an ethnographic approach to learn about familial mechanisms that could influence the family's and children's wellbeing and academic success. Five families of Eritrean origin were interviewed and asked about their family situation, their life before they came to Switzerland and to their living in Switzerland. Eritrean children are underprivileged in the Swiss academic system compared to Swiss students and even to children from other trouble spot countries. Almost all children had difficulties at school in the first months / years. Proactivity and future orientation of the mothers seem to help Eritrean children to interact with their life situation and strengthen the whole family whereas absent fathers, isolated mothers and discontinuity in the family history weaken the families and their well-being.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents

Submission ID

523

Clinicians and Service Users' Views of Psychological Intervention Doses for Psychosis and Paranoia: A Qualitative Study

Authors

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Abstract

Introduction: Psychosis, and the associated paranoid thinking, is one of the most debilitating forms of mental illness that leaves a person at their most vulnerable. Therefore, it is of critical importance that people who experience psychosis receive appropriate treatment to promote recovery and quality of life. In the UK, treatment guidelines for psychosis recommend “at least 16 sessions” of CBT and “at least 10 sessions” of family intervention (NICE, 2014). These guidelines highlight a lack of certainty regarding the optimal dose that should be offered. Also they are solely based on studies that used quantitative methods and did not consider the views of key stakeholders. In this study we will investigate clinicians and service users' views of optimal intervention doses of psychological interventions for psychosis and paranoia, including face-to-face and digital. Dose can be defined in a number of ways including the number, length, and frequency of sessions. The main objectives are: (1) to explore different stakeholder groups' understanding and perspectives on therapy dose, and (2) to seek consensus on the minimum, maximum and optimum number of sessions for psychological therapy in this sample.

Method: Focus groups were held with clinicians with experience of delivering a psychological therapy for psychosis or paranoia, and adult service users with experience of receiving a psychological therapy for psychosis or paranoia. Participants were recruited through existing clinical contacts within national psychosis services. The focus groups were conducted online via Microsoft Teams. The topic guide invited a discussion on the most helpful dose of face-to-face vs digital psychological therapies for psychosis and paranoia. Prior to attending the focus group, participants completed an online survey to gather demographic data and details of their experience of psychological interventions.

Results: Four focus groups with clinicians (n= 5, 4, 4, 2) and five focus groups with service users (n= 2, 3, 2, 3, 4) were conducted during May and July 2023. Sample characteristics will be summarised and tabulated. Other qualitative data from the online survey will be analysed using qualitative content analysis. Qualitative focus group data will be analysed using the Framework Method. The results of these analyses, currently underway, will be presented in the form of themes that address the main aims of the study, together with any emergent themes.

Discussion: We will discuss the emergent similarities and differences between clinicians and users views on doses of psychological therapy. We will give a sense of the breadth of opinion sampled and how this might be similar to, or different from, existing dose guidelines which are based exclusively on efficacy studies. We will consider how qualitative work could feed into future guidelines on dose recommendations. Finally, we will discuss to what extent it was possible to achieve our aim to reach a consensus on the minimum, maximum and optimum number of therapy sessions.

Conclusion: Insights from clinician and user views of psychological therapy doses will be useful to inform clinical practice, contribute to future revisions of guidelines and understand users' preferences and experience of receiving psychological interventions.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

527

Associations between Psychological Tendencies in Intimate Relationships and Positive Schemas

Authors

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Introduction: The present study aims to understand the associations between early adaptive schemas and psychological tendencies in intimate relationships. According to schema theory, patterns carried from one's family of origin and childhood experiences influence relationships in adulthood. Recently, there has been a focus on and interest in early adaptive schemas resulting from the fulfillment of core emotional needs. It is believed that a study focusing on positive schemas and relationships would contribute to the literature.

Method: Through the convenience sampling method via social media, a total of 389 participants were reached, consisting of 326 females and 63 males. 80% (316) of the participants did not have any psychiatric diagnoses. Among the participants, 63.5% were in an ongoing romantic relationship, while 36.5% had previous romantic relationship experience but were not currently in a relationship. The Demographic Information Form, Young Positive Schema Scale, and Multidimensional Relationship Scale were used as data collection instruments in the study. The Young Positive Schema Scale consists of 14 sub-dimensions: emotional fulfillment, success, empathic consideration, basic health and safety/optimism, emotional openness and spontaneity, self-compassion, healthy boundaries, and developed self, social belonging, healthy self-control/self-discipline, realistic expectations, self-directedness, healthy self-interest/self-care, stable attachment, and healthy self-confidence/competence. The Multidimensional Relationship Scale consists of 8 sub-dimensions: high levels of focus on the relationship, relationship satisfaction, relationship fear or anxiety, self-confidence in the relationship, relationship monitoring, external relationship control, relationship initiative, and internal relationship control.

Results: Independent Sample T-Test, ANOVA, and Pearson Correlation Analysis were used to analyze the data of the study. The results showed that positive schemas did not differ according to demographic variables such as gender, relationship status, duration of the relationship, and education level, but a difference was found between different age groups. Multidimensional relationship scores did not differ in terms of gender and duration of relationship variables but differed in terms of relationship status, age, and education level.

There is a positive correlation between relationship satisfaction, high levels of focus on the relationship, self-confidence in the relationship, relationship initiative sub-dimensions, internal relationship control, and positive schemas. There was a negative correlation between relationship fear/anxiety and relationship impression management (concern for others' opinions about one's close relationship) sub-dimensions and positive schemas. There is no significant correlation between external relationship control (perceiving the course of the relationship as being determined by chance or fate) and positive schemas.

Discussion: Associations between early adaptive schemas and dimensions of romantic relationship tendencies are discussed in light of the findings of a limited number of previous studies.

Conclusion: This study, being one of the pioneering works in the field, has demonstrated that adaptive patterns carried from childhood are associated with perception styles and behaviors within intimate relationships. Further research should reveal mediating mechanisms between those associations.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

536

Examining The Relationship Between Exposure to Psychological Violence and Aggression Level in Adult Individuals

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Abstract

Objective: The aim of this study is to examine the relationship between exposure to psychological violence and the level of aggression in adults.

Method: Research data were collected by online survey method from 459 viewers who agreed to participate between April and May 2023. Sociodemographic Data Form, Informed Consent Form, Exposure to Impressive Violence Scale and Buss-Perry Aggression Scale were used. results of the data. Cronbach Alpha values were calculated to see the reliability of the scales. Detailed statistics were used in the analysis of the data, and the Pearson weighted test was used to examine the relationship between the scales. Independent Groups T-Test was used to analyze whether the data differed by gender. Whether the data differ according to education level is discussed with One-Way ANOVA Analysis.

Results: There is a significant relationship between the level of exposure to psychological violence and aggression. Exposure to psychological violence and level of aggression do not differ according to gender and educational status.

Keywords: Violence, psychological violence, aggression

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

544

Process Evaluations of Digital Mental Health Interventions For People With Psychosis: A Mixed Methods Systematic Review Protocol

Authors

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Abstract

Background: Improving access and adherence to psychological interventions, such as cognitive behavioural therapy, is a persistent challenge in the treatment of psychosis. Research findings suggest that the use of digital mental health interventions, including those delivered via smartphone applications, virtual reality and the web, is a promising treatment modality for those with psychosis. However, a recent review has identified many barriers to the implementation of digital mental health interventions for this population. Therefore, there is a clear need to understand how digital mental health interventions are evaluated to better understand how they may be implemented in clinical practice for users with psychosis.

Process evaluations are a recommended research methodology for evaluating complex interventions and provides insight into an intervention's implementation, context and mechanisms of impact. Process evaluations of digital mental health interventions used by those with psychosis have been developed in the United Kingdom. However, a systematic review of these process evaluations is lacking.

This systematic review will summarise and assess the methodological quality of available process data for digital mental health interventions used by people with psychosis in the United Kingdom.

Methods: A two-phase systematic search strategy will be used to (1) identify an index sample of peer-reviewed randomised controlled trials conducted after 2004 in the United Kingdom indexed in CINAHL, PsycNet and the Cochrane Library and (2) identify associated publications. To be included, index samples must evaluate a digital intervention targeting a mental health difficulty used by those with psychosis aged 14 or over. For phase 2, an operational definition of process evaluations based on the Medical Research Council's framework will be used to identify process data reported in the associated publications. For both screening phases, reviewers will independently apply the inclusion criteria to all titles, abstracts and full texts. The methodological quality of trial index papers will be independently rated by reviewers using the updated Cochrane's Collaboration tool to assess risks of bias.

Results: Quantitative and qualitative data will be independently extracted from associated publications in tabular form by reviewers. Data will be synthesised using framework analysis using the Medical Research Council's process evaluation framework to organise process data into the following themes: intervention context, implementation and mechanisms of impact.

Discussion: Review findings will be used to give a summary of the frequency with which the Medical Research Council's process evaluation components are collected in studies conducted in the United Kingdom which can be used to identify areas for future research. The authors will also describe the labelling of process data to consider the accessibility of process data in this context.

Conclusion: Findings from the review will provide recommendations for future work on process evaluations and primary research in this field. Review findings may also provide recommendations on the reporting and dissemination of process data.

Track

OPEN PAPERS

Topic Areas

Long-term Mental Health, Digital Health

Submission ID

549

A Systematic Review of Parental Involvement in Digital CBT Interventions for Child Anxiety

Authors

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Abstract

Anxiety disorders are the most common childhood mental health conditions worldwide, affecting approximately 5.2% of youth. They have detrimental impacts on everyday functioning and long-term developmental trajectories, often leading to chronic, comorbid mental health disorders if not treated early on. Although cognitive behavioural therapy (CBT) demonstrates a substantial evidence base as a first line treatment for anxiety in children, only a small minority of those affected receive it due to resource limitations and other barriers. To improve access to evidence-based care, there have been substantial efforts in the last two decades to translate traditional face-to-face treatments into digital interventions that can be administered as self-help program or programs with minimal therapist guidance via the internet and/or using an electronic device. Current meta-analyses indicate that digital CBT for youth anxiety has outperformed waitlist comparisons and demonstrated equal efficacy to face-to-face CBT. Yet, the challenge remains to improve remission rates, treatment adherence, and long-term gains. As theoretical frameworks posit that child anxiety develops and is maintained in a family context, parental involvement has been put forward as potential variable influencing intervention outcomes. However, empirical findings on the benefits of parental involvement have been mixed, largely due to vast heterogeneity in methodology and intervention design. There are currently no clear guidelines regarding if, when, and how parents should be involved in digital interventions for child anxiety. This systematic review aims to identify the nature and characteristics of parental involvement in digital CBT intervention literature for child anxiety and to summarise how these may relate to short- and long-term treatment outcomes for child anxiety. For the purposes of this review, the participants are parents of 3- to 12-year-old children with an anxiety disorder diagnosis or elevated anxiety symptoms. Only studies on digital CBT interventions targeting child anxiety with an active parental component were included, and involved interventions delivered to parents only (that aimed to reduce child anxiety by improving parenting knowledge/practices/behaviour to support children with anxiety) or interventions that also included content for the children. Systematic searches of six electronic databases (including CINAHL, Embase, ERIC, PsycINFO, PubMed, and Scopus) were conducted to identify relevant peer-reviewed papers. Full-text articles meeting criteria were extracted by two reviewers, with risk of bias assessed using the Cochrane RoB2 and ROBINS-I tools. Twenty-three articles were deemed eligible for inclusion in the review. To summarise the nature and characteristics of parental involvement in digital CBT interventions for child anxiety comprehensively, the number, frequency, duration, format, and content of parent sessions were reviewed. The results will be discussed in terms of how these characteristics reflect what is currently known regarding effective parent involvement in child anxiety interventions. The review contributes to child anxiety research by being the first to systematically examine the characteristics of parental involvement in digital CBT interventions. The findings may directly inform the content development of future digital interventions aimed at improving treatment outcomes for children and their families.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Digital Health

Submission ID

558

Investigation of the Relationship of Mindful Eating with ADHD, Depression and Anxiety Symptoms in University Students

Authors

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Abstract

Introduction: Mindful eating is described as eating while paying attention to physical and emotional sensations. Although the association between mindful eating and various psychological factors has grown in relevance in recent years, there have been few comprehensive research on its relationship with psychiatric symptoms like depression and anxiety.

Method: Participants (N= 998), completed sociodemographic form, mindful eating, anxiety, depression, and ADHD questionnaires. Independent samples t-test and one-way ANOVA analyses were used to assess the difference between sociodemographic factors and scales.

Results: Hierarchical regression analysis revealed that in the final model, age ($p < .01$), BMI ($p < .001$), depression ($p < .001$), and ADHD symptoms ($p < .001$) significantly predicted mindful eating.

Discussion: It is significant to note that both physiological factors (age and BMI), and psychiatric factors (depression and ADHD symptoms), have a relationship with mindful eating in this study. It was determined that mindful eating positively related to age but negatively related to body mass index, anxiety and ADHD symptoms.

Conclusion: This study presented important findings on the relationship between mindful eating and psychological factors. The relationship between mindful eating and the severity of depression and ADHD symptoms should be supported by future intervention studies in clinical sample.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

562

Bipolar Affective Disorder and Early Maladaptive Schemas

Authors

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Abstract

Introduction: Early maladaptive schemas (EMS) are cognitive structures that develop due to negative life experiences in early childhood and they affect our emotions, thoughts and behaviors (1). Bipolar affective disorder (BAD) has been reported by WHO as the sixth rank among the diseases that cause disability in the society, and it is a chronic psychiatric disease that negatively affects the functionality of patients (2). There are many studies in the literature that draw attention to the association of EMS with psychopathology (anxiety disorders, depressive disorder, schizophrenia, etc.). However, there are few studies examining EMS and their effect on the prognosis of BAD.

The aim of our study is to examine how EMS that occur in the early period affect the prognosis of the disease when BAD patients are compared within themselves, and also to compare the differences between BAD patients and the control group in terms of the presence of EMSs.

Method: The Young Schema Questionnaire (YSQ) and a sociodemographic data form, to determine the prognosis of the disease, were applied to the euthymic patients diagnosed with BAD (n=50) who applied to psychiatry outpatient clinic and to the control group (n=50). Totally 100 patients were enrolled. Inclusion criteria: Age>18, having diagnosis for BAD and being in euthymic state at time of assessment. Exclusion criteria: Age>70 years, having diagnosis for psychotic disorder, having any degree of cognitive impairment.

Results: When BAD group was compared with controls, a significant difference was found in terms of failure, fear of abandonment, dependence/incompetence, defectiveness/shame and insufficient self-discipline schema dimensions' scores. When BAD patients were compared among themselves in terms of the prognosis of the disease: failure, pessimism, social isolation, dependence/incompetence, vulnerability, insufficient self-discipline and defectiveness schemas were found to be significantly higher in the poor prognosis group. failure, pessimism, social isolation, dependence/incompetence, vulnerability, defectiveness schemas were also associated with more frequent depressive attacks and hospitalization and showed more suicide attempts. Insufficient self-discipline were associated with more frequent manic attacks and hospitalization and showed more suicide attempts. failure, pessimism, social isolation, dependence/incompetence, insufficient self-discipline and defectiveness schemas were associated with lower financial status and irregular working. People who showed vulnerability, dependence/incompetence, insufficient self-discipline, failure, pessimism schemas tend to live with their parents.

Discussion: Findings suggest that BAD patients experience difficulties in their autonomy functions. There may be a lack of being functional in interpersonal relations and using emotion regulation strategies that will contribute to the adaptation processes in this sense.

Conclusion: Determining the underlying schemas and basic needs of BAD patients, improving their coping skills in therapies, enabling them to take responsibility during treatment and overcoming cognitive and behavioral difficulties caused by psychosocial stresses will contribute significantly to their psychosocial functionality.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

573

Development of the Program for the Prevention of Professional Burnout of Employees Using the Methods of Cognitive-Behavioral Short-Term Psychotherapy and Cognitive-Behavioral Coaching

Authors

Prof. Natalia Antonova - Russian Federation - HSE University

Abstract

Introduction: The problem of professional burnout is relevant for most organizations. Burnout leads to decrease of the efficiency of the employee, and, accordingly, the profit of the company. At the same time, the organizational competition requires more and more efforts from employees and leads to faster burnout. It turns out a vicious circle. An employee burnout prevention program using CBT and CBC methods will help to reduce the likelihood of employee burnout despite environmental stressors. The methods of CBT and CBC contribute to the development of more effective thinking and, therefore, more effective response to external adverse circumstances.

Purpose: to develop and to test the program for the prevention of professional burnout of employees using the methods of cognitive-behavioral short-term psychotherapy and cognitive-behavioral coaching.

Method: The method of forming experiment was used. As an evaluation tool, the methodology for assessing the level of professional burnout elaborated by N.Vodopyanova was used.

Sample: A total sample was 38 people participated in the study, which were employees of the same business organization.

Design: 1) assessment of professional burnout using Vodopyanova's methodology. After that, 20 people with a high level of burnout were selected. 2) these people were divided into control and experimental groups of 10 people each. The experimental group underwent a burnout prevention program, while the control group did not. 3) at the end of the program, the level of professional burnout was measured again using the same methodology. 4) statistical data processing and analysis.

Results: The results of the primary diagnostics displayed an average level on the psycho-emotional exhaustion scale; an extremely high level on a scale of depersonalization, and a high level on a scale of reduction of professional achievements. The level of professional burnout was assessed in both groups in 2 weeks after the completion of the program in the experimental group. The results of the experimental and control groups were compared using the Mann-Whitney test. The results showed a significant decrease in the level of professional burnout in the experimental group ($p \leq 0.01$), and the absence of such effect in the control group, which indicates the effectiveness of the program.

Discussion: The program took place during 4 days for 4 hours once a week, respectively, the whole program took one month. The program took place in the format of group coaching and had a clearly defined protocol, which was due to the client's requirement for the reproducibility of the program. A feature of the program was the combination of therapeutic and coaching tools, which proved to be effective for the organizational context since employees in the organizations are not always ready for therapeutic work.

Conclusions: The professional burnout prevention program using the methods of short-term cognitive-behavioral therapy and cognitive-behavioral coaching can be recommended for implementation in organizations. However, since the program has been tested in only one organization, it may need to be modified in another organization depending on the initial level of professional burnout and the specifics of the employees' activities.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

576

Anxiety Reduction and Mindfulness Practice through Virtual Reality Applications

Authors

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Abstract

Technologies such as virtual reality (VR) are making mental health interventions more accessible to many people. The benefits of using Virtual Reality (VR) in healthcare have been proven in many areas. Experimental studies showed that the use of Virtual Reality (VR) will create a potential treatment strategy which will help to decrease anxiety scores. This study examines the effect of the integration of Virtual Reality (VR) and Mindfulness applications on anxiety and mindfulness scores in the general population. While the participants in the experimental group will receive VR and mindfulness strategies, the participants in the control group will be given 360-degree video-record mindfulness strategies. With the five-week VR and mindfulness-based intervention program carried out over the VR application, a decrease in anxiety scores and an increase in mindfulness scores are expected in the experimental group, differing significantly from the control group. In the study, the anxiety and mindfulness scores of the individuals will be determined with the Beck Anxiety Scale, The Brief Fear of Negative Evaluation Scale (BFNE) and the Mindfulness Scale at the first, third, fifth, and eighth weeks. By examining the trend created by the change in scores, the effect and optimal duration of the application will be determined. Mindfulness techniques are diversified including Conscious Breathing Awareness, Body Scanning, Mindful Vision, Mindful Hearing, and Three-Minute Breathing. In this way, it is aimed to determine which mindfulness exercise was the one with the highest decrease in anxiety scores. Before and after the application, anxiety scores were determined by the Beck Anxiety Scale, Liebowitz Social Anxiety Inventory (LSAS), The Brief Fear of Negative Evaluation Scale (BFNE) and mindfulness scores decided Mindful Attention Awareness Scale of the experimental and control groups will be compared Independent Sample T-test; which will be measured every week before, during and after the application. The results will be compared by the two-way ANOVA test, and the most effective exercise will be determined. It is expected that mindfulness exercises applied through VR will significantly reduce anxiety scores and significantly increase mindfulness scores. It is anticipated that the results of this study will be beneficial not only in the field of research but also in the field of clinical practice. The report presented in this study will be an example of an intervention program for the development of virtual reality and mindfulness practices for mental health in our country. It will provide information about the participant profiles and the application protocol and process for further studies in this field.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

591

Cognitive-Behavioral Coaching. The Effectiveness of the Model PRACTICE Evaluation

Authors

Dr. Elena Naumtseva - Russian Federation - National Research University Higher School of Economics
Prof. Natalia Antonova - Russian Federation - National Research University Higher School of Economics

Abstract

The article deals with the problem of evaluating the effectiveness of the model of cognitive-behavioral coaching PRACTICE.

The PRACTICE model received the most evidence-based confirmation in studies, therefore it was used for testing on a Russian sample.

Sample: 18 coaches and 18 clients (coaches).

Methodology: transcripts of the sessions conducted were analyzed using qualitative content analysis. In addition, to assess clients' changes, the Personal Efficiency Assessment questionnaire was used, which includes the following scales: locus of control, goal setting, self-organization, self-confidence, level of empathy, propensity to cooperate, desire for self-development.

As a result of testing, it was concluded that the PRACTICE model is well received by Russian-speaking clients and is productive for working with operational goals. As a result of applying the model, clients significantly increased the overall indicator of personal effectiveness, as well as indicators on individual scales: goal setting, the level of self-organization, the desire for self-development ($p \leq 0.05$). The PRACTICE model is also compatible with many other coaching techniques and models.

Track

OPEN PAPERS

Topic Areas

Professional Issues, Training & Supervision

Submission ID

594

A Feasibility Study for a Smartphone-Based Application for the Behavioral Cognitive Therapy for Panic Disorder on Healthy Volunteers Who Had Experienced Panic Attacks

Authors

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Abstract

Panic disorder is a very common disease that can cause severe disability. Cognitive behavioral therapy, which is the primary treatment for panic disorder, is highly effective. However, the number of psychiatrists is insufficient to meet the need. In this thesis, it was aimed to develop and test the applicability of the first smartphone-based application in the literature that performs structured cognitive behavioral therapy for panic disorder.

While developing the application, cognitive behavioral therapy techniques; psychoeducation, use of a panic attack diary, examining catastrophic thoughts, generating alternative thoughts, examining evidence, and in-session exposure exercises were used. To obtain more objective information about the application, a feasibility study was conducted on 20 healthy volunteers who had experienced panic attacks before.

All participants completed every session. It was observed that as the participants' education level decreased, the sessions' completion times increased, but all the sessions were completed in less than 20 minutes. Participants required less than one help in two sessions on average, and it was determined that the level of education did not have a statistically significant effect on the number of assistance received during the application.

As a result of the feasibility study, 85% of the participants stated that they found the application very understandable, 95% would recommend the application to a friend who had panic attacks, and 80% indicated that they found the application extremely useful. It was determined that the participants' desire to use the application increased as the sessions progressed. All of the participants stated that they would be willing or very willing to use the application if they continued to experience panic attacks after they finished all the sessions. In the upcoming period, it is aimed to examine the effectiveness of the application and obtain a patent.

Track

OPEN PAPERS

Topic Areas

Digital Health

Submission ID

596

Sexual Attitudes and Cognitive Flexibility in the Geriatric Population: Preliminary Data

Authors

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Dr. Nazan Dolapoğlu - Turkey - Balıkesir University Medical Faculty
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Abstract

Introduction: The increase in the elderly population today has led to the introduction and discussion of new needs and expectations in elderly health, including sexual health. Contrary to the social belief that sexuality does not or should not last in old age, sexuality is necessary in order to maintain emotional intimacy, to experience physical satisfaction and to meet ongoing biological needs in the elderly. The aim of the study is to examine the effect of cognitive flexibility levels of elderly individuals on sexual attitudes.

Method: The sample of the study consisted of 30 individuals, who were relatives of the patients who applied to the psychiatry outpatient clinic, over the age of 60 and did not receive psychiatric treatment. "Socio-Demographic Data Form", "Cognitive Flexibility Inventory" and "Sexual Attitude Scale for Elderly Individuals" were used as measurement tools in the research.

Results: According to the findings, the mean age of the participants was 69 ± 4.7 years. 11 of the participants were female and 19 of them were male. 70% of the participants were married and 30% were divorced or living alone. Correlation analysis was performed to examine the relationship between participants' sexual attitudes and cognitive flexibility. No relationship was found between the sexual attitudes and cognitive flexibility of the participants ($r: 0.106$ $P: 0.576$). In addition, the relationship between age and sexual attitudes and cognitive flexibility in the participants was examined. There was no significant relationship between age, sexual attitudes and cognitive flexibility. The participants were divided into 2 groups according to their gender, chronic illness, whether they used walking aids and whether they had a past psychiatric illness, and the sexual attitudes and cognitive flexibility of the participants were compared between the groups. Among the groups, gender (SA: $p=0.590$, CF: $p=0.343$), chronic disease status (SA: $p=0.982$, CF: $p=0.159$), using or not using walking aids (SA: $p=0.139$, CF: $p=0.833$) and past psychiatric illness (SA: $p=0.467$, CF: $p=0.074$), no significant difference was found.

Discussion: When we look at the factors affecting aging and sexuality in old age in the literature, presence of partners, disease states, drugs, physical disabilities, negative perception of body image and mental disorders attract attention (1,2,3). Although it is seen that another factors affecting sexuality in the elderly are social prejudices and myths such as the acceptance of sexuality as the domain of young people and the disapproval of sexuality in old age, as far as we can find, there has been no study examining the relationship between cognitive flexibility and sexual attitudes in old age (4,5). In our study, no relationship was found between the sexual attitudes and cognitive flexibility of the participants. This situation was thought to be due to the limited sample size.

Conclusion: As a result of this study, it was thought that there is a need for new researches in terms of sexual health in old age, determining the factors affecting the elderly sexuality and raising a perspective and awareness about the approach of health professionals to elderly sexuality.

Track

OPEN PAPERS

Topic Areas

Older Adults

Submission ID

600

Investigation of Depression, Anxiety and Schemas in Newly Diagnosed Epilepsy Patients: 3-Month Follow-Up Study.

Authors

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Abstract

Introduction: Epilepsy is one of the most frequently observed chronic neurological diseases and causes various psychopathologies. Schemas are relatively permanent cognitive structures that generally emerge from the early stages of life through personal experiences and identifications with important people in our environment, are reinforced by similar experiences in the following periods, lead the individual to process, interpret and transform information into emotions and behaviors, and in short, shape his/her life. Epilepsy can lead to the activation of negative cognitions because it can occur at any time, disrupt functionality with recurrent seizures, cause accidents and injuries, and fear of death. The aim of our study is to examine the changes in depression, anxiety and schemas observed in newly diagnosed epilepsy patients over a 3-month period.

Method: Twenty patients who applied to the neurology clinic for the first time with the complaint of epileptic seizure and were diagnosed with epilepsy by the clinician were included in our study. "Sociodemographic Data Form", "Beck Anxiety Scale", "Beck Depression Scale", and "Young Schema Scale Short Form" were applied to the participants in the third week and third month after the first seizure.

Results: 60% (n:12) of the participants were women, 60% (n:12) were married, and 65% (n:13) were not working. 65% (n: 13) were smokers, 35% (n: 7) had a comorbid medical condition, 40% had a history of physical trauma in their first seizure. 60% (n:40) had epileptic seizures again. No significant change was observed in the BDI and BAI scales in the 3-month period ($p>0.05$). At the end of the 3-month period, a significant increase was observed in "insufficient self-control" and "self-sacrifice" subscales of YSS-SF3 compared to the baseline level ($p<0.05$). "Approval-seeking" and "higher standards" were significantly higher in singles than for married people; "Approval-seeking", "self-sacrifice", "punishment" and "high standards" were significantly higher in men than in women. There was no difference in schemas between those who experienced physical trauma in the first seizure and those who did not. Similarly, those who had only one seizure and those who had more than one seizure were similar in terms of schemas.

Discussion: It is known that epilepsy causes various mental disorders and negatively affects cognitive processes. There is limited research on schemas in epilepsy. In one study, it was stated that maladaptive schemas were significantly higher in individuals with epilepsy than in healthy controls, and males had higher levels of maladaptive schemas.

Conclusion: In individuals with epilepsy, negative schemas may be activated as time passes after the first attack. Some schemas may be affected by sociodemographic variables such as gender and marital status. This study emphasizes the impact of negative schemas and suggests that appropriate psychotherapeutic interventions such as schema-focused therapy may be beneficial in individuals with epilepsy.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

601

The Beacon of Hope: Exploring Caregiver Burden Among Cancer and Chronic Disease Carers

Authors

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Abstract

Introduction: Caregiver burden, a multidimensional response to the stressors associated with caregiving, remains an area of intense study, especially in the context of chronic diseases and cancer. This study aimed to investigate the relationships between factors like hope, depression, stress and anxiety, that might play significant roles in shaping this burden.

Method: Data were gathered from caregivers of two distinct patient groups aged 65 years and above: 75 caregivers of cancer patients and 75 caregivers of patients with chronic diseases. Assessment tools included the Zarit Care Burden Scale, the Depression-Anxiety-Stress Scale (DASS-21), and the Herth Hope Index (HHI).

Results: Caregivers of cancer patients displayed a heightened Zarit caregiver burden in contrast to chronic disease caregivers (31.45 ± 8.427 vs. 29.71 ± 6.786); however, this difference was not statistically significant ($p > 0.05$). While cancer caregivers recorded a marginally lower score on HOPE-temporality and future (14.10 ± 3.25 , $p > 0.05$), they registered a statistically significant dip in HOPE-positive readiness and expectancy (13.58 ± 3.823 , $p = 0.003$) compared to their chronic disease counterparts (14.49 ± 3.06 and 15.39 ± 3.46 , respectively). On the DASS-21 subscales, no marked statistical difference was observed between the two groups concerning stress (12.34 ± 3.71 vs. 11.73 ± 2.55) and anxiety levels (5.83 ± 1.03 vs. 4.40 , ± 0.94). However, caregivers of cancer patients exhibited significantly escalated levels of depression (8.40 ± 1.48 vs. 7.52 ± 0.99 , $p < 0.001$).

Depression and stress severity explained 41.5% of the variance in Zarit Care Burden Scale scores ($F(3,71) = 16.814$, $p < 0.001$), illustrating their significant predictive relationship with caregiver burden among caregivers of patients with chronic diseases, whereas HHI-temporality and future, HHI-positive readiness and expectancy and HHI-interconnectedness subscores, stress severity and gender (male vs. female) explained 72.3% of the variance in Zarit Care Burden Scale scores ($F(6,68) = 29.510$, $p < 0.001$), illustrating their significant predictive relationship with caregiver Burden among cancer caregivers.

Mediation analyses revealed that both HHI-positive readiness and expectancy and HHI-temporality and future subscores significantly mediated the relationship between depression and Zarit caregiver burden. Both HHI-positive readiness and expectancy (Indirect Effect = 0.436, $p < 0.05$) and HHI-temporality and future subscores (Indirect Effect = 0.488, $p < 0.05$) played significant roles in explaining the relationship between depression and caregiver burden, although the relationship between depression and caregiver burden remained significant even after accounting for these mediators.

Discussion: Despite expecting chronic disease caregivers to have higher levels of depression, anxiety, and stress due to the enduring nature of their role, our results revealed a more pronounced psychological impact in the cancer caregiving context. This is notably tied to diminished hope among these caregivers.

Conclusion: Hope stands out as a vital component in mitigating caregiver burden for those tending to cancer patients. As such, hope-focused interventions are strongly recommended for them, fostering resilience and optimism. This study emphasizes the need for targeted interventions, especially hope-centered ones for cancer caregivers, to effectively manage caregiver distress. Future research should delve deeper into the factors, especially the role of hope, that contribute to these differences, thereby informing the development of more effective caregiver support mechanisms.

Keywords: cancer, caregiver burden, depression, hope, stress

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

607

Direct and Indirect Effects of Attachment Quality to Parents and Peers on Internet Gaming Disorder in Adolescents: The Role of Negative Automatic Thoughts

Authors

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Abstract

Introduction The literature on the association between parental (i.e., mother and father) and peer attachment and Internet Gaming Disorder (IGD) showed different patterns of interactions, with most studies pointing to them as important protective factors for IGD in adolescence. However, there remains a scarcity of evidence related to the underlying mechanisms that link the quality of the attachment with parents and peers to IGD in adolescence. Therefore, the aim of this study is to investigate the direct and indirect effects of attachment to parents (i.e., mother and father) and peers on IGD through adolescents' negative automatic thoughts.

Methods A convenient sample of 697 adolescents (mean age 14,98 years old) and their parents were recruited between June and October 2019 from five Romanian highschools. Preliminary data analyses and descriptive statistics were performed using IBM SPSS 23, while path analyses in AMOS (Version 23.0) were used to test the model fit.

Results Attachment to parents (i.e., mother and father) and peers were found to be indirectly associated with IGD through adolescents' negative automatic thoughts. No direct effect of individual parents attachment on IGD was identified. However, a direct effect was observed in the case of peer attachment and IGD, with peers attachment being negatively associated with IGD.

Discussion In line with previous research, the quality of attachment to parent and peers was found to play an important role in the development of IGD in Romanian adolescents. While peers attachment relationship to IGD was partly mediated by the automatic thoughts, the quality of attachment to mother and fathers affects IGD only through the negative automatic thoughts of adolescents. Meaning that a less secure bond with the parents will be developed in negative working models in adolescents, that will further increase IGD symptomatology. Therefore both attachment to parent-peers and negative automatic thoughts should be considered when targeting IGD in interventions for adolescents. Further implications and limitations will be discussed.

Conclusion This study is the first to look at specific attachment relationships (i.e., mother, father and peers attachment) and IGD, and negative automatic thoughts as mediators of them. Further interventions and prevention studies should be focusing on this specific predictors in reducing IGD in adolescents.

Track

OPEN PAPERS

Topic Areas

Children & Adolescents, Digital Health

Submission ID

618

Effects of Anxiety, Depression and Psychological Inflexibility on Sleep Quality in Patients with Cataract

Authors

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Abstract

Introduction: Cataract is a disease characterized by reduced transparency and increased lens opacity. A multifactorial disease associated with age, female sex, and genetic predisposition, cataract is the leading cause of reversible visual impairment and blindness worldwide (1). Cataract leads to reduced sleep duration and quality in patients. Studies have found an association between cataract surgery and improved sleep quality. However, other studies have reported that cataract surgery does not lead to a positive change in sleep problems(2). Few studies have directly investigated the effect of anxiety and depression on sleep quality in patients with visual impairment (including cataract)(3). To the best of our knowledge, the effect of psychological inflexibility has not been investigated in this area. The aim of this study was to investigate the effect of anxiety, depression, and psychological inflexibility on sleep in patients with cataract.

Method: The power analysis showed that the required sample size was 92 to have 80% power to detect a medium effect (0.15) with a significance criterion of $\alpha=0.05$. 104 patients with cataract who were admitted to the hospital and agreed to participate in the study were enrolled. Sociodemographic data form, Pittsburgh Sleep Quality Index (PSQI), Hospital Anxiety and Depression Scale (HADS), and Acceptance and Action Questionnaire (AAQ-II) were applied to all of the cases. The assumptions required for our study analysis were checked (linearity, multicollinearity, homoscedasticity, independence of errors, and normality).

Results: The mean age of the participants was 62.93 ± 8.73 years and 46 (44.2%) were female. AAQ-II ($p<0,001$), HADS-A ($p<0,001$), and HADS-D scores ($p=0,022$) were significantly and positively correlated with PSQI scores. Age ($p=0,261$) exhibited no significant association with PSQI scores. A multiple linear regression model was tested with PSQI as the dependent variable and age, sex, AAQ-II, HADS-A, and HADS-D as independent variables. The independent variables in the model explained 24% of the variance in the PSQI [adjusted $R^2=0.24$, $F(5,98)=7.497$, $p < 0.001$]. Only the AAQ-II results exhibited a significant predictive effect on the PSQI ($\beta=0.330$, $p=0.008$).

Discussion: The results of our research revealed that anxiety, depression, and psychological inflexibility were associated with poorer sleep quality in patients with cataract. Furthermore, psychological inflexibility is the only predictor of sleep quality among our study parameters. Psychological inflexibility is a transdiagnostic factor that is thought to be at the root of psychopathology and can make it difficult to cope with stress and change. This can lead to anxiety, depression, and sleep problems.

Conclusion: Psychological inflexibility should be considered when addressing sleep problems in cataract patients, in addition to depression and anxiety.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

638

Comparison of Metacognitive Abilities Between Early Psychosis and Chronic Stage of Schizophrenia

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Abstract

Introduction and Aim: Metacognition has been defined as "thinking about thinking". Thanks to previous studies, it is known that there are metacognitive deficits in schizophrenia. A limited number of studies have shown that metacognitive deficits are also present in first episode of schizophrenia. However, there is no consensus on whether metacognitive deficits worsen during the chronicity of psychosis. In some follow-up studies, it was observed that metacognition did not change during the process and metacognition was evaluated as a trait-like marker, while other studies some components of metacognition were found to be better in the chronic psychotic period.

In order to eliminate the confounding effects of drug use and cognitive deterioration and evaluate metacognitive functions more objectively, it is important to examine patients with first episode psychosis in the first two years of the disease and to evaluate the changes in metacognitive functions in the later stages of the disease. Therefore, in this study, it was aimed to compare the metacognitive abilities of patients presenting with the earliest stage of schizophrenia and the chronic stage.

Materials and Method: Patients with a diagnosis of schizophrenia who were in the first 2 years of their illness (first episode) and had symptoms for more than 2 years were evaluated cross-sectionally. Both groups were included in study when psychosis was active phase. The MAS-A scale was used to evaluate metacognitive skills and the PANSS scale was used to measure symptomatology. The two groups were compared in terms of sociodemographic clinical characteristics and MAS-A and PANSS scale scores.

Findings: 34 first-episode and 27 chronic patients with schizophrenia were included in the study. There was no significant difference between the two groups in terms of gender, education, alcohol, cigarette and substance use and symptom severity ($p < 0,05$). In terms of age, the chronic schizophrenia sample was older ($p < 0,01$) and had more comorbidities ($p < 0,05$). There was no significant difference in each of the MAS-A subscales and the MAS-A total score in the first episode and chronic period of schizophrenia ($p > 0.05$).

Discussion: The fact that no difference was found in terms of metacognitive abilities in the early stages and later stages of the disease in schizophrenic patients may suggest that the impairment in metacognitive functions may be a trait-like feature in schizophrenia. On the other hand, studies in which patients are evaluated in the remission period are needed to evaluate the confounding effect of psychosis, since both groups are in the active phase of the disease.

Deficits in metacognitive skills may be an important feature in determining the risk of schizophrenia and may contribute to the identification of high-risk individuals. Treatments and therapies targeting metacognitive skills may be important in reducing disability after the onset of the disease.

Conclusion: This study is important in terms of showing that deficiencies in metacognitive skills in schizophrenia patients are similar in the chronic and early stages and do not occur together with cognitive decline in the later stages of the disease.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

639

Mental Health Outcome Inequalities in IAPT Services: An Investigation of the Minority Stress Hypothesis

Authors

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Abstract

Aim: Evidence shows ethnic minority communities have lower access to treatment and poorer recovery rates in Improving Access to Psychological Therapies (IAPT) services. Some research suggests this may be explained by socioeconomic deprivation, but other hypotheses suggest that it may have to do with sociocultural factors. This study intended to examine whether there is evidence of a minority stress effect – where the mental health of people from ethnic minorities (EM) may be influenced by living in neighbourhoods with low or high minority ethnic density.

Method: Using multilevel modelling, healthcare records of 130,857 patients who had accessed Low and High Intensity psychological therapies across 16 IAPT services were analysed whilst controlling for socioeconomic deprivation. Patient-level depression (PHQ9), anxiety (GAD-7) and functioning (WSAS) outcomes measures were linked to neighbourhood ethnic density data.

Results: Overall we found evidence that patients from specific EM groups (Black Caribbean, Black (other), Pakistani, Bangladeshi, White - other) had more severe anxiety and depression symptoms after treatment, relative to white British patients. These differences were statistically significant after controlling for socioeconomic deprivation and employment status. There was some support for the minority stress effect, but only relevant to patients from Black Caribbean, Black- other and White – other backgrounds.

Conclusion: There is evidence of mental health inequalities related to ethnicity, which is not fully explained by socioeconomic variables.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

645

Examining the Potential of a Breath Pacer as Adjuvant in Cognitive Behavioral Therapy: Case Studies in Digital Health for Mental Well-Being

Authors

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Abstract

Introduction: The prevalence of mental health issues has reached alarming levels worldwide, necessitating effective therapeutic interventions to address the growing burden. Breathing therapy, particularly slow-paced breathing exercises, has emerged as a recognized and valuable method for promoting mental well-being. Integrating breathing exercises into therapeutic practices, such as cognitive behavioral therapy (CBT), has shown promising results in managing stress and reducing anxiety. Moreover, the recent surge in demand for accessible and continued at-home therapy options has led to the development of innovative technological solutions to support treatment. These advancements offer a promising approach to enhance treatment outcomes and empower clients to actively engage in their therapeutic journey. As a result, this study seeks to investigate the potential of a tactile breath pacer as an adjuvant in CBT for individuals with various mental health conditions.

Method: The study involved six participants with diverse mental health needs, including autism, depression, burnout, bipolar disorder, sleeping problems, and anorexia. The moonbird breath pacer was incorporated into therapy sessions for a minimum of one month. Regular check-ins and progress updates, both during therapy sessions and via bi-weekly emails, were conducted by the therapist to monitor adherence to moonbird usage, track participants' progress and discuss experiences and feedback.

Results: The breath pacer as an adjuvant in CBT showed promising results. Participants found the device easy to use, engaging with it daily. Personalized usage patterns were tailored to individual needs, promoting relaxation and aiding in emotion regulation and sleep initiation. Regardless of the initial reason for implementing moonbird, many participants ended up using it to improve sleep quality. Most participants extended the use of the device over one month.

Discussion: The study demonstrates the potential benefits of integrating technology into therapeutic practices. The breath pacer served as a physical tool to redirect attention towards breathing during emotional moments, promoting relaxation and facilitating sleep. The incorporation of technology supports blended care, combining in-person and remote elements for a flexible and accessible approach to therapy. This personalized approach empowers clients to actively participate in their therapeutic journey, enhancing engagement and therapeutic outcomes.

Conclusion: The integration of a breath pacer as an adjuvant in CBT offers promising implications for mental well-being. Technology-supported breathing exercises complement traditional therapy, allowing for tailored treatment plans and empowering clients to take ownership of their healing process. In light of existing research, the study emphasizes the potential of technology-assisted interventions in mental health care and supports the advancement of personalized therapeutic practices.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

661

Preliminary Results of an Experience Sampling Investigation of Repetitive Negative Thinking: The Effects on Negative Emotions and Somatic Health Complaints

Authors

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Abstract

Introduction: The Experience Sampling Method (ESM) is a valuable tool for assessing individuals' internal experiences, such as emotions, thoughts, bodily sensations, symptoms, and contextual factors in daily life (Myin-Germeys et al., 2018). This study aimed to examine the relationship between repetitive negative thinking (worry and rumination) and internal experiences by collecting real-time data through repetitive measurements in daily life. The primary objective was to evaluate the effects of repetitive negative thinking on subsequent emotions and somatic complaints.

Method: Participants were recruited from the Istanbul Medipol University Psychology Department. After providing written informed consent, they initially completed a battery of self-report questionnaires and then took part in the Experience Sampling Method (ESM) phase of the study. During this phase, participants were asked to provide repeated self-reports on emotions, worry, rumination, and somatic health complaints. A mobile application prompted these self-report measures semi-randomly at intervals of 90 minutes throughout the day. This data collection process occurred ten times daily and continued for seven consecutive days. After the seventh day, participants were debriefed and received compensation. Multilevel modeling was used to examine the links within the clustered data (Raudenbush & Bryk, 2002).

Results: Forty-two participants completed the ESM phase. The overall compliance rate with the ESM protocol was 81.9 %, comparable with other ESM studies (Pawluk et al., 2012). The unconditional model revealed significant Level 2 variance for negative emotions and somatic complaints. The ICC (Intraclass correlation) for negative emotions and somatic complaints were 0.32 and 0.48, respectively. Worry and rumination were both found to be associated with a subsequent decrease in negative emotions and somatic complaints.

Discussion: These findings suggest that repetitive negative thinking may serve as a mechanism for regulating negative emotions and reducing somatic complaints. These results support the avoidance function of RNT (Borkovec & Inz, 1990) and highlight the importance of considering individual differences and momentary fluctuations in understanding the function. However, this study relied on self-report measures, which may be subject to biases. Future research should consider incorporating psychophysiological measures to provide a more comprehensive understanding of the relationship between RNT and internal experiences.

Conclusion: The current findings offer an ecologically valid insight into the influence of worry and rumination on negative emotions and somatic health complaints and highlight possible avenues for future studies.

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Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

666

Experiences of the Group Attention Training Technique for Anxiety and Depression in Patients with Coronary Heart Disease: A Qualitative Study

Authors

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Prof. Toril Dammen - Norway - Department of Research and Innovation, Division of Mental Health and Addiction, Oslo University Hospital, Oslo

Abstract

Introduction: Coronary heart disease (CHD) is a leading cause of death worldwide. Clinically significant symptoms of anxiety and depression are highly prevalent among CHD patients and associated with increased risk of further cardiovascular events, prevalence of cardiovascular risk factors and healthcare costs and reduced quality of life and treatment adherence. Therefore, effective treatment of such symptoms in CHD is necessary. To date, psychological treatment approaches for these symptoms have produced limited effectiveness. Metacognitive therapy (MCT) has recently been shown to be effective in individual and groups formats in CHD patients. One component of MCT, the attention training technique (ATT), has been shown to be feasible and potentially effective in addressing symptoms of anxiety and depression in CHD patients. However, the experiences of CHD patients receiving group ATT is not known. This study aimed to investigate these experiences.

Methods: Ten patients who participated in an ongoing randomised controlled trial comparing group ATT versus wait list control consented to participate in this study. The group ATT treatment consisted of six weekly group sessions of 45 to 90 minutes duration. Patients included nine men and one woman aged 45 to 64 years. Patients met inclusion criteria including established CHD and a Hospital Anxiety and Depression score of ≥ 8 on anxiety and/or depression. Patients were interviewed with a pre-defined interview guide by an experienced clinician who received supervision from an experienced clinician/researcher with training in MCT. Interviews were conducted 3 months following group ATT and their duration ranged from 30 to 70 minutes. These interviews were analysed using thematic analysis according to Braun & Clarke (2006).

Results: Preliminary analyses revealed the following main themes and subthemes: experiencing improvements (anxiety, depression, sleep); subthemes: specific treatment factors (e.g. changing relationship to negative thoughts and thinking modes); nonspecific treatment factors (e.g. group dynamics and meeting others with similar challenges); individual factors (e.g. practicing homework); and therapist factors (e.g. repeated rationale for ATT) and better sleep.

Discussion: Patients engaged with the ATT-technique and benefitted from it, despite some of them appearing sceptical in using ATT prior to treatment, but most lacked any specific treatment expectations. Moreover, whilst most of the patients understood ATT as a means of training their ability to change thinking modes, some did not seem to gain the same level of insight relating to its potential mechanisms. Interestingly, even though we did not specifically ask any questions relating to their sleep, this subtheme spontaneously emerged. This is in line with recent research showing the high prevalence of insomnia in CHD patients and its cardiovascular consequences. Finally, all of the patients found that ATT delivered in a group format was a positive experience in helping them to realise the “universality” of problems.

Conclusion: In general, most patients’ experiences of group ATT were helpful and unlikely to lead to any treatment interference or poor treatment engagement. Patients’ experiences are consistent with the rationale and goals of ATT and also highlight the need to target sleep complaints more often during treatment of anxiety and depression in CHD.

Track

OPEN PAPERS

Topic Areas

Adult Mental Health, Long-Term Physical Conditions

Submission ID

667

Personality Beliefs and Preoperational Thinking

Authors

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Abstract

Introduction: It has been suggested by various cognitive behavioral theorists that the perceptual and cognitive characteristics of the pre-operational cognitive stage, defined by Piaget as the second stage of cognitive development, are manifested in various personality disorders, especially chronic depression and borderline personality disorder (McCullough, 2003; Leahy, 1995). CBASP, developed by American psychologist James P. McCullough Jr. for chronic depression treatment, proposes that individuals with chronic depression have a thinking structure that is fixed in Piaget's pre-operational cognitive developmental stages (McCullough, 2003). CBASP asserts that challenging environmental conditions experienced during early development disrupt or delay normal emotional-cognitive development in individuals. This fixation is rooted in similarities between the thought structures of chronically depressed individuals and pre-processing children (McCullough, 2003). According to the theory, individuals with chronic depression, much like children in the pre-processing stage, are unable to form logical reasoning, tend to think in an egocentric manner, utilize language primarily in a monological form, lack empathy, and struggle with emotional regulation when under stress. We have therefore assumed that general psychiatric symptoms and personality traits could also be associated with cognitive developmental level and especially with the preoperational thinking. So, in this study, we aimed to examine the relationship between cognitive developmental level, preoperational thinking and personality features and psychiatric symptoms.

Method: 61 (37 female, 24 male) psychiatric outpatients between the ages of 16–71 recruited for the study. Mean age of study group was 34.18 (SD 11.55) and mean of length of education in years was 15.07 (SD 2.47). Personality dimensions were assessed with the short form of Personality Belief Questionnaire Short Form (PBQ-SF), Preoperational thinking was assessed with the Luebeck Questionnaire for Recording Preoperational Thinking scale.

Results: Luebeck Scale scores were negatively and significantly correlated with all sub-scales of the PBQ-SF ($p < 0.05$) except schizoid subscale of PBQ-S ($p < 0.454$). The most strong significant negative correlation was found in between Luebeck Questionnaire for Recording Preoperational Thinking scale and the histrionic subscale of PBQ SF ($r = -0.646$; $p < 0.000$). The other correlations are in order as follows: PBQ SF Dependent subscale ($r = -0.621$; $p < 0.000$), PBQ SF Borderline subscale ($r = -0.572$; $p < 0.001$), PBQ SF Avoidant subscale ($r = -0.563$; $p < 0.000$), PBQ SF paranoid subscale ($r = -0.562$; $p < 0.001$), PBQ SF obsessive compulsive subscale ($r = -0.456$; $p < 0.007$), PBQ SF narcissistic subscale ($r = -0.416$; $p < 0.012$). According to the Logistic regression analysis, pre-operational thinking style is not explained by any personality dimension, but all of the negative personality beliefs are related to preoperational thinking style ($F_{3,982}$, $p < 0.006$).

Discussion: Although various theorists have suggested that preoperational thinking is related to psychopathology, there are few empirical studies on this subject. Previously, it has been shown that the preoperational thinking style measured by the Luebeck scale is correlated with personality beliefs measured by the PBQ in a group without any psychological disorder. In the present study, we found that the same correlation was stronger in the clinical group. The higher the preoperational thought style, the higher the likelihood of having negative personality-related beliefs.

Conclusion: The findings of our study support the view that preoperational thinking in the field of social relations is associated with personality disorders. It can be thought that addressing and transforming this type of thinking, which seems to be an important factor in the development of psychopathology, in psychotherapy will provide an important perspective in psychotherapy.

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Track

OPEN PAPERS

Topic Areas

Physical Health

Submission ID

684

Examining the Role of Early Maladaptive Schemas in Relationship Satisfaction and Quality of Sexual Life

Authors

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Abstract

Introduction: Early maladaptive schemas are formed as a result of negative experiences and relationships with parents in the early period and with peers in the later periods (1). Since the first interaction occurs between parent and child, family constitutes the first origin of schemas (2). Relationships with peers during the development process are also very important for early maladaptive schemas. During adolescence, relationships with the opposite sex become more frequent and affect individuals' evaluations of romantic relationships (3). It is emphasized that schemas containing these evaluations lead to difficulties in relationships in adulthood and that these difficulties lead to a decrease in romantic relationship satisfaction (4). For example, it is stated that emotional deprivation schemas negatively affect individuals' capacities for closeness, love and acceptance in their close relationships (5). Satisfaction in romantic relationships is also related to the quality of sexual life. Quality of sexual life is related to dyadic harmony, marital harmony and quality of life (6). Early maladaptive schemas may also predispose individuals to sexual problems. An individual's subjective evaluation of positive or negative situations related to his sexual life forms the framework of sexual life satisfaction. It can be said that early maladaptive schemas have an impact on relationship satisfaction and sexual life quality. Accordingly, in this study, we aimed to examine the role of early maladaptive schemas in relationship satisfaction and sexual quality of life.

Method The sample of the study consists of 384 adult individuals over the age of 18 (226 women, 122 men). The Young Schema Scale (YSS)– Short Form – 3 was used to assess early maladaptive schemas. To evaluate the quality of sexual life, the Sexual Quality of Life Scale - Female (CYKÖ-K) and Sexual Quality of Life Scale - Male (CYKÖ-E) forms were used. The Relationship Satisfaction Scale was used to evaluate the participants' relationship satisfaction. Multiple regression analysis was used to evaluate predictive variables.

Results The results of the descriptive statistical analysis regarding the demographic information of the participants are shown in Table 1. According to the results of the correlation analysis examining the relationship between maladaptive schemas and sexual quality of life and relationship satisfaction, it was found that early maladaptive schemas were generally negatively related to relationship satisfaction and sexual life quality (Table 2.). Multivariate regression analysis was performed to determine the predictive level of YSS-subscales on Relationship Satisfaction (Table 3.). As a result of the analysis, early maladaptive schemas explained 21% of the variance in relationship satisfaction ($R^2=0.21$). Emotional Deprivation ($\beta=-.248$; $t(333)=-4.025$; $p<.001$; $pr^2=.046$), Pessimism ($\beta=.194$; $t(333)=2.595$; $p<.05$; $pr^2=.020$), Approval Seeking ($\beta=.135$; $t(333)=2.198$; $p<.05$; $pr^2=.014$) and Internal Involvement/Dependency ($\beta=-.248$; $t(333)=-3.311$; $p<.01$; $pr^2=.32$) significantly predicts Relationship Satisfaction. As a result of the multivariate regression analysis carried out to determine the predictive level of sexual life quality of YSS sub-dimensions the model was found to be significant ($F(14,333)=8.509$; $p<.001$). and 26% of the variance in sexual life quality ($R^2=.263$) was determined by the independent variables was found to be explained. Emotional Deprivation ($\beta=-.189$; $t(333)=-3.17$; $p<.01$; $pr^2=.029$) and Enmeshment/Dependency ($\beta=-.177$; $t(333)=-2.436$; $p<.05$; $pr^2=.016$) It significantly predicts the quality of sexual life (Table 4.)

Track

OPEN PAPERS

Topic Areas

Adult Mental Health

Submission ID

686

Turkish Adaptation of E-Therapy Attitudes Measure: Validity and Reliability Study

Authors

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Dr. Ahmet ALTINOK - Netherlands - University of Groningen

Abstract

Internet-based interventions in the field of psychological help means presenting scientifically proven psychotherapeutic interventions to prevent and treat psychological disorders or to increase the well-being and coping skills of users, through an online web page, mobile application or computer software generally with a guide who is a mental health professional or in a form that users can use on their own. In this study, the Turkish adaptation of the e-Therapy Attitudes Measure, which is used to evaluate attitudes towards internet-based interventions, was carried out. The participant group of the research consists of 414 (313 Female and 101 Male) university students. The obtained confirmatory factor analysis results generally confirm the structure of the original scale: χ^2/df (416.09/103) = 4.04, $p < .001$, CFI = .94, NNFI = .92; IFI = .94; GFI = .89; SRMR = .063; RMSEA=.086 (confidence interval for RMSEA = .077–.094). The Attitude Scale Towards Internet-Based Interventions consists of two sub-dimensions called "Perceived usefulness and helpfulness" and "Relative Advantage and Comparability". In the analyzes performed to determine the reliability of the scale in the existing data, it was found that the internal consistency coefficient for the whole scale was .86, and the results of the measurement tool did not change over time according to the test-retest application ($r = .92$). The measurement tool, which consists of 16 items, is a valid and reliable assessment tool that can be used to evaluate individuals' attitudes towards internet-based interventions.

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

26

Misophonia and Schema Therapy: Case Report

Authors

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Abstract

Presenting Problem: Misophonia is an abnormal reaction (anxiety and anger, and sometimes experience tantrums) to a sound that has certain characteristics and/or is meaningful to the individual. Misophonia can be treated with different treatment modalities such as medication and psychotherapies (e.g. BDT, mindfulness), but the related studies are limited.

Case Conceptualisation and Intervention: In this case report, we summarized the follow-up of a 22 years old female patient who presented to our clinic with sensitivity to sound (especially nasal irritation and throat clearing due to food sounds) with 12 sessions of schema therapy. Her complaints had increased significantly in the last 1 year and that she applied to us because she had difficulty eating with her family, getting angry and not being able to sit with her father. It was learned that the patient had previously applied for treatment for this complaint and was on sertraline 100 mg for 6 months and received weekly cognitive behavioral therapy and they still continued and she was very disturbed especially by her father's sounds. Since the patient had applied for a different therapy method, and schema therapy was recommended to the patient. Before starting the therapy, the misophonia scale (scored as 62) was completed. The patient was interviewed weekly for 50-60 minutes. In this process, it was learnt that the patient was especially disturbed by the sounds made by her father. During the interviews, it was learnt that her mother died when the patient was 7 years old and her father married her aunt in a short time and she was very disturbed by her father's marriage with her. She stated that after this marriage, she had no trust in anyone and felt abandoned and unloved and that her father had distanced himself from her. When the patient focused on the moments when she was disturbed by the sounds, it was seen that she was angry and upset when she heard the sounds made by her father, and underlying these feelings were thoughts of abandonment and lack of love. In the sessions with the patient, cognitive and experiential techniques were used to work on re-parenting, modes and coping.

Outcome: After 12 sessions of schema therapy, the severity of the disorder was measured by giving scales to the patient again. Misophonia scale score decreased to 24. According to the patient's own statement, it was learnt that she no longer got up from the table, could watch TV with her father in the same environment in the evenings, and did not get angry at noises as much as before.

Review and Evaluation: In this study, a patient with misophonia who applied to a psychiatry outpatient clinic was followed up with a change in the misophonia scale score as a result of receiving psychotherapy with a 12-session schema therapy protocol. Although schema therapy is not a widely used method in patients with misophonia, it has been observed that it provides significant improvement in disease symptoms and functionality when selected in appropriate patients with negative core beliefs.

Track

POSTERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

74

The Satisfaction with Life Scale in Namibia

Authors

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Prof. Elizabeth Shino - Namibia - University of Namibia
Dr. Amber Thalmayer - Switzerland - University of Zürich

Abstract

Life satisfaction is often measured with the five-item Satisfaction with Life Scale (SWLS). Although many previous studies have examined the validity of the SWLS in diverse populations, rigorous assessment of measurement invariance has been lacking, especially in an African context, and none have been conducted in Namibia. The present study examined measurement invariance of the SWLS in English and in translation to two African languages, Khoekhoe and Oshiwambo, in a convenience sample in Namibia (N = 1,912). Confirmatory factor analysis in each language supported a unifactorial structure of the SWLS, suggesting the most parsimonious solution with the four-item version. Consequently, this unifactorial model was tested for measurement invariance, which established scalar invariance by language as well as by age, gender, and education within each language. The achievement of scalar invariance allowed the investigation of group differences and associations of the SWLS, with higher scores in those speaking English, with better health, higher income, education, and employment. Associations between SWLS scores with age and gender were nonsignificant. Associations between SWLS and personality variables were small to nonsignificant. The problematic item properties of the fifth item, noninvariance of the five-item SWLS, and the relationship of the four-item SWLS to other variables are discussed in terms of Namibia's social, economic, and cultural aspects. This study recommends the four-item version in all three languages as a valid instrument for use in Namibia, while demonstrating the challenge of adapting survey methodology to more representative samples in the majority world.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

85

Relationships of Adverse Childhood Experiences, Psychological Symptoms, Cognitive Fusion, Experiential Avoidance and Perceived Social Support

Authors

Mrs. Hatice Betül Çakıcı - Turkey - Ankara University

Prof. Ayşegül Durak Batıgün - Turkey - Ankara University

Abstract

The systematic review and meta-analysis results show that adverse childhood experiences, especially sexual and physical abuse, harsh and hostile parenting, are associated with depression, anxiety, other internalizing disorders, and increased suicidality (Sahle et al., 2021). The relationship between adverse childhood experiences and psychological symptoms has examined with various mediating variables, but with cognitive fusion, experiential avoidance and perceived social support. According to the Relational framework theory, which is based on Acceptance and Commitment Therapy, which is one of the Cognitive and Behavioral Psychotherapies, cognitive fusion and experiential avoidance are two basic processes are ubiquitous and harmful for mental health (Hayes, 2004). Previous findings support that these process are in relationships with the symptoms of post traumatic stress disorder, anxiety, distress and depression (Bardeen ve Fergus, 2016). Moreover, it was thought that including perceived social support into the variables of the study will contribute to widen the understanding of the proposed relationships. No other study has been found in which these basic concepts and perceived social support come together with childhood traumas and psychological symptoms. The main purpose of this study is to determine the relationship between childhood traumatic experiences, psychological symptoms, cognitive fusion, experiential avoidance and perceived social support. In addition, another aim of the study is to examine whether these variables differ according to demographic variables such as age, gender and perceived socioeconomic level. The sample of the study consisted of adults between the ages of 18-65. Childhood Trauma Scale, Cognitive Fusion, Acceptance and Action Form II, Multidimensional Scale of Perceived Social Support and Brief Symptom Inventory were used as data collection tools. As a result of the analysis, it was found that adverse childhood experiences, cognitive fusion, experiential avoidance and low social support predicted psychological symptoms. Cognitive fusion alone explained a significant portion of the total variance. This study will contribute to understanding the nature of psychological symptoms and improve the cognitive and behavioral interventions of psychotherapies.

Keywords: Adverse childhood experiences, cognitive fusion, experiential avoidance, psychological symptoms

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Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

86

How Do Adolescents Experience Cognitive Psychotherapy by Videoconferencing?

Authors

Dr. Emma Savilahti - Finland - University of Helsinki

Abstract

Introduction: The aim of this qualitative study was to explore how adolescent clients experienced their cognitive psychotherapy that was mainly conducted via teleconferencing.

Methods: I conducted a semistructured interview with four 16-18-year-old clients to whom I had provided cognitive psychotherapy as a trainee in cognitive psychotherapy at the University of Helsinki. The sessions were 45 minutes once weekly and their number was 20-24 in the case of three clients and 68 in the case of one client. Three of the therapies had started as in person sessions, whereas one included in person sessions only in the end of the therapy. The reason for videoconferencing in all cases were the restrictions during the COVID-19 pandemic.

Results: All clients viewed it important to start psychotherapy with in person sessions in order to build trust. They felt it was crucial that they experience the psychotherapist's entire presence, especially eye contact and gestures. Videoconferencing sessions at home made it difficult for two clients to express themselves freely about emotions and sensitive topics especially if other family members were at home. One client experienced the psychotherapist as distant and unable to comfort the client in videoconferencing sessions. All clients viewed that videoconferencing was convenient because they did not need to commute.

Discussion: Psychotherapists need to be mindful of how to convey non-verbal communication and build trust in videoconferencing sessions, and actively ask for feedback about the client's experience. Videoconferencing sessions should be scheduled so that clients can find a space where they feel free to express themselves.

Track

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Topic Areas

Children & Adolescents

Submission ID

87

Prevalence and Differential Profile of Patients with Substance Use Disorder Who Have Suffered Physical and/or Sexual Abuse

Authors

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Abstract

Introduction: Patients with substance use disorder (SUD) who undergo treatment present a high prevalence of lifetime physical and/or sexual abuse. Studies about this phenomenon and the specific needs of patients with a history of abuse must be carried out to tailor treatment programs.

Objectives: The first goal of this article was to determine the prevalence of physical and/or sexual abuse among patients with SUD, and the second goal was to analyse the specific characteristics of these patients.

Methods: A sample of 418 subjects was assessed to achieve the first goal and 104 subjects (52 with and 52 without a history of physical and/or sexual abuse) were examined to reach the second goal. All patients sought treatment for SUD in two Spanish clinical centres. Severity of addiction, psychopathological symptoms and general maladjustment were assessed.

Results: The 15.5% of the sample had a history of physical and/or sexual abuse (42.3% of women and 9.9% of men). Patients with a history of abuse presented a higher need for SUD treatment in family and psychiatric areas and more psychopathological symptoms than patients without a history of abuse.

Discussion: This study confirms the high relevance of these traumatic events and the greater severity in patients in SUD treatment who have suffered them. According to this more serious profile, a patient-centered intervention considering the history of abuse is recommended. This will allow the specific needs of these patients to be met, thus improving SUD treatment success.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

101

Impact of a Trauma Intervention on Reducing Dropout From Substance Use Disorder Treatment

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Abstract

Introduction: Compared to patients without a history of abuse, patients who have experienced these traumatic events present a worse psychopathological profile and higher rates of treatment dropout. These specific characteristics could be associated with specific treatment needs.

Objective: To evaluate the effectiveness (in terms of retention) of an intervention aimed at treating the consequences of lifetime physical and/or sexual abuse among patients who are also seeking substance use disorder treatment (SUD-T) in a clinical centre.

Method: A parallel, randomized, controlled clinical trial using an experimental design (with 1 treatment group and 1 control group) with repeated measures (pretreatment, posttreatment and six-month follow-up) was carried out. The sample consisted of 57 patients in SUD-T who had experienced lifetime physical and/or sexual abuse. All patients received a cognitive-behavioural SUD-T. In addition, the treatment group (n = 29) received physical and/or sexual abuse treatment (PSA-T).

Results: The treatment group presented a lower SUD-T dropout rate (37.9%; n = 11) than the control group (50.0%; n = 14), but this difference was not statistically significant ($\chi^2 = .8$; $p = .359$; $u = .122$). The main variable related to SUD-T success (therapeutic discharge after completing the 40 outpatient sessions or 12 inpatients months and maintained abstinence) was the completion of PSA-T.

Discussion: The completion of this trauma-centred treatment improved the retention rate of SUD-T in patients with histories of physical and/or sexual abuse. This is a promising result because of the high SUD-T dropout rate shown by patients with victimization. The present study suggests that a centred-trauma intervention improves substance use disorder treatment retention in patients who have suffered lifetime physical and or sexual abuse. Additionally, interference of trauma in daily life and psychopathological symptomatology decreases in patients who receive interventions for both trauma and substance use disorder simultaneously. This evidence supports the need of centred-trauma interventions in substance use disorder treatment programmes to improve therapeutic results in these patients.

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Topic Areas

Adult Mental Health

Submission ID

102

Adverse Childhood Experiences (ACEs) and Substance Use Disorder (SUD): A Scoping Review

Authors

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Abstract

Background: The long-term negative effects of adverse childhood experiences (ACEs) and their impact on physical and mental health has been widely studied. However, research about the relationship between ACEs and substance use disorder (SUD) diagnosis in adolescence and adulthood is still scarce. Therefore, this scoping review was conducted to collect the existing research findings to explore the relationship between the experience of ACEs and the diagnosis of SUD later in life.

Methods: The PsycINFO, Medline, Scopus, Web of Science, and Cochrane Library databases were searched. After identifying the records based on eligibility and exclusion criteria, 12 studies were finally selected for inclusion.

Results: Most of the studies were conducted in the USA with adult male and female participants. All studies were cross-sectional in nature and assessed ACEs retrospectively. The main conclusions of the studies were that there is a higher prevalence of ACEs in the population with SUD than in the general population, and a positive association between ACEs and the development and severity of SUD in adolescence and adulthood.

Conclusions: It is difficult to make comparisons between studies and to draw solid conclusions because of the lack of standardized criteria for evaluating ACEs and due to the heterogeneity in the substance types examined. More research is needed to fully elucidate the underlying mechanism of the relationship between ACEs and SUD.

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Topic Areas

Adult Mental Health

Submission ID

103

A Qualitative Study on The Effect of Cognitive Behavioral Therapy on Children's Depression Levels, Negative Self and Beliefs

Authors

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Abstract

Introduction: Although important life things like disease, death of parents, serious illness and sexual and physical abuse is related (Kendler, Khun and Prescott,2004; O'Sullivan,2004) with childhood depression, less traumatic things like family, peer and changes in romantic relationship, passing from primary school to secondary school is increasing depressive signs.(Philips, Hammen, Brennan, Najma and Bor,2005). It is known that the person who has childhood depression diagnosis is highly risky to have depression in his/her adulthood life. To treat the person's childhood depression leaves a preventive impression on adulthood depression. Beck stated that reason of depression is disorder on cognitive process and cognitive fault can be treated to learn healthy and realistic thinking on his developed model (Beck,1976).

Method: General purpose of this study is to investigate the effects of cognitive behavioral therapy on children's depression levels, negative self and beliefs of children. Fifteen children who scored above the cut-off score in the Child Depression Inventory and displayed umbrage/exclusion symptoms were selected. With assigned children to experiment, placebo and control groups are done a study with pretesting, proof positive and monitoring evaluation. Individual therapy based on cognitive behavioral therapy was applied to five children in experiment group once a week for a total of ten weeks, each session lasting an average of fifty minutes. Unstructured interviews were conducted with five students in placebo group. Any of the study weren't conducted with five students in control group. In this study, Child Depression Inventory, Piers-Harris children's self-concept scale and negative thoughts in childhood evaluation scale were used as data for quantitative research method. After four months monitoring process, the data is taken before application, after application and from the end of the application. The content of the interviews conducted with the children and the answers of parents given to the semi structured interview questions prepared by the researcher after the application were used as data for qualitative research method.

Result: As a result of this study, it is seen that individual therapy on the basis of cognitive therapy, created meaningful effects on decreasing depression level of children when placebo and control groups compared. It was obtained that this application increases children's sense of self and decreases children's evaluation level of negative thoughts. Qualitative findings of this study, depression signs on children, lower sense of self, negative cognitive and emotional processes were seen in children at early sessions and it was observed that children lived similar process. Later phase's of application, these titles were evolved to positive cognitive, emotional and behavioral dimensions, so it was concluded that this application had positive effects on children.

Discussion: When literature was investigated it was seen that Cognitive Behavioral Therapy affected on children is shown by some studies which support current study.

Conclusion: At this point it can be said that current study's findings match up with studies in literature. It was subjected that data analyses and content of interview are supporting each other; cognitive behavioral therapy is effective on children's depression level.

Track

POSTERS

Topic Areas

Children & Adolescents, Long-term Mental Health

Submission ID

107

The Effect of Cbt Enhanced Psychoyoga Group Intervention on Uncertainty Tolerance, Distress Tolerance and Psychological Flexibility

Authors

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Abstract

Modern life stressors may prevent people from contacting with their bodily needs and they may start living in their minds under the control of their unquestioned, biased, and learned cognitions, which may result in unfunctionality in their life (Panjwani, Dudani and Wadhwa, 2021). Cognitive behavioral therapy is proved effective to take control of life under the stressful life conditions and researchers have been trying to enhance CBT protocols with strength-based, mindfulness based and body-based practices (Capon, O'Shea, Evans and McIver, 2021). Psychoyoga is a group intervention that combines mind and body. In this study, the effect of an 8-week CBT-enhanced psychoyoga group intervention on people's distress tolerance, uncertainty tolerance and psychological flexibility was examined through a pre-test, post-test and follow-up study. The participants consisted of 17 people. The results showed CBT enhanced psychoyoga group intervention is an effective to increase people's distress tolerance, tolerance to uncertainty and psychological flexibility. Follow-up results showed that the effect of the group intervention was still high after three months.

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Track

POSTERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

117

“I Don’t Think Anything Can Prepare You for it”: Motivations, Expectations, and Challenges Associated with Becoming A CBT Therapist

Authors

Mr. Jason Roscoe - United Kingdom - University of Cumbria

Abstract

Introduction: The decision to train in CBT often involves leaving behind previous ways of conceptualizing mental health problems and of working with clients. The small body of existing research on role transition during CBT training indicates a range of challenges that are experienced by different professionals (e.g. Roscoe et al., 2022; Wilcockson, 2020). For example, CBT's alignment with positivism can generate value conflicts for counsellors whilst Psychological Wellbeing Practitioners can struggle with moving away from advice giving when trying to develop a more Socratic style. Resistance to certain aspects of CBT theory and practice can result from these tensions therefore it is important to better understand the reasons why different mental health professionals choose to train in CBT.

Method: A convenience sample of (n=39) qualified CBT Therapists completed an online survey consisting of eight open-ended questions, designed to explore motivations to train in CBT, expectations of what it would entail and the challenges involved in learning CBT. Reflexive thematic analysis (Braun & Clarke, 2006) was applied to participants responses.

Results: Four major themes were identified: "Intrinsic and extrinsic rewards"; "Access to the profession" "Alignment with values" and "Complexity of CBT". Whilst the availability of CBT training places was a factor in decisions to train, a natural alignment with evidence based treatment and the structured nature of CBT was an attraction across all professions. Widening skills, deepening knowledge and clinical outcomes were rewarding to participants however the perceived complexity of some models and their application to some client groups presented a number of challenges. There was a need for more shadowing opportunities and tutor / supervisor modelling of key skills during training.

Discussion: In contrast to previous findings, participants in this research demonstrated largely positive attitudes towards CBT. Although employment prospects was a significant factor in the decision to train in CBT, values conflicts were not found. Skepticism about models rather than resistance was identified. Training courses and employers need to facilitate more access to shadowing opportunities to enable trainees to see how models and treatment plans are delivered in routine clinical practice.

Track

POSTERS

Topic Areas

Professional Issues, Training & Supervision

Submission ID

129

Increasing Access to Psychological Therapy on Acute Mental Health Wards: Talk, Understand and Listen for Inpatient Settings (TULIPS)

Authors

Prof. Katherine Berry - United Kingdom - University of Manchester

Abstract

Background: People with severe mental health problems often rely on inpatient mental health care at times of crisis, but care in these settings is costly and is typically poor quality. The main treatments offered are medication and containment for risky behaviours, with patients having limited access to evidenced-based psychological therapies, such as Cognitive Behavioural Therapy. There is good evidence that inpatients want talking therapies and these may be helpful in terms of reducing length of stay, reducing re-admission rates and improving perceptions of quality of care. However, the inpatient environment presents a unique set of challenges to delivering therapy which require empirical investigation. This talk will describe a programme of UK-based research funded focused on the delivery of and outcomes of CBT-based interventions on acute mental health wards.

Method: The first stage of this research programme involved a meta-synthesis of existing studies implementing new interventions in acute mental health settings and interviews with fifty-six people (patients, ward staff and carers) about their experiences and views of therapy for inpatients. Using expert consensus methods, these findings were used to develop an intervention to improve patient access to psychological-informed care and evidenced-based treatments such as CBT in inpatient settings. The intervention is currently being trialled in a large cluster randomised control trial where 34 wards (with 384 patients and 510 staff) are randomised to receive the intervention or treatment as usual. We are assessing the impact of the intervention on serious incidents (acts of violence, aggression and self-harm), patient well-being, staff burnout and ward atmosphere. We are also carrying out ethnographic observations and interviews with staff and patients to understand barriers and facilitators to implementation in practice.

Results: We identified barriers to implementing psychological therapies inpatient settings that related to patient attitudes, staff attitudes, organisational barriers and factors associated with the ward culture. The intervention we devised to help overcome these barriers involved psychological therapies being well integrated into the ward environment and providing interventions to improve staff as well as patient well-being. It also involved three levels of intervention: 1) formulation for all patients; 2) nurse-led CBT-informed interventions; 3) CBT-informed interventions with psychological therapies focused on understanding the reasons for admission and relapse prevention. The trial is ongoing but data relating to uptake and retention in the study will be presented along with preliminary results from the qualitative research taking place alongside the trial.

Discussion: This research has direct implications for everyday practice as it presents empirical data on a comprehensive range of barriers to the delivery of therapy that are specific to both the inpatient environment and CBT. Moreover, we also present solutions to overcoming these barriers that are derived from existing data and currently being evaluated in real world settings.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

144

Parent-Led CBT for Japanese Children with Anxiety Disorder: Two Case Studies with School Refusal

Authors

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Mr. Hideki Nakamura - Japan - Chiba University
Prof. Cathy Creswell - United Kingdom - University of Oxford
Prof. Eiji Shimizu - Japan - Chiba University

Abstract

Presenting problem: Case 1: A 12-year-old girl diagnosed with social anxiety disorder (SoAD), specific phobia (SP), and generalised anxiety disorder (GAD). Her main concern was that she gets anxious in front of people and cannot talk to others except for her family and close friends. She started refusing to go to school one year ago and is joining an adaptation class twice a week. Her mother attended the therapy session. The mother is 39 years old and has a part-time job three times a week.

Case 2: A 9-year-old boy diagnosed with SoAD and SP. His main concern was that he was anxious to talk to other people in school. He started to refuse to go to school after he missed several school days due to a leg fracture. His mother attended the therapy session. The mother is 44 years old and has a self-employed job.

Case conceptualisation and intervention: In both cases, children feared other people making fun of them and being rejected from social groups. Therefore, they avoided going to school and meeting other people, especially children around the same age. We conducted parent-led cognitive behavioural therapy (CBT) in both cases. Parent-led CBT is a low-intensity treatment developed in the UK in which parents learn CBT skills from therapists and deliver them to their children with anxiety disorders. The Japanese-translated program comprises five 60-hour face-to-face sessions and three 20-minute telephone sessions (Okawa et al., 2023). The main focus of the treatment was that the parent encouraged the child to expose to feared situation step by step to test out the child's anxious thoughts. The parents of both children provided written consent for the publication of the case report.

Outcome: The score of ADIS clinical severity decreased from pre-treatment to one-month follow-up from 6 to 1 for Case 1 and 6 to 3 for Case 2. Self-reported child anxiety decreased from pre to one month from 53 to 40 for Case 1 and 42 to 32 for Case 2. Both children recovered from the primary diagnosis and were able to go to school again at the one-month follow-up. However, parent-reported child anxiety symptoms did not improve (Case 1: pre = 23, follow-up = 28, Case 2: pre = 40, follow-up = 38).

Review and evaluation: Both cases worked on several step plans and tested their fears, which led to decreased clinical severity and self-reported anxiety symptoms. However, the parent-rated child anxiety symptoms score did not change even though they commented that they felt their children's anxiety symptoms had improved. This inconsistency may reflect issues with parent-report measures and/or the characteristics of Japanese parents. Further investigation is needed to enhance the adaptability of parent-led CBT for Japanese children.

Reference: Okawa, S. et al. (2023). Guided parent-delivered cognitive behavioural therapy for Japanese children and parents: A single-arm uncontrolled study. *Behavioural and Cognitive Psychotherapy*, 1-6.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

147

Autism Spectrum Disorders and Polymorphisms of the TCAP And GAA Genes

Authors

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Abstract

Presenting Problem: Autism spectrum disorders (ASD) are neurodevelopmental disorders characterized by inadequate development of social interaction, impaired development of communication ability, and repetitive and stereotypical movements. ASD is a neurodevelopmental condition with a high rate of heritability, suggesting a strong genetic background. However, an increasing amount of genetic studies indicate that it is a complex and genetically heterogeneous disease and may present different inheritance patterns and underlying genetic variants. Several polymorphisms have so far been associated with ASD, and the heritability of ASD explained by common single nucleotide polymorphisms (SNPs) was estimated from 17% to 52%. In this case, we will report an ASD associated with TCAP and GAA genes.

Case Conceptualisation and Intervention: A 16-year-old male patient who is the only child of a 45-year-old father and a 44-year-old mother, was followed up in our outpatient clinic with the diagnosis of ASD since he was 3 years old. His parents applied to the outpatient clinic with the complaint of speech delay. Since the diagnosis, he had been attending a special school and taking part in various rehabilitation programs. However, despite the training programs, little improvement was achieved in the patient's symptoms and he met the diagnosis of mild-to-moderate ASD. In his last examination at the outpatient clinic, the family stated that he had muscle pains for the last few weeks. His enzyme levels were found to be high in the blood test. Cardiomyopathy was diagnosed while investigating the etiology of blood enzyme levels.

Outcome: After cardiomyopathy was identified in our patient, etiological studies were expanded to cover more ground. Genetic analyzes revealed TCAP c313 G>C, and GAA c1417 G>A changes. TCAP titin-cap is a protein associated with skeletal muscles. Some gene polymorphisms associated with this protein have been associated with cardiomyopathy. Alpha-glucosidase is an enzyme that aids in the elimination of glycogen in the lysosome. It is encoded in the GAA gene and its damage is associated with glycogen storage diseases. Detected gene polymorphisms were associated with metabolic diseases. Although not directly related to the core symptoms of ASD, the burden of chronic disease on the child is significant. It is obvious that the treatment and rehabilitation processes of the patient will be adversely affected. In addition, deterioration in metabolic parameters will adversely affect cognitive functions and adversely affect the patient's clinic.

Review and Evaluation: Our patient suffered from pathology that was connected to some genes that were not directly linked to ASD. Previous studies have shown that polymorphisms in many genes are associated with ASD. It is obvious that increasing genetic methods in recent years will strengthen our hand to understand these etiologies. Only a small proportion of ASD cases can be explained genetically. It is important to consider genetic counseling in the clinical approach to these disorders. It will help us understand the etiologies of these disorders and the factors that affect prognosis. This approach is important in terms of detecting direct or indirect possible genetic ground, as in our case.

Track

POSTERS

Topic Areas

Children & Adolescents, Long-term Mental Health

Submission ID

157

Efficacy of ADHDCoach: A Randomized Controlled Trial Conducted with Parents of Children Diagnosed with ADHD

Authors

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Abstract

Introduction: Attention/deficit-hyperactivity disorder (ADHD) is one of the most common mental health problems in children. Evidence-based treatment exists for this condition with both psychological and pharmacological treatment options available; however, a limited number of children with ADHD receive treatment given the existing. Internet-delivered interventions could improve treatment access; however, research is scarce regarding their efficacy for ADHD. The aim of the present study was to investigate the efficacy of ADHDCoach, an Internet-delivered intervention for parents of children with ADHD.

Method: Eligible participants were parents of children aged between 6 and 11 years old, diagnosed with ADHD. Participants (n = 83) were randomly assigned to one of the two conditions: ADHDCoach and treatment as usual.

Results: Significant changes from baseline to posttreatment assessment were found for parental knowledge about ADHD as well as for parental stress.

Discussion: Given the high potential of Internet-delivered interventions in the treatment of child mental health problems, it is important to investigate their efficacy conducting rigorous research. Limitations of the present research, future research directions to investigate the efficacy and effectiveness of digital mental health interventions for ADHD are discussed.

Track

POSTERS

Topic Areas

Children & Adolescents, Digital Health

Submission ID

159

Virtual Environment for Cognitive Training in OCD

Authors

Mrs. Karolína Zuzánková - Czech Republic - National Institute of Mental Health
Dr. Iveta Fajnerová - Czech Republic - National Institute of Mental Health
Mrs. Anna Francová - Czech Republic - National Institute of Mental Health
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Abstract

Obsessive-compulsive disorder is a chronic psychiatric disorder with heterogeneous symptoms. It is characterized by obsessions; unwanted intrusive thoughts that cause anxiety, and compulsions; ritualized behavior that is seen as a short-time relieving response to the anxiety caused by obsessive thoughts. Patients with OCD can also have impairments in cognitive flexibility, which may result in a decreased ability to shift between mental processes and adapt their behavioral response to environmental changes. Therefore, they tend to repeat the same behavior even when it is irrelevant. Neuropsychological assessments are showing that cognitive flexibility is impaired in patients with OCD, including measures of reversal, attentional set-shifting, task-switching paradigm, and inhibition (Gruner and Pittenger 2017). At the National Institute of Mental Health in the Czech Republic, we enrich the CBT program for inpatients with OCD with a method targeting cognitive flexibility on the premise of enhancing cognitive functions and adherence to treatment and symptom severity relief. The aim of this study is to preliminarily evaluate this method as a valuable addition to cognitive behavioral therapy.

The inpatients undergo 5 sessions of cognitive training using immersive virtual reality (VR). Before the 1st and last VR session, we assess participants' cognitive functions using multiple neuropsychological testing methods and symptom severity using Y-BOCS. Each training session lasts about 30 minutes. The environment for cognitive training is located in a virtual city environment, consisting of several cognitive tasks. In each session, the participants undergo the same sequence of tasks, however, the difficulty of the tasks increases between the sessions and within each session. The first task "Flies" aims at the attentional set-shifting paradigm and strategy adaptation. The second task "Shooting range" aims at inhibitory control and reversal learning. Third is memory training in a "Castle" game. Selected virtual environments will be presented in case studies of patients with OCD (F42 by ICD-10).

We present three case studies of patients with OCD aged 25 to 35 years and their scores in cognitive testing before and after the mental flexibility training in VR.

Cognitive flexibility training could enhance the effects of the CBT program. From patients' anonymous feedback, we conclude good acceptance of the technology and a subjective enhancement of cognitive abilities, such as developing new strategies and faster evaluations of situations. The presented case studies will demonstrate the valuable use of virtual reality-based cognitive training for patients with OCD.

Acknowledgments: The presented study is supported by project No. NU23-04-00402 "Exposure therapy in virtual reality for obsessive-compulsive disorder: randomized clinical study" and partially by the European Regional Development Fund-Project "PharmaBrain" No. CZ.02.1.01/0.0/0.0/16_025/0007444

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Track

POSTERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

164

Features of Dysfunctional Beliefs of Women in Abusive Relationships (in Azerbaijan)

Authors

Mrs. Saida Huseynova - Azerbaijan - Baku State University

Abstract

Introduction: WHO reports that 30% of women worldwide have been subjected to physical or sexual violence during their lifetime. According to the study men who use physical violence simultaneously employs psychological violence. Overall, psychological violence has a significant impact on women's mental and physical well-being, which is considered a public health problem worldwide. Abusive relationships are a form of psychological violence which includes aggressive behavior in the form of ridicule traits, ignore, jealous control, criticize behavior. These relationships are characterized by a violation of the partner's personal boundaries. In such relationships, women undergo negative outcomes such as an increase in dysfunctional beliefs and anxiety, and a decrease in self-esteem. The purpose of our study is, hence, to identify differences in dysfunctional beliefs between people in healthy and abusive relationships.

Method: For the study implementation 162 respondents were involved. All participants answered questionnaires after signing a confidentiality agreement. The criterion for inclusion was the presence of a relationship at the moment or within the last year. No exclusion criteria appeared, including restrictions based on other demographic variables. Primarily, the respondents answered socio-demographic questions and filled out the questionnaire "Profile of psychological violence", "The Posttraumatic cognitions inventory". According to the results of the questionnaire, the respondents were divided into 2 separate groups respectively : persons in healthy (N=108) and abusive (N=54) relationships. The age of the respondents ranged from 18 to 58, with an average age of 31.99 years.

Results: In accordance with the graphic, there are statistically significant differences in dysfunctional beliefs associated with negative cognitions about self ($p=.003$) and self-blame ($p=.000$). People who have abusive relationships have lower self-esteem, and also tend to look for reasons for the deterioration of relationships in themselves, to blame themselves for what happened. We performed a bivariate correlation analysis to test whether the severity of dysfunctional beliefs in relationships is associated with higher levels of abusive behavior. The criticize behavior was positively correlated with negative cognitions about self ($r=.794$, $p<.001$), negative cognitions about world ($r=.571$, $p<.001$), self-blame ($r=.415$, $p<.001$). The Ridicule Traits was positively correlated with Negative cognitions about world ($r=.711$, $p<.001$), however this correlation was not seen with negative cognitions about self and self-blame.

Discussion: The results of our study point to a possible difference between healthy and abusive relationships, as well as a possible link between some dysfunctional beliefs and the occurrence of abusive behavior in a relationship. Specifically, that increased negative cognitions about self and self-blame is related to abusive relationship. Guilt and self-blame negatively affect women's mental health and can lead to self-harming behaviors, depression and anxiety. The lack of equality in relationship, ignoring the emotional needs, restrictions and control by parents, and later by a partner, as well as cultural patterns have a negative impact on the mental well-being of women and are a reason for further study of the consequences of abusive relationships. In a sequence, educating the public about abusive relationships can lead to a reduction in dysfunctional beliefs, improved personal boundary setting skills, prevention of abuse.

Track

POSTERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

168

Validation of the Short Form of the Korean version of the Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS) for Adolescents (SIAPS-A)

Authors

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Dr. Jung-Kwang Ahn - Korea, Republic of - Department of Psychology Chungbuk National University

Abstract

Introduction: In South Korea, social anxiety is highly prevalent among individuals aged 14-19 (Ministry of Health and Welfare, 2016). Early detection and intervention are crucial, necessitating tools for accurate impairment identification. Currently, two instruments measure social anxiety in Korean adolescents: the Korean Social Anxiety Scale for Children and Adolescents (Oh & Moon, 2002) and the Korean version of the Social Anxiety Scale for Adolescents (Yang et al., 2008). However, participant recruitment and scale construction limitations need to be revised to maintain their validity and generalizability. In response to this, a validated youth social anxiety scale was developed by adapting the 12-item short form of the Korean Social Interaction Anxiety Scale (K-SIAS) and the Social Phobia Scale (K-SPS), representative measures of social anxiety (K-SIAPS, Kim et al., 2013; Peters et al., 2012).

Method: For scale validation, we recruited 310 adolescents aged 12-18 online, and data from 37 adolescent participants were used for cutoff point analysis. First, confirmatory factor analysis was conducted to examine whether the data fit the two-factor, 12-item structure of the existing SIAPS (Peters et al., 2012). Subsequently, to analyze the reliability, Cronbach's alpha coefficient was calculated. Validity analysis was performed using the performance anxiety, the social avoidance and distress scale (K-SAS), as well as the total items of K-SIAS and K-SPS. Correlations with Korean depression screening assessment (DEP, Yoon, 2018) and generalized anxiety disorder scale (K-GAD-7, Spitzer et al., 2006) were also examined. Finally, to estimate the cutoff point, ROC curve analysis was performed using data from 37 individuals diagnosed with or without social anxiety disorder based on structured clinical interview for DSM-5 disorder clinical version (SCID-5-CV, First et al., 2016).

Results: According to the CFA results, the K-SIAPS-A had a 12-item two-factor structure and showed a suitable model fit, $\chi^2(53, N = 310) = 91.6, p < .001, CFI = 0.978, TLI = 0.972, RMSEA = .048$ (90% CI: .031–.065). The reliability and validity of the K-SIAPS-A were good, $M = 2.45, SD = 1.37, Cronbach's \alpha = .91$. To be specific about the validity analysis results, K-SIAPS-12 showed a positive correlation between performance anxiety (PA), $r = .76, p < .001$, K-SIAS-20, $r = .84, p < .001$, K-SPS-20, $r = .91, p < .001$, K-DEP, $r = .61, p < .001$, and K-GAD-7, $r = .62, p < .001$. In the partial correlation analysis, even after controlling for the influence of depression and general anxiety symptoms, K-SIAPS-A significantly explained social anxiety. Regarding the ROC curve analysis, K-SIAPS-A showed a cutoff point of 22, with a Youden's index of 0.450 and an AUC of 0.708, indicating a fair level of accuracy.

Conclusions: The Korean Social Interaction Anxiety Scale for Adolescents (K-SIAPS-A) exhibited excellent reliability and validity, making it suitable for practical application among adolescents. The results of the validity analysis revealed that the scale accurately captures the core features of social anxiety disorder. The introduction of this scale holds great potential for enhancing the practical assessment of social anxiety disorder in adolescents in the future.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

171

Improve-MH: Promoting the Mental Health of Refugee Parents and Their Children

Authors

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Ms. Lisa Heller - Germany - Ruhr-Universität Bochum

Abstract

Since 2014, Germany has received more than 2.2 million refugees, many of whom are families with young children. Among refugees, mental health problems (MHP) are highly prevalent. Recognizing these challenges, the German Federal Ministry of Education and Research (BMBF) has launched the funding measure "Research networks on the mental health of refugees" to alleviate the mental health challenges faced by this segment of the population and to develop evidence-based solutions. The Research and Treatment Center for Mental Health (FBZ) at Ruhr University Bochum is part of this research network. Given that early interventions yield the highest return on investment, our primary goal is to minimize MHP in refugees and prevent their development in their children early on by addressing parental psychopathology and improving parenting skills.

As part of a randomized controlled treatment trial, half of the study participants receive a low threshold, primary care-based intervention, called Improve. In this intervention, general practitioners provide refugees with information on managing their mental health problems. Additionally, parents participate in the internationally recognized online parenting program, Triple P (Positive Parenting Program). The program promotes positive parenting skills in an interactive way and has been translated into Arabic specifically for the target group of refugees. Moreover, regular phone calls with mental health professionals are offered to ensure the integration of the intervention and parenting training into participants' daily lives.

The remaining half of the study participants have the option to seek the standard treatment options in Germany. The objective is to compare the effectiveness of both forms of treatment. The primary aim of this study is to improve the mental health status of these high-risk families by addressing both parental psychopathology and parenting skills. It is hypothesized that the Improve intervention will show better outcomes in comparison to the treatment as usual (TAU) for parental MHP and parenting skills at the post, 3- and 6-month follow-ups. Given that changes in parental MHP and parenting skills are necessary preconditions to positive changes in child MHP, we expect that the beneficial effects of Improve on the children will be observable at the follow-ups.

Track

POSTERS

Topic Areas

Adult Mental Health, Children & Adolescents

Submission ID

180

Self-Criticism, Experiential Avoidance, Social Anxiety and Depression in an Experience Sampling Design

Authors

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Mrs. Paula Stroian - Romania - Babes-Bolyai University Romania
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Dr. Raluca Georgescu - Romania - Babes-Bolyai University Romania
Dr. Roxana Oltean - Romania - Babes-Bolyai University Romania

Abstract

The study investigates the relationship between self-criticism, experiential avoidance, and symptoms of depression and social anxiety using a design with longitudinal intensive data (experience sampling; ESM). By exploring these constructs in an ecological setting, the study aimed to differentiate the sequence of activation of self-critical and avoidance modes in relation to depressive and social anxiety symptoms/states. Thus, we aimed to provide an empirical test of the schema therapy model.

Data were collected by using the Expiwell mobile app (N = 162). The intensive longitudinal measures included a questionnaire referring to stressful activating events (ex. a social interaction), five items from the Schema Mode Inventory, the subscales for punitive critic and detached protector modes, five items for measuring social anxiety and three items for depressed mood. Participants were reminded that they would be randomly prompted to fill in questionnaires four times throughout the day, between 10:00 a.m. and 10:00 p.m. Notifications were scheduled within four equal 3-hour windows (i.e., 10:00 a.m. to 1:00 p.m., 1:00 p.m. to 4:00 p.m., 4:00 p.m. to 7:00 p.m. and 7:00 p.m. to 10:00 p.m., respectively). Questionnaires remained available for 20 minutes and participants received an extra reminder 10 minutes after the notification, if no answer had been provided in the meantime.

The results, analyzed through hierarchical linear modeling, showed interesting relationships between self-criticism and experiential avoidance on the one hand, and social anxiety/depression symptoms, on the other hand. More specifically, it seems that self-criticism and experiential avoidance predict social anxiety and depression symptoms when looking per day and per entire data set, but not when looking from one time point to the next. Also, depressive states appear to prospectively predict all other constructs suggesting that, when in a depressed mood, individuals are more prone to be self-critical, avoid unpleasant experiences and become socially anxious.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

182

Measurement Invariance of the Child- Parental Acceptance-Rejection Questionnaire- Short Form Across Parental Version, Age, Gender, Clinical Status, and Time

Authors

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Abstract

Introduction: The quality of parent-child relationships impact a child's physical, cognitive, and socio-emotional development, thus parenting research is critical for understanding how to support healthy child development and enhance parent-child relationship. The field of parenting research advances alongside the development and adaptation of instruments with good psychometric properties. Considering these, the aim of this study was to investigate the factorial structure and measurement invariance of the Romanian version of the Child- Parental Acceptance-Rejection Questionnaire (Short Form) across parents, age, gender, clinical status and time.

Method: Participants were 1240 youths (community sample: N=1034; clinical sample: N= 206) aged 10-19 years old. The analysis was conducted using R. The factorial structure of the scale was assessed using confirmatory factor analysis and measurement invariance was examined via multi-group confirmatory factor analysis.

Results: Results confirmed the original four-factor model, for both the PARQ-Mother and the PARQ-Father versions. For the PARQ-Mother Version, we found measurement invariance across gender and time and partial measurement invariance across age and clinical status. Regarding the PARQ-Father Version, we confirmed measurement invariance across gender, age, and time and partial measurement invariance across clinical status. Finally, measurement invariance was demonstrated across the PARQ-Mother and the PARQ-Father versions.

Discussion: Overall, the present findings suggest that the Child-PARQ-SF is a valuable tool with proper psychometric properties for assessing the perceived parental acceptance-rejection in preadolescents and adolescents.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

193

Oxybutynin Induced Psychotic Symptoms

Authors

Dr. Hilal Yazıcı Kopuz - Turkey - Psychiatry Resident

Abstract

Presenting Problem: Anticholinergic agents, acting as muscarinic receptor antagonists, have the ability to diminish the activity of the acetylcholine system in the brain. Furthermore, certain anticholinergic agents have been shown to increase the concentration of dopamine in the synaptic cleft, which can potentially lead to the manifestation of psychotic symptoms. Specifically, oxybutynin, which is an antimuscarinic drug, has been associated with deleterious effects on the central nervous system in patients, including but not limited to memory impairment, confusion, delirium, and hallucinations. Here, we report of a young patient who developed psychotic symptoms after Oxybutynin abuse.

Case Conceptualisation and Intervention: A 14-year-old female patient was applied to the emergency department with complaints of intense fear and speaking incoherently. From the anamnesis taken from her family, it was learned that she had seen snakes and scorpions around her, complained about animals walking on her skin, and talked to herself. The symptoms started suddenly previous night, and no prodromal period was described. When her medical history was questioned, it was learned that she previously had a psychiatric consultation for enuresis but had not used any psychiatric medication. She had been followed up for overactive bladder by nephrology and had been using 5 mg/day of oxybutynin for one year. The family also stated that she had taken 75 mg of oxybutynin for suicide attempt two days ago.

In the mental status examination, the patient was conscious but not cooperative or oriented. Spontaneous speech was not sustainable, there were blocks in speech, and she did not give logical answers to questions. She had visual and tactile hallucinations, and her mood was euphoric, and her affect was congruent with her mood.

Outcome: As there were not any family history of psychosis and prodromal period. The patient was evaluated as drug-induced psychosis as a preliminary diagnosis. She was kept under observation in the emergency department with her vital functions monitored. No medication was used. The patient's psychotic symptoms regressed within twenty-four hours and the patient was discharged with full recovery.

Review and Evaluation: The development of psychotic symptoms with the use of oxybutynin is scarce in the literature. In one case report, a 7-year-old male patient developed psychotic symptoms after accidentally taking 10 mg of oxybutynin, and supportive care for the patient's vital signs was sufficient without the need for additional medication. In another case report, a 17-year-old male patient developed psychotic symptoms with the use of high-dose oxybutynin for substance abuse purposes, and the psychotic symptoms were relieved over several weeks with the use of 2 mg/day risperidone.

While there have been case reports linking the use of antimuscarinic agents to psychiatric adverse effects, the connection between oxybutynin use and neuropsychiatric adverse effects has not been established in everyday medical practice, especially in young patients. From this point of view, our case report serve as additional evidence that oxybutynin may potentially cause psychotic manifestations, particularly in younger individuals.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

194

A New Smartphone Application for Binge Eating Based on DBT Skills: Content and Study Protocol for a Pilot RCT

Authors

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Prof. Debra Safer - United States - Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

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Prof. Mariana Martins - Portugal - Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences at University of Porto

Abstract

Introduction: Binge eating, whether formally diagnosed or occurring at subthreshold levels, is associated with negative health consequences and decreased quality of life. Access to accessible, cost-effective interventions that effectively address binge eating episodes is critical for individuals with this condition, and smartphone applications have demonstrated promise in treating binge eating and related disorders. Dialectical Behavior Therapy (DBT) has shown effectiveness in treating binge eating but has not yet been integrated into an app designed for eating disorders. This study aims to describe the background, design and protocol of a randomized controlled trial (RCT) evaluating the efficacy and acceptability of eMOTE and the content of this novel app that integrates DBT skills to treat binge eating.

Method: A pilot RCT will be conducted. At least 75 adult women who report binge eating episodes will be randomly assigned to an 8-week app intervention group or an 8-week waiting list group. The intervention provided by eMOTE combines psychoeducation, mindfulness skills, emotion regulation skills, and distress tolerance skills, along with self-monitoring of meals, behaviours and feelings. The primary outcomes are the number of objective and subjective binge eating episodes, eating disorder psychopathology and severity of binge eating. Secondary outcomes are difficulties in emotion regulation, BMI, dispositional mindfulness, intuitive eating, depression, anxiety and stress. Assessments will occur at baseline, two months, and four months after randomization. We will use an intention-to-treat approach and repeated measures ANOVA to analyze the data.

Discussion: This pilot trial will represent the first attempt to outline the content and explore the efficacy of a smartphone application incorporating DBT skills to address binge eating and promote emotion regulation. Findings will enhance our understanding of the efficacy of these interfaces when applied to eating disorders symptoms.

Track

POSTERS

Topic Areas

Digital Health , Eating Disorders

Submission ID

200

The Role of Negative Problem Orientation, Metacognition, and Problem-Solving Styles in Anxiety: A Moderated Mediation Model

Authors

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Ms. Tuğçe Zeynep Artunay - Turkey - Koç University

Dr. Ayşe Altan-Atalay - Turkey - Kadir Has University

Abstract

Introduction: Negative problem orientation refers to how the individual sees the problematic situations encountered in several life domains. Individuals with a negative problem orientation tend to perceive problems as serious obstacles that are difficult to handle. They also perceive themselves as lacking the skills to solve problems in an efficient way. This leads to the adoption of maladaptive problem-solving styles such as impulsive or avoidant styles in addition to decreased use of adaptive styles such as rational ones. Both negative problem orientation and problem-solving styles play an essential role in the etiology of psychological distress. The current study aims to examine the association of negative problem orientation with anxiety with a focus on the mediator roles of problem-solving styles. A second aim is to examine the moderator role of metacognitive beliefs, which refers to beliefs people have about their own mental processes, in the relationship of negative problem orientation with problem-solving styles. In other words, we expect dysfunctional metacognitive beliefs to enhance the impact of negative problem orientation and lead to more frequent use of maladaptive problem-solving styles.

Method: Four hundred and thirteen individuals between ages 18 and 59 ($M=21.3$, $SD= 3.49$) answered scales assessing metacognitive beliefs, social problem-solving, and anxiety.

Results: The results indicated that both rational and impulsive problem-solving significantly mediated the relationship between both metacognitive beliefs and negative problem-solving with anxiety. Furthermore, negative problem orientation moderated the relationship between metacognitive beliefs and impulsive problem-solving.

Discussion: Rational and impulsive problem-solving styles but not avoidant problem-solving play an important role in the relationship between distal risk factors (negative problem orientation and metacognitive beliefs) and anxiety. Also, negative problem orientation enhanced the negative impact of metacognitive beliefs on anxiety. The findings are discussed in the light of recent literature.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

204

Asynchronous Online Psychological Intervention for Anxiety, Stress and Depression

Authors

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Abstract

Introduction: According to data from the Survey on the Use of Technologies of Information and Communication in Brazil, it is estimated that there are approximately 126 million internet users. In addition, the survey points out that 90% of young people between 16 and 24 years old have access to the internet and that this has become a fundamental aspect for interaction and an essential tool for those entering the job market. Regarding the treatment of mental disorders via the internet, there are already studies on depression, panic disorder and anxiety disorders. There are numerous advantages of using the internet to offer interventions, including: ease of access and implementation of services, low cost, availability of access 24 hours a day, greater adherence due to low patient exposure.

Objectives: To build a brief psychological intervention via the internet to prevent the worsening of symptoms such as anxiety, depression and stress. **Method:** This is an experience report on the development of an online intervention protocol to prevent symptoms of anxiety, depression and stress. The intervention is made up of 6 modules associated with synchronous contacts. Each module is composed of self-explanatory materials based on Cognitive-Behavioral Therapy. The intervention lasts 6 weeks and each week the participants receive, individually, a module and a contact is scheduled via chat with a member of the Program team. The modules have materials with the following themes: psychoeducation on the cognitive model; psychoeducation about emotions; RPD; relaxing techniques; Mindfulness; self-compassion and self-care. Each module was structured with different types of media, such as: videos, cards, audios, etc. All team members who make contact via chat received training on CBT and on asynchronous online interventions.

Results: The Program still has initial results from the application of the protocol. The sample is composed of 50 university students. The results obtained in terms of adhesion and feedback on the program were very positive.

Conclusions: The analysis of the data obtained will allow us to understand the potential applicability of asynchronous interventions for the Brazilian culture. From the preliminary data, it is already possible to verify the positive receptivity in relation to the program and the opportunity to expand the possibilities of interventions for this population.

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

221

The Influence of Cultural Differences in Self-Conceptualization on Social Anxiety: The Mediating Role of Modesty

Authors

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Abstract

Introduction: Western countries like the United States are individualistic nations, and they are more likely to have independent self-construal. In contrast, Eastern Asian countries, such as Korea, exhibit a collectivistic culture and are inclined to embrace interdependent self-construal. Individuals with interdependent self-construal may experience an enhanced sensitivity to others' evaluations and rejection, an increased fear of negative evaluations, and a heightened experience of social anxiety. Modesty is defined as lowering one's abilities and achievements to prevent negative evaluations from others. People with interdependent self-construal tend to be modest to a greater extent to maintain social harmony and avoid negative feedback from others. As a result, individuals with interdependent self-construal may exhibit higher levels of social anxiety due to their inclination towards modesty, which plays a role in preventing potential conflicts and maintaining positive social relationships. Thus, this study aimed to examine the relationship between self-construal, social anxiety, and modesty as a mediator focusing on Asian American, European American, and South Korean participants.

Method: A total of 880 participants, consisting of 402 South Koreans, 166 Asian Americans, and 312 European Americans, completed an online survey to assess self-construal, social anxiety, and modesty. Pearson's correlation analysis was conducted to examine the relationship between self-construal and social anxiety. Furthermore, mediation analysis using jamovi advanced mediation models (Gallucci, 2020) was performed to investigate the potential mediating effect of modesty within each cultural group.

Results: The correlation analysis revealed that in the South Korean sample, there was no significant correlation between interdependent self-construal and social anxiety ($r = .02, p = .622$). However, a significant negative correlation was found between independent self-construal and social anxiety ($r = -.46, p < .001$). For European Americans, no significant correlation was observed between independent self-construal and social anxiety ($r = -.04, p = .475$). In contrast, a significant correlation emerged between interdependent self-construal and social anxiety ($r = .35, p < .001$). Among Asian Americans, both interdependent self-construal and independent self-construal showed significant correlations with social anxiety ($r = .24, p = .002$; $r = -.59, p < .001$). The mediation analysis revealed significant paths in different cultural contexts. Specifically, among South Koreans, there was a significant path from independent self-construal to social anxiety through modesty ($\beta = -0.24, p < .001$). Among European Americans, a significant path was found from interdependent self-construal to social anxiety through modesty ($\beta = 0.25, p < .001$). Among Asian Americans, both paths were significant, with interdependent self-construal to social anxiety through modesty ($\beta = 0.25, p < .001$) and independent self-construal to social anxiety through modesty ($\beta = -0.24, p < .001$).

Discussion: This study highlights cultural differences in the mediation effects observed between self-construal, social anxiety, and modesty. Among South Koreans, independent self-construal predicted social anxiety through modesty, while among European Americans, interdependent self-construal predicted the relationship. Among Asian Americans, both paths were significant. These findings emphasize the need for culturally sensitive interventions for social anxiety, considering the role of self-construal and modesty.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

231

Evaluation of Emotion Regulation Training for Adolescents

Authors

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Abstract

Presenting Problem: Emotion regulation is an important aspect of mental health. Adolescence represents a sensitive period for strengthening the use of maladaptive emotion regulation strategies like suppression, rumination and avoidance of emotional experience. Taking into account the importance of learning the adaptive strategies of emotion regulation among adolescents, in Psychiatric Hospital for Children and Youth in Zagreb, Croatia, we organized a group programme „Emotion Regulation Training“ for adolescents.

Intervention: Emotion Regulation Training“ was based on principles of cognitive-behavioral therapies and was developed similar to previously developed trainings for youth (EUREKA; Braet, Wante and Boelens, EABCT, 2022) and for adults (ART - Affect Regulation training, Berking and Whitley, 2014) with modifications in number of sessions and the quantity of content.

The Training was organized during 10 weeks, included 10 group sessions, one session weekly in duration of 90 minutes. Sessions were held in smaller group, were organized in form of interactive workshops and included psychoeducation and experiential exercises for practising skills. The participants were adolescents (13 to 16 years) who attended Day Hospital and were diagnosed with anxiety and depression, expressed self-harm behaviours, had history of suicidal tendencies and/or problems in controlling anger. The participants were selected after previous psychiatric evaluation and agreement with their psychiatrist and were those who expressed motivation to attend the training.

The session topics were as follows: 1. Psychoeducation on stress and setting goals, 2. Relaxation, 3. Emotional awareness, 4. Emotional awareness and Mindfulness, 5. Acceptance and tolerance of emotions, 6. Self-compassion, 7. Analysis and understanding of emotions (Psychoeducation on the cognitive model), and three sessions on Active emotional regulation - 8. Distraction, 9. Cognitive reappraisal, and 10. Problem-solving.

Outcome: The training started in a group of 9 participants. After drop-out due to unexpected circumstances or participant's absence on more than two sessions, the final group number was 5. The group of 5 adolescents (M age= 14,80, sd= 1,1) attended regular Emotion Regulation Training during mid October to mid December 2022.

Review and Evaluation: The training evaluation was conducted using measures on emotion regulation before and after the training. The measures were as follows: frequency of adaptive and maladaptive emotional regulation strategies (The Coping Strategy Inventory for Children and Adolescents, SUO, Vulić-Prtorić, 2000), difficulties in emotion regulation (Difficulties in Emotion Regulation Scale, DERS, Gratz & Roemer, 2004) and mental health questionnaire (DASS-21, Lovibond & Lovibond, 1995).

In addition, participants were given the evaluation forms to evaluate their satisfaction from the training. The average satisfaction ratings for the entire Training and the Training facilitator were 4.17 and 4.83, respectively, on a scale of 1 to 5 (1=not satisfied at all, 5=completely satisfied).

There were no statistically significant differences ($p > .10$) found on measures assessed before and after the training, which is expected due to the small sample used. Regarding the data before training, adolescents sought social support from family significantly less than they used avoidance. Regarding the data after training, adolescents sought social support from family significantly less than they used problem solving and avoidance.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

232

Delivering CBT, Supervision and Training Remotely in Georgia – Advantages and Challenges

Authors

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Abstract

Introduction: The global COVID-19 pandemic has significantly impacted people's well-being and generated widespread fear. The fear of losing loved ones, extended periods of quarantine, and the risk of contracting the virus have exacerbated anxiety, depression, and sleep disturbances. [1]To address the increased demand for psychological support, remote therapy emerged as an initial solution to sustain mental health services[2]. However, the transition to remote psychotherapeutic services and training has introduced various challenges, particularly concerning ethical considerations such as confidentiality, privacy, information security, competency, communication issues, and crisis intervention.[3]

Method: In 2022, the Georgian Association of Cognitive Behavioral Therapy (CBT) conducted a study to explore the opinions, perspectives, and attitudes of CBT therapists and trainees regarding the shift to remote psychotherapeutic services and training during the COVID-19 pandemic. It administered an online questionnaire to gather insights from the 69 participants over a two-month period (August-September).

The study was initiated by the Serbian Association of Behavioral and Cognitive Therapists (SRABCT).

Results: The study findings revealed that therapists in Georgia had conducted at least one online therapy session during the pandemic, and the frequency of these sessions significantly increased over time. Participants expressed difficulties in interpreting client emotions and highlighted challenges related to the absence of written agreements for remote therapy, as well as the struggle to find suitable spaces for online sessions. Additional concerns included establishing a therapeutic connection, maintaining professional boundaries, and ensuring privacy protection. The study identified depression and panic disorders as the most common and challenging issues encountered during remote therapy. Despite these challenges, the majority of participants believed that the quality of therapy delivered through virtual platforms was comparable to in-person sessions. However, the study emphasized the lack of supervision, indicating a need for support and guidance in remote therapy practices.

Conclusion: This study contributes to a better understanding of the requirements for working and studying online in the field of CBT for both trainees and therapists. A practical implication of the findings could be the incorporation of remote-control training to equip therapists with the necessary skills for effective remote therapy in the future. Overall, the research sheds light on the opportunities and challenges associated with the transition to remote psychotherapeutic services and training, offering valuable insights to enhance practices in the field of CBT during and beyond the pandemic.

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[3] Stoll, J., Müller, J.A. and Trachsel, M. (2020) 'Ethical issues in online psychotherapy: A narrative review', *Frontiers in Psychiatry*, 10. doi:10.3389/fpsy.2019.00993.

Track

POSTERS

Topic Areas

Public Health (Including COVID-19)

Submission ID

237

Means-Ends Problem Solving (MEPS) Task: Psychometric Evaluation of Turkish Version

Authors

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Abstract

Introduction: Means-Ends Problem Solving (MEPS) task was designed to assess the individual's capacity for solving problems that are encountered in both interpersonal relationships and academic settings by presenting them with an explanation of a problematic situation followed by its successful resolution from the participant's own personal perspective. MEPS requires participants to write down how they would solve the problem described in four vignettes in a successful way. The task yields two different scores for effectiveness (quality of problem solving process) and means (steps taken by the individual to solve the problem). Previous research on MEPS indicated that the clinical populations had lower performance and deficits in effective problem solving abilities compared to control as measured by MEPS. Furthermore, the quality of problem solving as measured by MEPS is highly influenced by the intensity of ruminative thoughts. The aim of the current study is to assess the psychometric properties of the Turkish version of MEPS in Turkish young adults.

Method: Two hundred and twenty-two individuals between ages 17 and 59 ($M=21.92$, $SD=4.42$) completed MEPS in addition to scales assessing problem orientation, problem solving styles, repetitive negative thinking, depression, and anxiety.

Results: The results indicated that the Turkish form of MEPS has adequate interrater reliability. Also, both the means and effectiveness scores had significant negative correlations with measures of repetitive negative thinking and impulsive problem solving, in addition to significant negative correlations with rational problem solving.

Discussion: In other words, the participants who were able to come up with effective methods for solving both academic and interpersonal problems were less likely to entertain repetitive negative thoughts and were also less likely to engage in impulsive problem solving strategies. However, neither means nor effectiveness scores were correlated with problem orientation, anxiety, or depression. The findings are discussed in the light of current literature.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

238

Mindfulness Traits are Related to Lower Mental Fatigue and Higher Subjective Value of Effort.

Authors

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Abstract

Mindfulness has been shown to be a trait that enhances focus, motivation and ability to control one's behavior. As a skill it is trained in almost every third-wave approach in CBT (eg. ACT, DBT or MCBT). In the presented study we aimed to investigate the impact of mindfulness on cognitive fatigue and subjective value of cognitive effort.

241 participants (130 females), aged 18-80 took part in the study. They filled Five Facets Mindfulness Questionnaire and performed an effortful procedure which comprised 40 tasks requiring mental rotation. After each 5 trials participants answered questions regarding their motivation to perform further tasks, the value of performing the procedure and they also assessed their mood including cognitive fatigue sensation.

The total effect of mindfulness on motivation was significant and positive ($b = 0.04$, 95% CI [0.02, 0.06], $p = .001$). Mindfulness was also positively related to the perceived value of a task ($b = 0.04$, 95% CI [0.01, 0.06], $p = .001$) and negatively to fatigue ($b = -0.05$, 95% CI [-0.07, -0.03], $p < .001$). Value was negatively related to fatigue ($b = -0.22$, 95% CI [-0.34, -0.09], $p = .001$). Value was positively ($b = 0.88$, 95% CI [0.82, 0.93], $p < .001$), while fatigue was negatively related to motivation ($b = -0.08$, 95% CI [-0.14, -0.03], $p = .004$).

When both mediators were included in the model, the effect of mindfulness on motivation became nonsignificant ($b = 0.0003$, 95% CI [-0.01, 0.01], $p = .949$). The indirect effect of mindfulness (estimated with 10,000 bootstraps) through perceived value and fatigue was significant and positive ($b = 0.001$, 95% CI [0.0001, 0.0015]). Indirect effects through value only ($b = 0.03$, 95% CI [0.01, 0.05]) and fatigue only ($b = 0.004$, 95% CI [0.001, 0.008]) were also significant and positive.

In this study we showed a consistent negative relation between perceived value and mental fatigue and the negative impact of mental fatigue on motivation to invest further effort. We have also shown that mindfulness positively impacts perceived value of the tasks and therefore leads to lesser fatigue and higher motivation. The results indicate that mindfulness-based approaches can be successfully applied and investigated in the treatments of chronic fatigue, procrastination and burnout.

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

240

Early Maladaptive Schemas and Borderline Personality Disorder: A Meta-Analysis

Authors

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Abstract

Introduction: Early maladaptive schemas (EMSs) have been hypothesized to be significantly associated with multiple mental health problems, especially with personality disorders. Furthermore, EMSs have been considered as a central factor in the onset and development of borderline personality disorder (BPD). However, the associations between EMSs and BPD remains unclear, as studies have provided inconsistent results regarding the effect magnitude. The current meta-analysis aimed to examine the associations between early maladaptive schema domains and borderline personality disorder severity.

Method: Systematic searches were conducted in SCOPUS, Web of Science, PubMed and PsycInfo. A total of 25 studies were included in the analyses and provided sufficient data for estimating the pooled effect sizes for each of the five schema domains and borderline personality disorder severity. Moderation and meta-regression analyses were also conducted.

Results: The results indicate that EMSs from each of the five domains present a large and positive effect on BPD severity, with pooled effect sizes ranging from $r = 0.42$ for the Overvigilance and inhibition domains, to $r = 0.55$ for the Disconnection and rejection domain.

Discussion: These results support the hypothesis that EMSs are strongly related to BPD severity. Future research should approach this relationship using longitudinal designs and take into consideration potential sources of variability discussed in this meta-analysis.

Key words: borderline personality disorder, early maladaptive schemas, schema domains.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

243

Loneliness and Emotion Regulation: A Meta-Analysis

Authors

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Abstract

Often understood as an aversive emotional state, loneliness began to be investigated through an emotional regulation framework. The current meta-analysis examines the associations between loneliness and emotion regulation, conceptualized both as distinct strategies (rumination, cognitive reappraisal, expressive suppression, and distraction) and as overall competence (emotion regulation abilities and difficulties). Fifty-two studies (total $N = 32852$) met the inclusion criteria and reported a total of eighty-eight ($k = 88$) effect sizes. Analyses indicated that loneliness correlated positively (showing large effect sizes) with rumination ($k = 27$, $r = 0.37$), suppression ($k = 14$, $r = 0.31$), and difficulties in emotion regulation ($k = 18$, $r = 0.51$), and negatively (showing medium effect sizes) with reappraisal ($k = 18$, $r = -0.22$), distraction ($k = 6$, $r = -0.21$), and emotion regulation abilities ($k = 6$, $r = -0.24$). In order to account for between-study variability, subgroup and meta-regression analyses were conducted, with study design, clinical status of the samples and age category investigated as categorical moderators and mean age of the participants, the percentage of women in the samples, and Hofstede's individualism index investigated as continuous moderators. In sum, the results of the current meta-analysis draw attention to the implications of emotion regulation in the understanding of loneliness and set the stage for possible intervention techniques aimed at alleviating feelings of social isolation.

Keywords: loneliness, perceived social isolation, emotion regulation, meta-analysis.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

244

The Effectiveness of Psychological Treatments for Obsessive-Compulsive Disorders: A Meta-Analysis of Randomized Controlled Trials Published Over Last 30 Years

Authors

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Abstract

Background: Obsessive-compulsive disorder is a common mental disorder that affects millions of people worldwide. Although numerous randomized controlled trials have been conducted to examine the effect of psychological treatments for obsessive-compulsive disorder, there is still a lack of consensus on their overall effectiveness. We conducted a comprehensive meta-analysis to determine the overall effectiveness of psychological treatment for obsessive-compulsive disorders.

Method: We conducted a comprehensive search not only in English (PubMed, Embase, PsycINFO, International clinical trials registry platform of WHO) but also in Chinese databases (CNKI, WangFang, WeiPu, China Clinical Trial Registry) using an extensive strategy. Our inclusion criteria were controlled trials investigating psychological treatments for subjects diagnosed with obsessive-compulsive disorder, compared to control groups. The primary outcome of interest was the severity of OCD symptoms, with Hedges' g calculated at post-treatment and at 6-12 months follow-up. Random effects models were used for all analyses, with subgroup analyses and sensitivity analyses performed. Additionally, the risk of bias was assessed.

Results: 55 controlled trials comparing psychological treatments to control groups were identified, with a total of 86 comparisons and 2713 patients. At post-treatment, psychological treatments demonstrated a significant and large effect on reducing OCD symptoms ($g = -1.15$; 95%CI [-1.32, -0.97]) compared to control groups, with high heterogeneity ($I^2 = 72.11\%$; 95%CI [63.4, 78.7]). This finding remained consistent in sensitivity analysis for the Yale-Brown Obsessive-compulsive scale ($g = -1.2$; 95%CI [-1.43, -0.96]) and after excluding outliers ($g = -1.09$; 95%CI [-1.2, -0.98]), but lost significance in sensitivity analysis for low risk of bias. Subgroup analyses indicated that the type of control group and intervention format may be associated with the treatment effect. Waiting lists were associated with the largest effects ($g = -1.3$; 95%CI [-1.58, -1.03]), while psychological placebos had the smallest effects ($g = -0.82$; 95%CI [-1.04, -0.59]). The intervention format that involved the family members of the patient had the largest effects ($g = -1.39$; 95%CI [-1.98, -0.8]). The effect was insignificant at 6 – 12 months follow-up. Most trials (87%) were rated at high risk of bias.

Conclusions: Psychological treatment appears to be a promising approach for managing OCD symptoms. Furthermore, our subgroup analyses suggest that the type of control group and treatment delivery format may play a role in the treatment effect. However, caution should be exercised when interpreting these results due to the high heterogeneity and risk of bias across trials. Further studies are required to investigate the long-term effectiveness of psychological treatment for OCD and to confirm the conclusions drawn from our meta-analysis.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

259

The Current Status and Future Perspectives of Cognitive Behavioral Therapy for Social Anxiety Disorder in South Korea: A Systematic Review

Authors

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Abstract

Introduction: Cognitive Behavioral Therapy (CBT) has shown efficacy as a disorder-specific treatment for Social Anxiety Disorder (SAD) across different cultures. In recent years, CBT for SAD has evolved beyond traditional cognitive restructuring, incorporating various cognitive and behavioral techniques based on the cognitive model of SAD. However, South Korea still predominantly relies on traditional CBT approaches, focusing on cognitive restructuring, in both clinical and research settings. This study aimed to examine the progress of CBT for SAD in South Korea since the 2000s through a literature review, providing insights into its future prospects.

Methods: For the period between 2000 and mid-2017, relevant data pertaining to CBT were selected from the review study conducted by Kim and Yang (2017). Subsequently, for the period from 2017 to 2023, research papers focusing on the treatment of SAD in South Korea were searched using search engines like AccessON, Riss, Kci, and Kiss. The search utilized keywords such as "social anxiety," "cognitive behavioral therapy," and "treatment." Studies that lacked specified sample characteristics, a control group, or quantitative evaluations were excluded from the analysis.

Results: This study reviewed a total of 30 research papers on CBT for SAD. The findings revealed that in the early 2000s, following the introduction of Heimberg's cognitive behavioral group therapy in South Korea, CBT for SAD emphasized cognitive factors over behavioral factors (6 studies; Hedges' $g = 1.13$). In the mid-2000s, mindfulness-based approaches and Acceptance and Commitment Therapy (ACT) were introduced in South Korea, leading to a significant increase in research exploring their application in treating SAD from 2010 to mid-2017 (11 studies; Hedges' $g = 1.27-1.29$). During this period, there were also limited research efforts aiming to enhance the effectiveness of disorder-specific CBT for SAD (2 studies; Cohen's $d = 1.30 - 2.05$). From late 2017 to early 2023, 11 studies met the inclusion and exclusion criteria, focusing on validating the efficacy of specific treatment modules. These modules included imagery rescripting (4 studies; Cohen's $d = 0.99$), virtual reality exposure therapy (4 studies; Cohen's $d = 1.91$), and self-compassion-based interventions (2 studies; Cohen's $d = 0.97$). However, there was a relative scarcity of studies examining the overall effectiveness of treatment packages. Only one study specifically applied dialectical behavior therapy to SAD (Cohen's $d = 1.01$).

Discussion: In conclusion, the findings of this study demonstrate several important trends in CBT for SAD in South Korea. Firstly, there is a notable shift towards a transdiagnostic approach in the overall treatment package of CBT for SAD. Secondly, the research has seen a surge in studies focusing on developing and evaluating treatment modules to enhance the therapeutic outcomes of CBT for SAD. These modules, such as imagery rescripting, virtual reality exposure therapy offer promising avenues for optimizing treatment effectiveness. Lastly, given the rapid advancements in the field and the incorporation of the latest treatment outcomes, the dissemination of up-to-date CBT for SAD practices becomes highly crucial.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

260

Understanding the Lived Experience of a Life with Multiple Sclerosis: Blending Citizen Science with Natural Language Processing and Machine Learning

Authors

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Abstract

Background: The emergence of new digital technologies has enabled a new way of doing research, including active collaboration with the public ('citizen science'). Harnessing the knowledge of "citizens" on a particular topic is a powerful way to generate new insights or address scientific/societal challenges. Innovations in machine learning (ML) and natural language processing (NLP) have made it possible to automatically analyze large amounts of textual data in order to study individual perspectives in a convenient and efficient way. Here, we present the citizen science project 'My life with multiple sclerosis' of the Swiss MS Registry, which was developed in close collaboration and on the initiative of people with MS. For this project, we combine citizen science with innovations in NLP and ML to examine (1) which categories of life events people with multiple sclerosis (MS) perceive as central to their MS and (2) the emotions associated with them. We then relate our findings to standardized individual-level measures.

Methods/Design: The sample of the 'My Life with MS' study (n = 1039) consists of persons with MS registry participants, an ongoing longitudinal patient-centered survey in Switzerland. Study participants were invited to tell their story of a life with MS through self-selected key events. For each event, participants provided keywords and were asked to describe the event itself, its consequences, the support they received, and what was helpful. They also offered advice for others in a similar situation. Individuals then completed survey measures on quality of life, MS type and symptoms, medication, disease course, and treatment. For the text analysis, we first translated all text entries into English using pretrained language models ('transformer models'). We then implemented topic modelling ('latent dirichlet allocation') to identify overarching topics underlying the text descriptions. For fine-grained average sentiment analyses (i.e., sadness, fear, anger, joy, surprise) we again implemented ML-driven language models. We finally linked the overarching event topics to participants' individual-level measures, including quality of life and symptoms.

Results: Individuals reported a total of 4309 unique MS-related events. Topic modeling analysis revealed eight distinct event themes: (1) 'diagnosis', (2) 'medication / treatment', (3) 'relapse / child', (4) 'work', (5) 'birth, health', (6) 'partnership & MS', (7) 'rehab / wheelchair', and (8) 'injection, symptoms'. Sentiment of the text entries was predominantly negative, with sadness and anxiety being the most frequent emotions. However, individuals also documented a significant number of positive events, particularly in the categories 'birth, health' and 'partnership & MS'. In terms of the individual-level characteristics, we did not find a clear pattern across topic categories.

Discussion: The innovative aspects of this project pertain to its combination of digital citizen-science with ML-driven NLP methods. All project stages were guided by scientific expertise and individual experiences of persons with MS. A group of more than 1,000 citizen scientists shared their lived experience of MS, contributing to a deeper understanding of the disease. Our study informs future research combining citizen science and large-scale language assessments by identifying challenges of automated text analysis and proposing potential avenues for future research.

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

261

Design of Virtual Environments for Aviophobia

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 Dr. Iveta Fajnerová - Czech Republic - National Institute of Mental Health
 Mr. Jan Husák - Czech Republic - Czech Institute of Informatics, Robotics and Cybernetics (CIIRC CTU)
 Dr. Lenka Lhotská - Czech Republic - Czech Institute of Informatics, Robotics and Cybernetics (CIIRC CTU)
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Abstract

Aviophobia (the fear of flying - FoF) is a specific phobia characterized by persistent anxiety during or in anticipation of, flying on an airplane. The intensity of fear is disproportionate to the actual danger, often resulting from fear of the plane crashing or the inability to have control over the flight experience. People with FoF are often engaging in avoidance behavior, escaping these situations or enduring them (e.g. using alcohol to reduce the distress). FoF negatively affects professional and social life, preventing individuals from traveling for work or visiting family and friends [1].

Treatment of FoF usually consists of medication and/or cognitive behavioral therapy, including systematic desensitization or exposure therapy. Exposure therapy can include spending time in a stationary plane or a flight simulation. However, performing in vivo exposures for FoF can be problematic due to the limited availability or the high costs of airplane practice situations. Virtual reality exposure therapy (VRET), already proven to be an efficient tool in phobia treatment, represents a useful and more accessible alternative that can address these limitations [2]. Some virtual environments (VE) for VRET in FoF have already been created. Nevertheless, most of them are in the form of self-help mobile app-based treatments or 360° videos, allowing only viewing, but no interaction in the environment, with limited possibility of graduating the exposure based on the patient's individual needs.

In this project, VE for exposure therapy of FoF was designed based on situations suggested in the Flight Anxiety Questionnaire [3]. The virtual scenario includes taking the subway to the airport, going through security, waiting at the gate, boarding the plane, and taking off (with authentic visual and sound effects). The main advantage of our scenario is the possibility of gradual, individualized exposure in a VE controlled by a professional therapist.

The main aim of this pilot study is to examine the feasibility of the created virtual scenario in inducing stress in patients with FoF, comparing differences in subjective rating during virtual exposure between the experimental and control group (with and without FoF). A description of the virtual environment and pilot data will be presented at the conference in a poster format.

This virtual environment was created in cooperation with CIIRC CTU as part of a larger project VRETcity supported by the Technology Agency of the Czech Republic program Éta (project No. TL0300022), serving as a complex tool for exposure therapy of phobias.

[1] Clark GI and Rock AJ (2016) Processes Contributing to the Maintenance of Flying Phobia: A Narrative Review. *Front. Psychol.* 7:754. doi: 10.3389/fpsyg.2016.00754

[2] Cardoso, R. A. I., David, O. A., & David, D. O. (2017). Virtual reality exposure therapy in flight anxiety: A quantitative meta-analysis. *Computers in Human Behavior*, 72, 371–380. <https://doi.org/10.1016/j.chb.2017.03.007>

[3] Business Bliss Consultants FZE. (Nov 2018). Flight Anxiety Modality Questionnaire (FAM): How Do I Express My Fear?. Retrieved from <https://ukdiss.com/examples/flight-anxiety-modality-questionnaire.php?vref=1>

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

263

Multimodal Functional and Structural Brain Connectivity Analysis Focusing on Response to Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder: a Combined Resting-State fMRI and DTI Study.

Authors

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Prof. Eiji Shimizu - Japan - 1. Department of Cognitive Behavioral Physiology, Graduate School of Medicine, Chiba University, Chiba

Abstract

Introduction: Cognitive behavioral therapy (CBT) is already known as the most effective therapy for obsessive-compulsive disorder (OCD); however, different patients respond differently to CBT, and it is uncertain how CBT affects brains. Recently, there have been two useful neuroimaging modalities; resting-state functional magnetic resonance imaging (rsfMRI), which provides insights into whole-brain networks, and Diffusion Tensor Imaging (DTI), which offers a means to assess the connectivity of white matter. Whereas combining these modalities will make much progress in estimating changes in the brain and making a prediction about CBT, no study of this in OCD has been reported. Herein, our study proposes exploring CBT's neurological mechanism for OCD.

Methods: Thirty patients included in this study who were with a Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 16 or higher and got CBT for OCD consisting of 10 or more sessions. Patients with Y-BOCS scores of 12 or less after treatment were defined as the remission group, and others were defined as the non-remission group. We measured pre-treatment resting-state brain functional connectivity and diffusion-weighted structural connectivity and explored the difference between the remission and non-remission groups. Regarding rsfMRI, multiple voxel pattern analysis (MVPA) was performed using the CONN toolbox, and post-hoc analysis was performed by seed-to-voxel analysis based on the clusters obtained by MVPA to search for changes in functional connectivity. About DTI, we performed a probabilistic tractography using the TRACULA (TRActs Constrained by UnderLying Anatomy) toolbox in FreeSurfer.

Results: In rsfMRI, a total of four clusters were extracted in part of the bilateral occipital cortex and left temporal cortex between the remission and the non-remission group from MVPA. Post-hoc analysis revealed a total of six significant connectivity changes, mainly in the bilateral occipital cortex, which were associated with the four clusters. DTI data is currently under analysis.

Discussion: The difference in functional connectivity, mainly in the bilateral occipital cortex, was indicated. In general, the occipital cortex is known to be associated with visual perception processing, thus this result suggests visual perception may affect treatment response in CBT for OCD. The results of DTI will be added and discussed on the day of the presentation.

(Ethical Considerations: This study was approved by the Ethics Committees of the Chiba University Graduate School of Medicine.)

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

270

Effect of Group Cognitive Behavioral Therapy on Anxiety and Sense of Coherence for Community Dwelling Older Adults with Anxiety

Authors

Dr. Radka Buzgova - Czech Republic - University of Ostrava
Dr. Radka Kozáková - Czech Republic - University of Ostrava

Abstract

Introduction: In relation to the changes that occur in old age and the social changes of the present, there are more older adults with anxiety disorders. Cognitive behavioral therapy (CBT) is one of the methods that can be effective in reducing anxiety. The advantage of group therapy is the possibility of reducing social isolation. The aim of our study was to determine the effect of group CBT for community dwelling older adults with anxiety on their anxiety, and sense of coherence.

Methods: Within our study, 4 groups of 7 participants were organized. Three participants did not complete the study due to deterioration of their health. Older adults were approached through the Centre for Prevention and Promotion of Healthy Ageing of the University of Ostrava in the Czech Republic. Group sessions took place once a week and lasted 120 minutes over the course of 12 weeks. The manual "Aging Wisely" by Wuthrich et al. (2016) was used. Individual sessions include education on the ageing process, coping with loneliness, improving sleep, coping with anxiety, and avoiding, coping with loss and death. Participants learn to monitor their mood, identify their thoughts, challenge unhelpful thoughts, and practise techniques to replace the unhelpful thoughts. For data collection, the following scales were used: The Geriatric Anxiety Inventory - GAI and the Sense of Coherence Scale - SOC-13. The short form of the SOC scale consists of 13 items that comprise three components: comprehensibility (SOC_C), manageability (SOC_MA), and meaningfulness (SOC_ME). Participants completed the scales before and after the group sessions. Differences were tested using the paired-sample t-test.

Results: The research sample included 25 older adults with an average age of 72.72 years ($s=5.9$; min-max: 61-83 years). Only two participants were men (8 %). A total of 11 older adults lived with their partners, 13 lived alone, and one with their child. Only two participants were still employed. After completion of group CBT, older adults reported lower anxiety rates (pre: $\bar{x}=13.6$; $s=2.6$; post: $\bar{x}=9.4$; $s=3.5$; $p<0.001$; mean diff.: 4.16; 95%CI: 3.17-5.15). Also, an improvement in all domains of sense of coherence was detected: SOC (pre: $\bar{x}=54.2$; $s=10.1$; post: $\bar{x}=59.6$; $s=8.7$; $p<0.001$; mean diff.: -5.32; 95%CI: -8.01 - -2.64), SOC_C (pre: $\bar{x}=19.7$; $s=4.7$; post: $\bar{x}=21.0$; $s=4.2$; $p=0.044$; mean diff.: -1.32; 95%CI: -2.61 - -0.04), SOC_MA (pre: $\bar{x}=15.8$; $s=3.9$; post: $\bar{x}=17.8$; $s=3.1$; $p=0.005$; mean diff.: -2.04; 95%CI: -3.41 - -0.67), and SOC_ME (pre: $\bar{x}=19.2$; $s=3.6$; post: $\bar{x}=20.7$; $s=3.9$; $p=0.012$; mean diff.: -1.48; 95%CI: -2.60 - -0.36).

Conclusion: Group CBT is a suitable psychological intervention for older adults with anxiety to reduce their anxiety and improve their sense of coherence.

Supported by project "support of healthy ageing: using educational and psychosocial interventions to maintain mental health, For prevention and timely diagnosis of depression, Anxiety, and cognitive disorders of older adults in a Community" (AZV MZ ČR no. NU21-09-00067).

References:

Wuthrich WM et al. Randomized controlled trial of group cognitive behavioural therapy compared to a discussion group for co-morbid anxiety and depression in older adults. *Psychol Med* 2016;46:785–795.

Track

POSTERS

Topic Areas

Older Adults

Submission ID

272

Effect of Group Cognitive Behavioral Therapy for Community Dwelling Older Adults with Depression to Their Depression Symptoms, Self-Esteem and Quality of Life

Authors

Dr. Radka Kozáková - Czech Republic - University of Ostrava

Dr. Radka Buzgova - Czech Republic - University of Ostrava

Abstract

Introduction: Geriatric depression is considered the most common mental health problem in older adults, negatively affecting quality of life. Group cognitive behavioral psychotherapy is an appropriate and effective intervention to reduce depressive symptoms also in older adults. The aim of the study was to determine the effect of group cognitive behavioral therapy for older people with depression in the community on their depression symptoms, self-esteem, and quality of life.

Methods: Within our study, 3 groups of 7 participants were organized. The criterion for inclusion in the research group was age 60 or older, cognitively intact (no diagnosed dementia, ability to sign an informed consent form). Older adults were approached through the Centre for Prevention and Promotion of Healthy Ageing of the University of Ostrava in the Czech Republic. The group sessions took place once a week for 120 minutes over the course of 12 weeks. The manual "Ageing Wisely" by Wuthrich et al. (2016) was used. All patients were educated about depression, activity planning, cognitive restructuring of automatic negative thoughts, exposure, and relaxation training. The Geriatric Depression Scale (GDS-15), Rosenberg's Self-Esteem Scale – RSES, and the Older People's Quality of Life Questionnaire (OPQOL-Lite) were completed before and after the intervention. Data normality was verified by the Shapiro-Wilk test. Differences were tested using the paired-sample t-test.

Results: The research sample included 21 older people with an average age of 72.62 (min-max.: 61-86 years). All participants were women, 10 women lived with their partners, and 11 lived alone. Only one participant was still in the work. Total 14 women were found to be mildly depressed (GDS score 6-10) and 7 women were found to be severely depressed (GDS score 11-15). After the intervention, there was a significant reduction in depression (pre: $\bar{x} = 9.1$; $s = 3.0$; post: $\bar{x} = 4.6$; $s = 2.2$; $p < 0.001$; mean diff.: 4.45; 95%CI: 2.83-6.07), and also a significant improvement in quality of life (pre: $\bar{x} = 49.1$; $s = 3.8$; post: $\bar{x} = 52.5$; $s = 2.9$; $p < 0.001$; mean diff.: -3.35; 95%CI: -5.03 - -1.67). There was no statistically significant difference in self-esteem (pre: $\bar{x} = 17.1$; $s = 4.1$; post: $\bar{x} = 17.6$; $s = 3.3$; $p = 0.362$; mean diff.: -0.50; 95%CI: -1.62-0.62).

Conclusion: Group cognitive behavioral therapy for older people can be particularly effective in managing depression in old age. It further improves the quality of life, therefore, it can be classified as an appropriate psychological intervention for older adults in community care.

Supported by project "support of healthy ageing: using educational and psychosocial interventions to maintain mental health, For prevention and timely diagnosis of depression, Anxiety, and cognitive disorders of older adults in a Community" (AZV MZ ČR no. NU21-09-00067).

References:

Wuthrich WM et al. Randomized controlled trial of group cognitive behavioural therapy compared to a discussion group for co-morbid anxiety and depression in older adults. *Psychol Med* 2016;46:785–795.

Track

POSTERS

Topic Areas

Older Adults

Submission ID

273

Guided Internet-Based Cognitive Behavioral Therapy for Insomnia in Patients with Borderline Personality Disorder: Study Protocol for a Randomized Controlled Trial

Authors

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Dr. Hein van Marle - Netherlands - Amsterdam UMC, location Vrije Universiteit Amsterdam, Psychiatry, Amsterdam, the Netherlands

Abstract

Background: Borderline personality disorder (BPD) is a highly disabling psychiatric disorder with emotion dysregulation at its core, resulting in affective instability, impulsivity and sometimes self-harming or suicidal behavior. Sleep is increasingly recognized to play a crucial role in emotion regulation. BPD patients often suffer from (severe) insomnia, potentially aggravating symptoms and preventing recovery from BPD. Yet, the effects of insomnia treatments have not been investigated in context of BPD. Guided internet-based cognitive behavioral therapy for insomnia (iCBT-I; i-Sleep) has been proven effective in improving both insomnia and psychiatric symptoms such as depression, anxiety, PTSD, and substance use. This study aims to assess the effectiveness of iCBT-I in patients with BPD, on BPD symptom severity, BPD treatment effectiveness, and other secondary outcomes. These effects are thought to arise from a direct effect of improved sleep on emotion regulation and a synergistic effect on the consolidation and internalization of the BPD treatment effect. To our knowledge, this is the first trial assessing effectiveness of CBT-I in patients with BPD (traits). The accessibility of the studied intervention greatly facilitates clinical implication in case of positive results.

Methods: In this randomized controlled trial among 96 patients with a DSM-5 diagnosis of BPD (or other personality disorder with ≥ 4 BPD traits) and insomnia symptoms, we will test the effectiveness of iCBT-I before regular BPD treatment starts, during the waitlist period, on BPD symptoms. Patients in the control group monitor their sleep through a sleep diary during the waitlist period and also receive standard BPD treatment after that. Using linear mixed models we will test the hypothesis that the iCBT-I group improves more than the control group on BPD symptoms (primary outcome), insomnia severity, additional subjective and objective sleep variables, emotion regulation, comorbid anxiety and depression complaints, and quality of life.

Results: the study is still ongoing and no results can be reported yet.

Conclusion: iCBT-I as add-on treatment for patients suffering from both BPD and sleep problems may be a promising way to alleviate BPD symptom severity directly and through improved internalization of subsequent standard BPD treatment. Our ultimate goal is to test the efficacy of iCBT-I as add-on therapy for BPD with comorbid sleep complaints and include the intervention in clinical guidelines of BPD in case of positive results. Findings may similarly spark new investigations into effectiveness of iCBT-I for other psychiatric disorders deriving from emotion dysregulation and/or maladaptive memory processing along with sleep problems.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

274

Positive Emotions as a Mediator between Childhood Adversity and Psychopathology: A Meta-Analysis

Authors

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Prof. Andrei Miu - Romania - Cognitive Neuroscience Laboratory, Department of Psychology, Babeş-Bolyai University, Cluj-Napoca, Romania

Dr. Robert Balazsi - Romania - Department of Psychology, Babeş-Bolyai University, Cluj-Napoca, CJ, Romania

Abstract

Childhood adversity is a lifelong and transdiagnostic risk factor for psychopathology, and more recent studies have focused on understanding the underlying psychological mechanisms, such as emotion regulation. Positive emotions may be one of the other eligible candidates, given its association with both childhood adversity and psychopathology. Based on the available evidence, the present meta-analysis aimed to investigate the mechanistic involvement of positive emotions in the relation between childhood adversity and psychopathology. Systematic searches were conducted in PubMed, Scopus, Web of Science and PsychInfo. Finally, ninety-three studies were included. A partial mediation model was fitted to the available data across studies, using meta-analytic structural equation modeling. First, results showed that correlations between childhood adversity, positive emotions and psychopathology were significant, in the expected direction, and of small and moderate effect sizes. Second, positive emotions indeed served as a mediating mechanism underlying the link between childhood adversity and psychopathology. Further subgroup analyses will be conducted to investigate sources of heterogeneity by examining how the mediation model varies across specific subgroups. Our preliminary results suggest that dampened positive emotions is a consistent marker of childhood adversity and contribute to risk of psychopathology.

Keywords: meta-analysis, childhood adversity, positive emotions, psychopathology, mediation.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

277

Self-Care Among Helping Profession's Specialists in High and Low Stress Conditions

Authors

Mr. Viktor Gizhitskii - Russian Federation - Full member of the Association of Cognitive-Behavioral Therapists (ACBT)

Mrs. Nadezhda Glumova - Russian Federation - full member of the Association of Cognitive-Behavioral Therapists (ACBT)

Mrs. Anastasiia Demchenko - Montenegro - full member of the Association of Cognitive-Behavioral Therapists (ACBT)

Mrs. Anastasiia Zenina - Russian Federation - full member of the Association of Cognitive-Behavioral Therapists (ACBT)

Mrs. Ekaterina Kharina - Russian Federation - full member of the Association of Cognitive-Behavioral Therapists (ACBT)

Abstract

Introduction: Taking Care of Yourself (Self-care) is important for mental health professionals whose work is associated with the stress increasing risk (El-Ghoroury et al. 2012) and burnout (Wityk 2003), which, in turn, might lead to the therapy decreasing effectiveness (Smith & Moss, 2009). According to large number psychologists' ethics codes, a specialist's psychological well-being is an obligatory requirement when working with clients. That is why the purpose of this study was to identify differences in practicing psychologists with low and high stress levels on the following components of self-care:

Self-care in the personal sphere

Self-care in the professional sphere

Self-care in the psychological sphere

Behavioral self-help

We hypothesized that specialists with low stress levels would differ from others with high stress levels on all or single component of self-care. Identifying these components will help to understand the main goals in developing self-care skills.

Methods: There are 119 specialists (psychologists, psychiatrists, and psychotherapists), including 18 men and 101 women, aged 24 to 65 years, participated in the study ($M=38.2$; $SD=8.4$). List of questionnaires:

1. Self-care questionnaire was developed to study self-care (Gizhitskii V., Glumova N., Demchenko A., Kharina E, Zenina A.).
2. C. Neff's self-help questionnaire was used to identify psychological self-help.
3. K. Carver, M. Scheyer, and J. Waitraub's short version of the COPE-30 coping strategies questionnaire was used to determine behavioral self-care.
4. PSS-10 questionnaire was used to determine stress level.

Results: Three groups of specialists with different levels of stress scores were formed to identify characteristics of self-care, self-compassion, and coping strategies among psychologists in the helping professions, (we used quantile distribution measure - quartiles): with high ($N=25$), average ($N=68$) and low ($N=26$) score on the perceived stress scale. Students' t-criterion was used to compare the groups of specialists with low and high level of stress.

According to the obtained results the group of specialists with a low stress level, shows kinder attitude to themselves and uses more productive coping strategies than the group with a high stress level which, on the contrary has higher rates of self-criticism and uses non-productive coping strategies such as mentally switch from the problem and using sedatives.

We believe such results might be interpret in two ways. On the one hand, when specialists are more stressed, it becomes more difficult for them taking care of themselves: eat right, sleep, do physical activities, regulate work and rest regimes. It increases stress and self-criticism, decreases self-care

ability and ultimately leads to unproductive coping strategies. On the other hand, insufficiently developed self-care and support skills can lead to increased stress, which in turn decreases ability to use productive coping strategies in stressful situations.

Conclusion: Results of the two groups' comparison, as well as the correlation analysis, neither allow us to draw some clear conclusion about the primacy of stress in reducing self-care, nor talk about the opposite effect. However, we believe that there is a circle where the stress increase might lead to a self-care reduction, but self-assistance reduction might lead to stress growth.

Track

POSTERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

280

Stress Coping Skills and Strategies as Antidote to Mental Health for Adult Male Migrants – Open Space for CBT Interventions

Authors

Ms. Sabina Salkic - Germany - Psychological Counselling Centre - Domino, Sarajevo, BiH
Ms. Diana Ridjic - Bosnia and Herzegovina - Psychological Counselling Centre - Domino, Sarajevo, BiH
Mr. Ensad Miljkovic - Bosnia and Herzegovina - Psychological Counselling Centre - Domino, Sarajevo, BiH

Abstract

Migrants often face numerous stressors that can significantly impact their mental health. Understanding the coping strategies employed by migrants and assessing their mental health status is crucial for developing effective support systems. Cognitive Behavioral Therapy (CBT) coping stress skills are effective techniques and strategies that individuals can use to manage and reduce stress. These skills are based on the principles of CBT, which focuses on the relationship between thoughts, emotions, and behaviors. By identifying and challenging negative or unhelpful thoughts, individuals can develop healthier coping mechanisms and improve their overall well-being.

The main aim of this study was to examine the most common coping skills and strategies of young adult migrants in order to come up with an idea for creating a good CBT support program. The study explored the frequency of different coping strategies employed by migrants in correlation with their levels of depression, anxiety, and stress.

This study utilized a quantitative approach and recruited a sample of 184 male migrants from 14 different countries facing stressful situations.

Following instruments were applied: participants completed self-report measures, including a coping strategies inventory The Brief – COPE, DASS-21-The Depression, Anxiety and Stress scale and BHS - Beck Hope(lessness) Scale.

The findings revealed that religion was the most commonly used coping strategy, followed by planning about the next steps and active coping with the situation. Substance use was identified as the least utilized coping strategy. Mental health of male migrants scores reflected moderate levels of depression, anxiety, and mild manifestation of stress symptoms.

These results underscore the importance of understanding and addressing the coping mechanisms and mental health needs of migrants in order to provide appropriate support and interventions.

Keywords: migrants, coping strategies, mental health, stress, religion, depression, anxiety, stress management

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

281

Self-Love Discourse in AOD Recovery Social Media Posts: What Predicts Other-Focused Self-Love?

Authors

Ms. Hanna Manthey - Germany - Leiden University

Ms. Kelly L. Ziemer - Netherlands - University of Amsterdam, Dept. of Child Development and Education

Abstract

Introduction: Despite its rising popularity in mental health, and semblance to self-acceptance and self-care, self-love has yielded only minor attention within scientific research. By exploring lay beliefs about self-love on Twitter and Instagram posts among people in alcohol and other drug (AOD) recovery, Ziemer (2022) found that self-love is a much broader concept than the historically researched concepts of self-esteem and narcissism. One important theme that emerged was self-love described as “taking action for the self”, specifically self-(centered) care (related theme: self-care) or other-focused care (related themes: prosociality; asking for help). These self-centered strategies may resemble “neoliberal self-care”, with emphasis on a cognitive mind shift (e.g., reframing), mindfulness, or exercising. All demonstrate the adverse focus on personal responsibility as a typical motive within our achievement-driven society, neglecting the beneficial role of cooperating with others or seeking social support. However, connectedness in the form of peer support or embeddedness in a community has been identified as a crucial mechanism behind recovery. Individuals in AOD recovery have even named it as the key factor in their recovery journey. As such, AOD recovery interventions like 12-step programs (e.g. Alcoholics Anonymous) foster prosocial behavior, for example through a buddy system. Additionally, found to increase the likelihood of prosocial behavior and recovery capital, gratitude has been identified as an important factor. Further research is needed to understand what generates prosocial self-love practice and how society can learn from individuals in AOD recovery.

Method: This study extends a larger project, which explored lay beliefs of self-love in 188,114 #selflove Instagram and Twitter posts from 2019. Using a mixed-methods design and applying inductive and deductive exclusion/inclusion criteria, AOD recovery-related hashtags (e.g., #sober) identified a subsample of 902 #selflove and AOD recovery posts. A content analysis was conducted, and a codebook was created resulting in the most frequent themes of #selflove and recovery. All themes were binary coded (0=not mentioned/1=mentioned in the post). Based on these previously identified themes, using Chi-square analysis, we will assess for the association between self-centered and other-focused self-love in the #selflove AOD recovery posts. Then, to predict other-focused self-love, we will run a multiple logistic regression model with expressing gratitude, reframing, and taking responsibility.

Results: Analysis in progress

Discussion: Drawing on AOD recovery communities, this study aims to explore what predicts other-focused self-love practices (asking for help; prosociality) as opposed to self-centered self-love strategies (e.g., self-care). The goal is to deepen our understanding of the role of other-directed self-love in the recovery journey and how fostering prosocial self-love can possibly lead to sustained recovery and prevent relapse. Further, we examine how strategies previously associated with neoliberal self-care (e.g., self-optimization with cognitive reframing) affect the likelihood of an other-focused self-love practice. This study has a larger goal of reclaiming self-care as solidarity and cooperation and potentially clarifying for those in recovery, practitioners, and researchers how self-love can be implemented in behavioral treatment and recovery interventions and promote AOD prevention.

Track

POSTERS

Topic Areas

Public Health (Including COVID-19), Behavioural Medicine

Submission ID

284

The Effects of Emotion Inductions on a Self-Report and Psychophysiological Level in Adolescents: A Pilot Study

Authors

Mrs. Heleen Goemaere - Belgium - Ghent University

Prof. Sandra Verbeken - Belgium - Ghent University

Prof. Laurence Claes - Belgium - KULeuven

Prof. Caroline Braet - Belgium - Ghent University

Abstract

Introduction: Depression and anxiety develop and are highly prevalent in the adolescent period. Although cognitive behavioral therapy (CBT) has been shown to be effective in treating youth depression and anxiety, it is concerning that symptoms seem to persist when looking at the high relapse and recurrence rates. This suggests that some CBT treatments may not address the root mechanisms leading to this symptom persistence. Studies indicate that 75% of emotional problems are linked to emotion regulation difficulties, measured with self-report questionnaires. Our aim is to study emotion regulation in understanding symptom persistence. Recent theoretical models propose that physiological processes may serve as biomarkers to better understand emotion regulation processes. Up until now, physiological parameters underlying emotion regulations are far less studied to examine symptom persistence in youth. We will examine physiological parameters as indicators for understanding emotion regulation processes contributing to symptom persistence.

Method: We will recruit youth with depression and anxiety during the intake phase in a therapy center and a healthy comparison group in schools (12-18 years). We will implement a longitudinal multi-method design using subjective (i.e., multi-informant questionnaires and clinical interviews) and psychophysiological measures (i.e., heart rate variability and electrodermal activity) prior to the start of (CBT-)treatment (T1) and six months later (T2). During a laboratory paradigm, participants will watch film clips that induce neutral moods as well as negative and positive emotions and participate in recovery phases while physiological parameters are recorded using a Porti 16-channel amplifier. Throughout the paradigm, participants will rate their emotions (stress, sadness, anger, anxiety, frustration and boredom) and rate their emotion regulation skills. Psychophysiological data will be analyzed using ANSLAB.

Hypotheses: We hypothesize that youth with depression and anxiety will show more (1) dysfunctional emotion regulation and (2) dysfunctional physiological processes during baseline measures, towards reactivity tasks that elicit negative and positive emotions, and during recovery compared to healthy youth. Moreover, we expect that youth with depression and anxiety will show improvements in physiological processes that will underly more adaptive emotion regulation after treatment, which will be associated with recovery of symptoms of depression and anxiety.

Future preliminary results: The project has been approved by the Medical Ethical Commission of the University Hospital Ghent (reference number: ONZ-2022-0317). Recruitment has started and data-collection is planned for June 2023. We aim to present preliminary results regarding the first measurement point (T1) in a small subsample.

(Current) Discussion: Clinical implications of the current project will be that more emotion regulation oriented treatments in youth's emotional problems with more body-related focus (by e.g., adding biofeedback training) will be beneficial in preventing the problem of symptom persistence.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

290

Help-Seeking Behaviour in Anxiety Disorders

Authors

Mr. Hohn Alex Armand - Romania - Universitatea de Vest Timisoara
Prof. Laurențiu Maricuțoiu - Romania - Universitatea de Vest Timisoara

Abstract

Introduction: Anxiety Disorders (AD) have the highest prevalence of all the mental disorders and imply a high level of social and individual disease burden (Jacobi et al. 2014).

Although CBT and pharmacological treatments are successful in treating AD (Carpenter and al. 2018) there are numerous studies that show that the majority of individual do not seek help (Wittchen et. Al. 2008). The aim of the study is to conduct a systematic review of the studies that have investigated help seeking behaviours in AD.

Method: We conducted an online search using the following search query ("anxiety disorder*" OR "panic attack*" AND "treatment seek*" OR "treatment-seek*" OR "continuity of care" OR "health behav*" OR "treatment barrier*" OR OR "help seek*" OR "help-seek*" OR "helpseek*" OR "mental health service*" OR "treatment util*" OR "treatment use" OR "service use" OR "perceived need" OR "service util*" OR "primary care" AND "beliefs" OR "concerns" OR "intention*" OR "preference*" OR "need for treat*"). We found 1296 abstracts relevant to the searched criteria.

Next we selected abstracts that met the following criteria: i) included adults or elderly as the population for the study, ii) participants were not in treatment at the moment of the study, iii) anxiety disorders were mentioned in the abstract, iv) the abstract also mentioned the idea of treatment preferences, and v) the study mentioned that data was collected. After this process, we selected 225 eligible articles.

Next, we analysed the 225 full-text articles and we selected only the papers that i) included at least one group of participants diagnosed with ADs, and ii) reported results related to seeking treatment specific to participants diagnosed with ADs.

Results: As the analyses are ongoing, we can only state our intentions regarding the evidence that we will summarize in the present review. We will focus on the main predictors of the decision to seek treatment. These predictors include demographic variables (e.g., gender, age, or socio-economic status), patient beliefs regarding their ADs (e.g., patient beliefs regarding the transitory nature of their ADs), and patient beliefs regarding their treatment options (e.g., perceived treatment effectiveness, perceived treatment availability, social stigma associated with seeking treatment).

Discussions: In the present contribution, we aim to provide a comprehensive review of existing evidence regarding the variables associated with seeking treatment in the case of people diagnosed with ADs. By focusing on patient beliefs, we aim at providing a framework for enhancing the proportion of patients with ADs that are actively seeking specialised treatment.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

293

Effects of a Mental Imagery Intervention on Depressive Symptoms and Psychological Well-Being

Authors

Ms. Ecaterina Lazari - Belgium - University of Liège

Prof. Sylvie Blairy - Belgium - University of Liège

Abstract

Introduction: Recently, several studies have shown that mental imagery can improve motivation and engagement in activities. By allowing subjects to pre-experience future activities through mental imagery, they would have an easier time anticipating their potential to be pleasurable or rewarding (Holmes, Blackwell, Burnett Heyes, Renner & Raes, 2016), which would amplify the motivational aspects related to these activities, thus promoting engagement in them (Renner, Murphy, Ji, Manly & Holmes, 2019). These results suggest mental imagery to be a promising tool for the treatment of depressive disorder, for which engagement in the intervention remains a significant barrier to therapeutic success. Mental imagery could thus constitute a motivational and emotional lever, particularly in behavioral activation interventions. Our study focuses on the effect of two mental imagery interventions administered for two weeks to a non-clinical population on behavioral activation, positive and negative affect, motivation, optimism, depression, anhedonia and well-being.

Method: 55 participants aged 18-65 were randomly assigned to three different conditions : (1) planned activity mental imagery (N=17) (2) mental imagery of the best possible self (N=20) and (3) control condition of activity planning (N=18). The inclusion criterion was a minimum score of 8 on the HADS depression subscale. In a first lab session, each participant first completed standardized questionnaires (BADS-LF, BDI-II, LOT-R, PANAS, SBI, WEMWBS, PSIQ) and planned four activities of their choice to do during the next two weeks. Participants in experimental conditions also had a mental imagery practice of 5 minutes in the lab and they were told to pursue this practice at home daily for the next two weeks, while participants in the control condition only planned four activities. After two weeks the participants came back for a second lab session where they completed the standardized questionnaires once again.

Results: Preliminary results show significant improvements in behavioral activation, depressive symptoms and negative affect in all three conditions. Participants in the best possible self condition also showed significant improvement in professional dysfunction and psychological well-being. Finally, the planned activity mental imagery condition showed the most significant changes with improvements in all the above-mentioned factors but also in ruminations, positive affect, mental imagery skills, present moment pleasure, anticipating pleasure and general savoring pleasure. These results are based on a test-retest comparison.

Discussion: The preliminary results of our study suggest that mental imagery, specifically mental imagery of planned activities, can be an important lever for engaging individuals prone to behavioral inactivation. Activity planning is widely used in the context of behavioral activation, and this study shows the added value of a mental imagery practice to improve the effectiveness of this intervention. This study is currently in progress.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

302

A French Validation of a Tool to Measure Avoidance: The Cognitive Behavioral Avoidance Scale

Authors

Ms. Ecaterina Lazari - Belgium - University of Liège
Prof. Sylvie Blairy - Belgium - University of Liège

Abstract

Introduction: Ottenbreit and Dobson's (2004) Cognitive Behavioral Avoidance Scale (CBAS) is a tool that assesses the avoidance process through four dimensions: social cognitive, non-social cognitive, social behavioral, and non-social behavioral. This scale is particularly interesting because of its ability to quantify the degree of avoidance in different settings and therefore target more precisely the contexts in which avoidance strategies occur. There is currently no validated translation of this tool in French. We propose a French validation of the CBAS scale and will present the first results of its psychometric qualities analysis.

Method: The first phase of the study (N=150) consisted of presenting the original and the French translation of the questionnaire to bilingual participants at one-week intervals in order to test the concurrent and content validity, the test-retest reliability, and the internal consistency of the French translation of the scale. A second phase of the study was in the form of an online survey (N=404) aimed to establish correlations between the French version of the CBAS and other scales (BADS-SF, BDI-II, RRS, STAI-trait, AAQ, LSAS-E), as demonstrated in the original validation article.

Results: The first phase of the study revealed a test-retest reliability of .87 and an internal consistency of .90, like the original version. The second phase of the study showed significant positive correlations between the CBAS and the BDI-II, the BADS, the STAI-trait, the LSAS-E, the RRS, and the avoidance sub-dimension of the BADS-SF ($r = .70$, $r = .66$, $r = .73$, $r = .68$, $r = .67$, $r = .50$, respectively), and significant negative correlations between the CBAS and the AAQ and with the activation sub-dimension of the BADS-SF, like the original version ($r = -.66$, $r = -.53$).

Discussion: Preliminary results are encouraging to attest of the validity of the French translation of the Cognitive Behavioral Avoidance Scale. This new tool will allow us, as clinicians, to identify avoidance processes in our patients in order to better understand their coping strategies and to offer better suited therapeutic interventions. This study is currently in progress.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

303

Some of the Challenges of Affective Disorders Treatment Addressed in The Day Unit Care: Case study

Authors

Mrs. Joanna Salbert - Poland - Warsaw Institute of Psychiatry and Neurology
Mrs. Anne Pryć - Poland - Warsaw Institute of Psychiatry and Neurology
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Mrs. Maria Kłosińska-Rogacka - Poland - Warsaw Institute of Psychiatry and Neurology

Abstract

Presenting Problem: There is a growing number of affective disorder cases in the world population. E.g. globally, an estimated 5% of adults suffer from depression (1). At the same time the complexity of the affective disorders requires appropriate course of treatment. The multidimensional programme offered in the day unit can be a good example of a dealing with this challenging issue. This poster is an attempt to illustrate with two case study examples the flexible approach available in the day unit.

Case Conceptualisation and Intervention: Presented case studies describe two young adults who suffer from bipolar disorder (BD). Their example show common barriers during the BD treatment. First one is the diagnostic issue (2). It is often a challenge to make the right diagnosis having mostly subjective information from the past. Another difficulty is to differentiate between BD and other mental disorders – e.g. borderline personality disorder (BPD), since the symptoms overlap in some extent. Case study 1 is an attempt to show how to address this diagnostic difficulties and give adequate treatment in a day unit. The diagnostic process was even harder in this case. The access to reliable observation was impaired by patient's avoidance strategy.

Case study 2 show another common problematic area in the treatment which is the acceptance of the illness (3). Without this process completed the risk of incompliance with the treatment orders is very high and the relapse almost unavoidable. The 30 years old male patient, suffering from BD for about 5 years was unable to accept himself as a person with a bipolar disorder. This difficulty might be linked to the standards set in his family of origin, where high achievements from the family members were expected. The therapeutic team was aiming to support patient in the process of illness acceptance by variety of interventions e.g. psychoeducation, therapeutic group support and experience sharing, cognitive-behavioural elements of treatment.

Outcome: In both cases the main therapeutic goals were achieved. In Case study 1 the diagnostic process had been completed and the adequate treatment was recommended. In case study 2 due to therapeutic effort in the area of patient's self acceptance the physicians orders compliance improved significantly. Both examples illustrate the fundamental significance of close cooperation between physicians and psychologists and a need of variety of interventions. That is possible only in few settings. Day care unit is one of them.

Review and Evaluation: Literature and clinical experience indicate some problematic areas in BD treatment. The poster illustrates common ones – making the right diagnosis, enhancing the acceptance of the illness and compliance with physicians orders. Two case studies of young adults with BD diagnosis treated in the day unit describe the possible way of treatment addressing issues mentioned above.

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Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

306

Sleep in Tourette Syndrome: Surveillance of the National Survey of Children's Health

Authors

Ms. Valerie Swisher - United Kingdom - University of California, Los Angeles
Ms. Serene Liu - United States - University of California, Los Angeles
Dr. Emily Ricketts - United States - University of California, Los Angeles

Abstract

Introduction: Despite research demonstrating sleep disturbance in children with Tourette's syndrome (TS), few studies have examined bedtime regularity, an important sleep health dimension. Therefore, this study examined bedtime regularity in children with TS relative to matched healthy controls, and its associated demographic, clinical, and behavioral factors.

Method: Participants were 384 parents or caregivers of children aged 3 to 17 years, including 192 with current TS and 192 matched healthy controls drawn from the 2020-2021 cycle of the National Survey of Children's Health. Parents completed questions assessing demographics (i.e., age, race, sex), clinical (i.e., ADHD, ASD, anxiety, depression, tic severity, behavioral or conduct problems, ADHD medication, health-condition related impairment), and behavioral (i.e., screen time) characteristics. SPSS case control matching was performed to select a matched healthy control group. A Mann-Whitney U Test was used to compare groups on bedtime regularity. Ordinal regression was performed to evaluate predictors of bedtime regularity in children with TS.

Results: Children with current TS had significantly poorer bedtime regularity relative to matched healthy controls. Four or more hours (Wald $\chi^2(1) = 17.20$, $p < .001$) and 3 hours (Wald $\chi^2(1) = 6.60$, $p < .010$) of daily screen time use were each associated with increased likelihood of poor bedtime regularity relative to 1 hour or less. Co-occurring anxiety was associated with higher likelihood of poor bedtime regularity in children with TS relative to no endorsement of anxiety.

Discussion: Findings put forth screen time and anxiety as intervention targets to optimize sleep health in children with TS.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

309

Thematic Content Analysis in Connection with Cognitive Behavioral Therapy

Authors

Ms. Kristina Timonen - Finland - Turku University

Dr. Tero Timonen - Finland - Åbo Akademi University

Abstract

Introduction: It is difficult sometimes to form a picture of the substance of a person's thoughts merely by asking them things or using problem specific questionnaires. This is obvious especially with clients having difficulty to express their feelings and thoughts like those with eating disorders and depression. Thematic analysis is a method used in psychotherapy to understand person's thought patterns and association structures (Braun & Clarke, 2022). Thematic Apperception Test developed by Murray and Morgan in the 1930-1940s has been applied in the psychodynamic framework to understand personality features and thought structures (Miller, 2015). Murray and Morgan developed a pictorial testing equipment, which became the original TAT-test version used in 1947 to evaluate the first ever diagnosed anorexia nervosa patient (Morgan, W, 2002). The main question here is, could thematic analysis have a role in the CBT framework, and how can the test be developed?

Method: The study questions were: How can image viewing be used as a foundation for cognitive and behavioural semiotic analysis? How can relational frames be used as the framework for thematic analysis? The basis for the clinical trials in the Pohjanmaa welfare area in Finland were stories created by depressive young adult clients and personnel from pictorial test material, which have been analyzed in the perspective of semiotics and thematic analysis.

Results: Results from the trials show that thematic analysis can be used in connection with cognitive behavioural therapy. First, we need to figure out what it is that we seek from this method. Secondly, we need a way to identify relevant codes and themes for pictures used. Thirdly, we need to observe how different themes and their under-headings are related to each other. The results show that using a set of pictures and analyzing their contents with thematic and semiotics analysis can be a valuable tool to gain information on the patient's thought patterns. The picture sets can be varied. These contents can further be analyzed by inspecting clients' relational frames. The method can be expanded by using different artworks, so we are not bound to the original TAT-pictures.

Discussion: Thematic analysis is a meaningful approach in finding out thought associations to form a picture of a person's thoughts and matters influencing them. We can see from the perspective of learning psychology that these themes can be understood through sc. automatic thoughts (Beck et al., 1979) and/or relational frames (Hayes, Barnes-Holmes & Roche, 2001).

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Track

POSTERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

314

A Longitudinal Study of Childhood Maltreatment and Loneliness: The Mediating Role of Early Maladaptive Schemas

Authors

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Prof. Aurora Szentagotai-Tătar - Romania - Department of Clinical Psychology and Psychotherapy, The International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health, Babeş-Bolyai University, Cluj-Napoca

Abstract

Objective: Several cross-sectional studies have consistently shown that childhood maltreatment is associated with loneliness. However, little is known about the cognitive mechanisms involved in this relationship. Using a longitudinal, four-wave design, this study sought to assess the longitudinal associations between childhood maltreatment and loneliness in adulthood, while exploring the potential mediator role of early maladaptive schemas (EMS) such as emotional deprivation, social isolation, and abandonment.

Method: A sample of 254 Romanian adults (89.4 % women, mean age = 28.4, SD = 8.9) enrolled in the study and completed baseline measurements for childhood maltreatment, EMS, and loneliness. Participants were followed up after 3, 6, and 9 months and loneliness levels were assessed over the nine months.

Results: Preliminary results indicated that childhood maltreatment was significantly associated with loneliness, both cross-sectionally ($r = 0.37, p < .001$) and longitudinally ($r = 0.27 - 0.41, p < .01$). Moreover, childhood maltreatment predicted loneliness (T3), even after controlling for baseline levels of loneliness ($\beta = .17, p < 0.01$). Childhood maltreatment had a significant indirect effect on loneliness at T2 through emotional deprivation ($b = .13, 95\% \text{ Bca CI } [.07, .20]$), social isolation ($b = .15, 95\% \text{ Bca CI } [.08, .23]$) and abandonment schemas ($b = .07, 95\% \text{ Bca CI } [.03, .13]$).

Conclusion: These findings provide evidence for the longitudinal effect of childhood maltreatment on loneliness, while also showing the mediator role of three early maladaptive schemas.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

315

Attitudes towards digital health interventions in Germany: Findings from a population-based representative survey

Authors

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Ms. Rebekka Büscher - Germany - University of Freiburg
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Prof. Amit Baumel - Israel - University of Haifa
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Abstract

Introduction: Digital (mental) health interventions, encompassing mobile applications and online platforms, have the potential to address logistical barriers, stigma, and treatment shortages in mental healthcare globally. However, the attitude towards and acceptance of these interventions among potential users are a crucial factor in their successful implementation. Therefore, this study aims to assess attitudes towards digital health interventions in a representative sample of the German population.

Method: Trained interviewers conducted face-to-face interviews with N = 2519 participants (age range: 16-96 years), who were representative of the German population. Participants subsequently answered self-report questions based on the Attitudes towards Psychological Interventions Questionnaire (APOI). Supplementary open-ended questions explored participants' utilization of digital health interventions for specific disorders, the disorders they perceived as suitable for digital interventions, and the perceived barriers to their adoption.

Results: While a majority of participants indicated partial agreement with the potential usefulness and advantages of digital health interventions, such as anonymity, a substantial proportion (45.8%) expressed an entire refusal to use digital health interventions for future psychological problems. Notably, especially older individuals and those with lower educational attainment expressed critical and hesitant views towards digital health interventions. Overall, depression and anxiety were the most frequently mentioned disorders considered as suitable for digital interventions. Key barriers identified by participants comprised the absence of personal contact, technical issues, and concerns related to data privacy and security.

Discussion: The results of this study provide important and representative insights into the attitudes and acceptance towards digital health interventions in Germany. While participants acknowledge the potential benefits of digital interventions, the observed limited acceptance rates and identified barriers are to be solved in order to fully harness their potential in psychological and psychotherapeutic treatment. Addressing these concerns will be crucial for enhancing the successful implementation, adoption and efficacy of digital health interventions on a global level.

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

316

Predicting Alcohol and Other Drugs Recovery Content within #selflove Social Media Posts

Authors

Dr. Kelly L Ziemer - Netherlands - University of Amsterdam, Dept. of Child Development and Education
 Mr. Cheng Ren - United States - University of California, Berkeley
 Ms. Genevieve Li - United States - University of California, Berkeley

Abstract

Introduction: Self-love has become trendy, pervasive, yet confusing. Conceptualized as either self-esteem or narcissism by researchers, a recent study found that laypeople discuss self-love in broader terms (e.g. having a relationship with oneself, wellness, self-care). Similar concepts, like self-acceptance, are utilized in alcohol and other drugs (AOD) recovery suggesting self-love could help sustain recovery. However, researchers call for new methodologies to recruit diverse recovery experiences (e.g. abstinence, harm reduction) and clarify recovery's definition. Usage of social media offers accessibility, self-disclosure, and elimination of some treatment barriers. This study sought to identify language specific to AOD recovery and self-love with a larger goal of training an algorithm to identify social media users who are discussing recovery. By identifying those within recovery communities, more can be learned about recovery and self-love.

Method: This study uses supervised machine learning to examine 1,804 Twitter and Instagram captions from a larger sample of 188,114 #selflove posts collected during 2019. The sample was divided into: 902 AOD recovery (AODR) posts using recovery-related terms like #sober, #AlcoholicsAnonymous; and a randomly-selected 902 non-AODR posts. The dataset was preprocessed (e.g., removing lengthened words, OMGGG; stopwords, the). To transform and organize the social media text into a mathematical value (i.e., feature extraction), four word embeddings were used (e.g., bag of words (BOW) and TF-IDF (term frequency/inverse document frequency)). Features were incorporated into four classifiers (e.g., logistic regression) that are commonly used with social media data prediction. 80% (1443) of the data were trained on the classifiers, and 20% (361; 180 AOD and 180 non-AOD) of the data were retained for a test set. To optimize model parameters, conservative modeling techniques were employed (e.g., 10-folds cross-validation, GridSearchCV), and where applicable, regularization was considered to limit overfitting by penalizing model coefficients that prevent overfitting.

Results: Descriptive statistics demonstrated key distinctions between the co-occurring hashtags in the #selflove AODR and non-AODR posts. In the AODR posts, #recovery (590) and #soberlife (502) were the most used hashtags compared to #selfcare (215) and #love (115) in the non-AODR posts. #motivation was in the top 5 hashtags (338 and 60) in both posts, respectively. Based on the test sets for 16 models (4 vectors*4 classifiers), logistic regression with TF-IDF and BOW performed equally well (F1 of .99, accuracy of .99) indicating excellent prediction. Words such as alcohol, heroin, sober, addiction, and rehab helped to classify AODR versus non-AODR posts. Semblances of self-empowerment (admit, commitment) and expressing emotions (gratitude, inspiring) also distinguished AODR from non-AODR posts.

Discussion: By developing an algorithm to differentiate between self-love within AOD recovery and non-AOD recovery, themes indicative of recovery discourse (abstinence, substance, self-empowerment) emerged. Implications of these findings are that a future, unlabeled sample of social media posts could ideally identify AOD recovery-related content with the intention of expanding beyond self-love discourse. Ultimately, recruitment of online users across a diverse sample may further exploration of self-love and recovery lay beliefs, as well as decipher how views of those in AOD recovery could be beneficial to self-love messaging in non-AOD communities.

Track

POSTERS

Topic Areas

Public Health (Including COVID-19) , Behavioural Medicine

Submission ID

320

Positive and Negative Loneliness: Effects of Sociotropy

Authors

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Ms. Tatiana Maschenko - Russian Federation - Saint-Petersburg State University

Abstract

Loneliness is often seen as one of the key social and psychological problems of the 21st century. Loneliness lies at the intersection of emotional, social and existential problems, which creates certain difficulties in its study and understanding. Traditionally, loneliness had negative connotations, but over the past 10-15 years, positive loneliness has attracted increasing interest from researchers. Such loneliness can be a dynamic, temporary, but necessary state for a person: a state of reflection, rethinking, planning and growth. Although technically no one wants to be alone, our survey of 500 Russian and Bulgarian young people showed that only one of them would like to live in a world in which he could never ever be alone. These results led us to think that if loneliness could be both negative and positive, than it could have different effects on well-being, particularly, it could have some positive association. So, hypothetically, a person oriented towards society could react more sharply to the state of loneliness, probably, such a person would strive less for positive loneliness and painfully experience negative loneliness. In contrast, a self-sufficient person could feel the need for it.

Study design. The study sample consisted of 204 adults aged 30–60 years ($M=45.43$, $SD=7.98$), 55.9% women. The data was collected in 2021-2023 in St. Petersburg and the Leningrad region, participation in the study was voluntary. For the purposes of analysis, the sample was divided into 4 sex-age groups: (1) men aged 30-44 ($N=40$; $M=38.52$, $SD=3.78$); (2) men aged 45-60 ($N=50$; $M=52.56$, $SD=4.60$); (3) women aged 30-44 ($N=51$; $M=37.72$, $SD=4.04$); women aged 45-60 ($N=63$; $M=50.82$, $SD=4.31$). Methods used were the “Differential Questionnaire for the Experience of Loneliness” - the scales “Positive Loneliness”, “Dependence on Communication” (Osin, Leontiev, 2013) and the Questionnaire “Sociotropy - Self-Sufficiency” (Strizhitskaya, Petrash, Murtazina, Vartanyan, 2021). Analysis of variance and regression analysis was used. The purpose of this study was to analyze effects of different types of loneliness on psychological well-being, depending on age and sex.

Younger men (30 - 44) showed more pronounced feeling of loneliness, while women did not experience the painful experience of loneliness and found in solitude a resource for recovery and reflection. In men aged 45-60 years, on the one hand, there was a decrease in the experience of isolation, on the other hand, the need to avoid loneliness slightly increased. Women of this age category were prone to a more intense experience of loneliness, but they were less dependent on communication, and in solitude they saw an opportunity for self-development. Regression analysis showed that sociotropy, or social orientation, was closely related to the experience of loneliness, both positive and negative. Results showed that positive loneliness could be a reflection of a person's self-sufficiency, autonomy, or could act as a resource. We can assume that for socially oriented adults, who were in a situation where society cannot provide them with the support and communication they needed, positive loneliness could be seen as a kind of positive coping. Study was supported by RSCF project 23-28-00841

Track

POSTERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

321

Assesment of Trauma in Immigrants with Substance Use Disorder

Authors

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Ms. Narin Özer - Turkey - Green Crescent Counselling Center
Prof. Kültegin Ögel - Turkey - Green Crescent Counselling Center

Abstract

Introduction: Individuals that have been forced to migrant experience both difficulties and traumatic experiences, before and after the migration process including, the time to adapt to a different country. Studies have shown that these experiences can lead to both mental health problems and substance use disorder (SUD). In the literature, studies on the relationship between SUD and trauma in immigrants are limited (1). Within the scope of this context, the purpose of the study is to investigate the frequency of traumatic experiences and the risk rate of post-traumatic stress disorder (PTSD) in immigrants who seeking SUD treatment in Green Crescent Counseling Center (YEDAM).

Method: A sample of the study consists of 146 immigrants who applied to YEDAM for SUD treatment between 2021-2023. The data was obtained from the Addiction Profile Index and Kocaeli Short Screening Scale for Psychological Trauma.

Results: The total number of participants was 146 and mean age was 31.98. The majority of the immigrants are men (82.2%) and 52.7% of the participants are Syrian. The drug with the highest usage rate among individuals is amphetamine with 37.7% usage rate. (Table 1).

71.9% of the participants stated that the most traumatic situation they had experienced during their life was "witnessing someone injured or killed." 27.4% of individuals stated that the most affected event in their lifetime was "sudden and unexpected death of a loved one". (Table 2).

33.6% of the participants stated that the most common PTSD symptoms were anxiety and avoidance and the PTSD risk rate was determined in 31.5% of the individuals (Table 3).

Discussion: Traumatic experiences which are before and after migration, psychological problems and cultural adaptation issues are stated as risk factors for SUD (2). In the study, the frequency of traumatic experiences and SUD comorbidity was investigated. 82.2% of the participants are male and it was found that 52.7% of the participants are Syrian. The PTSD risk rate of 31.5% is compatible with other studies in the field (1,3). In a study conducted with Syrian refugees in Lebanon, the lifetime prevalence of PTSD was found to be 35.4% (1). Similar rates, 33.5%, were detected in the study conducted with Syrian refugees living in a tent city in Turkey (3). Displacement, which is accepted as a risk factor for PTSD, causes prolongation of the traumatic experience (1) and is a risk factor for SUD (2). Increasing the number of studies examining PTSD and SUD comorbidity in immigrants will guide the determination of risks and needs.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

323

The Pain of Death: A Meta-Analysis of Death Anxiety and Psychological Distress

Authors

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Mr. Ion Milea - Romania - Babes-Bolyai University Romania
Dr. Daniel David - Romania - Babes-Bolyai University Romania

Abstract

Death anxiety has long been posited to be the main cause of human distress and recent literature suggests death anxiety is a transdiagnostic construct. While empirical studies approached the relationship between the fear of death and distress in its various forms, we still lack a global view on the relationship between death anxiety and psychological distress. Therefore, the main purpose of this systematic review is to quantify the relationship between death anxiety and psychological distress. The relationship was evaluated based on a systematic review which included 179 studies (57,089 participants) using a random-effect model. Distress was categorized based on the CBT theory (emotional, cognitive and behavioral distress), adding a personality and a psychopathological distress category. We examined overall effects and potential moderators: sample type (i.e., nonclinical, subclinical, clinical, medical), study quality, age, gender and individualism score. Death anxiety was significantly positively associated with each distress type. Sample type, study quality and age were significant moderators. Death anxiety and psychological distress are consistently and moderately associated, with psychopathological distress showing the greatest association ($r = .420$), which suggests death anxiety is intricately linked with human distress. Further research is needed to establish whether death anxiety is a transdiagnostic construct.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

324

Neuroanatomical and Functional Features of Cerebellar and Subcortical Cortex in Major Depressive Disorder, Obsessive-Compulsive Disorder, and Social Anxiety Disorder.

Authors

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Dr. Yusuke Sudo - Japan - 2. Research Center for Child Mental Development, Chiba University, Chiba, Japan
Mrs. Hitomi Kitagawa - Japan - 2. Research Center for Child Mental Development, Chiba University, Chiba, Japan

Abstract

Introduction: Major depressive disorder (MDD), obsessive-compulsive disorder (OCD), and social anxiety disorder (SAD) are well-known psychiatric disorders for which cognitive behavioral therapy (CBT) is effective. In addition, selective serotonin reuptake inhibitors (SSRIs) are used for these disorders in pharmacotherapy. SSRIs are drugs that target serotonin to regulate brain function; however, these anatomical and functional difference is unclear. The aim of this present study is to reveal the distinctive and common neuroanatomical and functional features of these disorders. And then we hope that this understanding will contribute to treatment CBT strategies.

Methods: We applied resting-state functional magnetic resonance imaging (rsfMRI) analysis and voxel-based morphometry (VBM). We used one-way analysis of variance (ANOVA) to compare resting-state functional connectivity (rsFC) and gray matter volume (GMV) in MRI obtained for 21 patients with MDD, 28 patients with OCD, 21 patients with SAD, and 77 healthy controls (HCs). rsFCs were extracted from whole-brain analysis, and VBM used the mask as common regions from the result of rsFC.

Results: In the overall results of rsFC, the rsFCs between the cerebellum and subcortical regions were extracted from group comparisons. In addition, the cerebellum regions included bilateral cerebellum VIII, IX, and vermis IX. The OCD, SAD, and HCs group had higher rsFC between the left putamen and left cerebellum IX compared with the MDD group. The MDD, OCD, and SAD groups had lower rsFC between the right putamen and right cerebellum IX compared with the HCs group. No significant rsFC between the OCD and the SAD groups. In GMV, the right cerebellum IX was a significant difference in the four groups. From the post hoc analysis, the MDD and the HCs groups had lower GMV in the right cerebellum IX compared with the OCD group.

Discussion: We have found evidence for neuroanatomical and functional features in MDD, OCD, and SAD. The treatment background of those disorders may be influenced by structural and functional alterations in the subcortical regions and cerebellum.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

326

An Invitation to Dialogue About Anthesis: a Randomized Controlled Trial of an Internet-Based Intervention for Sexual Distress

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Abstract

Introduction: The experience of distress with sexual function (i.e., sexual dysfunction) is strongly associated with lower levels of physical health, mental health, and relational conflicts. So, developing evidence-based clinical interventions to diminish sexual distress effectively is paramount. In addition, studies demonstrated that there is a high comorbidity between clinical disorders (e.g., anxiety) and sexual dysfunctions (e.g., orgasmic difficulties), as well as the presence of negative psychological processes (e.g., emotional dysregulation) in the etiology and maintenance of sexual dysfunctions. Furthermore, the same negative psychological processes seem to lead to and maintain emotional disorders. This result confirms that transdiagnostic factors may influence sexual experience. We aim to gather researchers, clinicians, and stakeholders to assess the future acceptance, uptake, and use of Anthesis, a transdiagnostic-based internet-delivered intervention to reduce levels of sexual distress in people 1) diagnosed with sexual dysfunction and 2) who have been in a relationship for at least 6 months.

Method: Following a participatory design, we will adopt a World Café meeting methodology to structure the intervention and explore primary and secondary users' unmet needs and preferences concerning sexual health digital intervention. We aim to answer the following research questions: 1) "How should digital sexual health interventions be designed and used to suit their users' unmet needs better?" and 2) "What would be the best approach to implement an online intervention to minimize or eliminate sexual distress?". The inclusion criteria for the panel are: 1) to be a mental health professional or a sexologist (N = 4); 2) to be a sex research or mental health researcher (N = 3); and 3) to be a potential user (individual or couple) (N = 3). To enhance the dynamics of dialogue and foster active participation, we propose the formation of small groups. When the groups agree to share the outcomes of their discussions, the conversations will be recorded in audio format. Data will be analyzed through an interactive process of conventional content analysis.

Results: The direction of Anthesis development will be shaped by the input of the specialists and interest groups mentioned above, so we cannot provide a definitive structure for the intervention at this stage. Even so, the development process will adopt the best clinical and development practices, following the most up-to-date state-of-the-art approaches. As a result, we expect Anthesis to align with other evidence-based internet interventions and result in a self-guided intervention, combining 5 to 8 modules, to be completed in up to 8 weeks.

Discussion: At the end of the World Café debate, we aim to reach a final version of Anthesis when each group shares the main results for each research question. A strong focus will be placed on Anthesis acceptability, feasibility, ethics, and relevance. Based on the gathered insights, the research team will further develop the Anthesis structure, intervention modules and outcome measures, building its prototype in collaboration with participants during participatory design workshops.

Track

POSTERS

Topic Areas

Professional Issues, Training & Supervision, Digital Health

Submission ID

327

The Risk of Psychological Problems of Immigrants with Substance Use Disorder

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Abstract

Introduction: Substance use disorder (SUD) is the one of common health problems among immigrants as it is pointed out by World Health Organization (WHO, 2021) reports. Besides SUD; anxiety, depression, post traumatic stress disorders are comorbid problems that immigrants are faced to overcome (Martin & Sashidharan, 2023). In this study, the variables related with SUD and the risk of psychological problems of people who applied to Green Crescent Counselling Centers (YEDAM) for SUD are retrospectively investigated.

Method: A sample of 164 immigrants who applied YEDAM for SUD were included in this study. Sociodemographic forms and BAPI-K scale which is developed for assessing six psychological problems such as depression, anxiety, anger control problems, communication problems, impulsivity and sensation seeking with addiction severity are used (Ogel et al., 2012). The data is retrieved from YEDAM database and analysed with descriptive statistics using SPSS software.

Results: The total number of participants was 164 and mean age was 32. The majority of immigrants is from Syria (50%) and followed by Afghanistan (20%), Iran (8%) and Pakistan (2,4). Nearly half of participants reported that they have primary school graduate or below. In the case of treatment history, 64% have no outpatient treatment as well as 86% have no inpatient treatment. According to BAPI-K results, male and female both have higher scores on scale items which assessing risk of depression, anxiety, anger control problem and communication problems.

Discussion: Socioeconomic status of participants are found low which can be seen as risk factors receiving treatment and seeking help. Individuals who have SUD also at higher risk to develop psychological problems. As a result, developing social policies and psychosocial intervention programmes both for individuals who have SUD and psychological problems is crucial for public health.

Track

POSTERS

Topic Areas

Adult Mental Health, Public Health (Including COVID-19)

Submission ID

334

Attitudes of CBT Therapists Towards Children of Parents with SMI Compared to Other Therapeutic Approaches

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Abstract

Objective: Children of parents with mental illness (COPMI) must cope with the symptoms of parental disease and often with parental hospitalization. Despite some prevention programmes that have been initiated in the Czech Republic, little attention is still paid to these children. This study aimed to investigate the attitudes of mental health practitioners towards informing and engaging COPMI in parental treatment.

Method: A self-report online survey of 196 mental health practitioners working with adult SMI patients in the Czech Republic.

Results: Almost all professionals working with SMI patients ascertain whether their patients have children. More than half of SMI patients are talking to professionals about how to handle their treatment and family care. A large number of professionals talk to the patient's partner or adult children as part of treatment; only a minimum of professionals involve minor children. There was not much difference in attitude to engaging children in treatment between CBT therapists and other therapeutic approaches.

Conclusion: Most professionals working with SMI patients know about their family situation and offspring. A large proportion of patients bring the topic of the family into their treatment. However, minor children are usually not engaged in treatment and receive little information about possible support.

Track

POSTERS

Topic Areas

Adult Mental Health, Children & Adolescents

Submission ID

339

Exploring Worries and Ruminations Among CBT Therapists in Europe: Preliminary Results of a Qualitative Study

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Abstract

Introduction: Repetitive Negative thinking (RNT) is a well-established transdiagnostic mechanism that affects intrapersonal functioning. According to the literature, worry and rumination are two types of RNT. Both are negative, conscious, frequent, and consistent thoughts with different temporal orientations (i.e., worry focuses on the future, and rumination focuses on the past). Worry and rumination have been widely studied from the patient's perspective and are associated with several disorders (e.g., anxiety disorders). However, existing knowledge needs to pay more attention to therapists' experience in their clinical practice. In this sense, the present study aims to understand the perspectives of Cognitive Behavioral Therapists (CBT) about their processes of worry and rumination regarding their clinical practice.

Method: The Special Interest Group on RNT from EABCT developed this study. An online questionnaire was advertised in the EABCT newsletter and asked members for dissemination within their CBT national organizations. We collected answers from 154 European CBT therapists (e.g., Germany, Turkey, Portugal, Italy, France, Belgium and others). For the current analysis, we chose the two first open-ended questions. The first explored worries related to CBT therapists' clinical practice, while the second focused on ruminations tied explicitly to their clinical practice. We used a reflexive thematic analysis approach to analyze qualitative data.

Results: Four main themes were identified: (1) Can therapists live up to it?; (2) House management; (3) Will it crumble?; and (4) Prep time. The first theme focused on content regarding their self-assessment of clinical competence, the impact of clinical sessions on therapists' physical and mental well-being, and the expectations imposed on them by individuals and society. The second theme emphasizes the negative thoughts about bureaucracy, finances (of the patient, therapist, and clinic), calendar organization, excessive workload and excessive patient waiting lists. The third theme focused on concerns about the patient's behavior during clinical sessions (e.g., hostility toward the therapist) and assessing the patient's suicide risk. Finally, the four themes emphasize the thoughts of therapists regarding the most effective approaches to assist patients. This included reflections on the optimal methods or strategies to support patients in their therapeutic journey.

Discussion: Our results showed a potential overlap between worries and ruminations, as therapists tend to engage in both processes concerning the same content. Also, these constructs seem to have a reciprocal influence (i.e., rumination potentially leading to worry, and vice versa). Although worry and rumination have a maladaptive component, some people perceive them as having adaptive functions, such as those found in theme four (i.e., problem-solving and self-reflection). These findings can offer preliminary implications for understanding the experience of CBT therapists in clinical settings.

Track

POSTERS

Topic Areas

Adult Mental Health, Professional Issues, Training & Supervision

Submission ID

341

Bivalent Fear of Evaluation and Social Anxiety: A Cross-Cultural Study of South Koreans, Asian Americans, and European Americans

Authors

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Abstract

Introduction: The perception of social anxiety as maladaptive varies significantly across cultural contexts. Cross-cultural research on social anxiety reveals that average levels of social anxiety tend to be higher in collectivistic societies. In contrast, clinical rates of social anxiety disorders are more prevalent in individualistic societies (Hofmann, Asnaani, & Hinton et al., 2010). In collectivistic cultures, where the fear of social evaluation is prominent, it serves as an adaptive factor within a cultural framework that emphasizes group harmony. In contrast, in individualistic cultures, where negative evaluations and social backlash can accompany personal achievements, there is an amplified fear of evaluation that contributes to symptoms of social anxiety. Previous studies have consistently found that collectivistic groups exhibit higher social anxiety symptoms and fear of negative evaluation. In contrast, individualistic groups tend to have a greater fear of positive evaluation than their collectivistic counterparts (Okawa et al., 2021). Hence, this study aims to compare the variations in fear of evaluation among South Korean, Asian American, and European American cultures and shed light on the implications of cultural factors for enhancing therapeutic interventions targeting social anxiety disorder.

Method: This study utilized an online survey to collect self-report data from a sample of 880 participants, including 402 Koreans, 166 Asian Americans, and 312 European Americans. The survey included measures assessing social anxiety symptoms, fear of positive and negative evaluation, and disqualification of positive social outcomes. Path analysis using jamovi advanced mediation models (Gallucci, 2020) were conducted to explore potential cultural differences in the relationship between fear of negative/positive evaluation, disqualification of positive social outcome, and social anxiety symptoms.

Results: We conducted a path analysis to investigate how fear of positive evaluation and fear of negative evaluation contribute to the prediction of social anxiety symptoms by mediating the disqualification of positive social outcomes. The results revealed that among Koreans and European Americans, there was a significant pathway linking fear of positive evaluation to social anxiety. However, for Asian Americans, this pathway did not reach statistical significance ($\beta = .12, p = .081$). Notably, the strongest association between fear of positive evaluation, disqualification of positive social outcomes, and social anxiety symptoms was found among European Americans ($\beta = .22, p < .001$).

Discussion: Contrary to previous research, our findings revealed that collectivistic cultures, such as Koreans, exhibited a significant relationship between fear of positive evaluation and social anxiety. However, for Asian Americans, who possess a bicultural identity, this association was not statistically significant. Notably, the strongest correlation between fear of positive evaluation, disqualification of positive social outcomes, and social anxiety symptoms emerged among European Americans. These results underscore the importance of cultural considerations in comprehending and addressing social anxiety. Tailoring interventions to the specific cultural context is crucial for effectively addressing individuals' fear of evaluation and the accompanying anxiety symptoms.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

346

Cognitive Beliefs about Childhood Cancer in Psychosocial Assessment: Toward CBT-Based Interventions for Parents

Authors

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Abstract

Introduction: Parents of children with cancer face high uncontrollability and uncertainty of the situation with few possibilities to regulate events, but they have the ability to regulate the cognitive appraisal of the situation. This study aimed to explore the cognitive beliefs in response to their children being diagnosed with cancer.

Methods: As the first phase of a longitudinal study data were collected from 85 parents (mostly mothers, n=72) having children newly diagnosed with cancer. Pre-adapted Latvian version of Psychosocial Assessment Tool (PAT 3.0) (Kazak et al., 2018) was used to collect information about parental beliefs and stress reactions after diagnosis.

Results: Spearman's rank correlation was computed to assess the relationship between parental beliefs and stress reactions. There was a negative correlation between the belief in doctors' competencies and depressiveness, as well as positive correlations with the belief in overcoming the illness and the time since starting treatment. Belief in doctor's competencies correlated negatively with belief about child's pain. Positive correlations were found between the belief in reason ("Everything happens for a reason") and the belief in strengthening the family ("Our family will be closer because of this"), but also with higher level of depressiveness, and anxiety.

Discussion: Results suggest that parental beliefs in response to child's cancer diagnose are comparable to emotion-focused coping strategies (secondary control strategies – predictive, vicarious, interpretative). Some beliefs may simultaneously correlate with anticipation of positive outcomes from disease, but also with negative stress reactions (anxiety/depression) as the context of coping process. The identification of parents' thinking patterns that create distorted views and understanding their habitual responses to stress after diagnosis are crucial for tailoring personalized CBT-based interventions for cognitive restructuring and improving the compliance to treatment.

Track

POSTERS

Topic Areas

Children & Adolescents, Long-Term Physical Conditions

Submission ID

350

Evaluation of Internet Searches for Cognitive Behavioral Therapy via Google Trends

Authors

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Abstract

Introduction: In recent years, infodemiological research on internet searches has become very popular. Google Trends, which is used to determine people's interests, to reveal the words used during searches and to determine the most searched localizations, is one of the most frequently used databases in the infodemiological field. In this study, it is aimed to reveal some features of the searches on "cognitive behavioral therapy".

Method: Searches made on Google Trends on 06.06.2023 using the words "cognitive therapy, behavioral therapy, cognitive behavioral therapy, psychotherapy, psychotherapist" were compared. The countries where these words are searched the most, the words most related to these terms and the search densities in the last 5 years have been reached.

Results: Among the search terms, the most searched words in the last 5 years were psychotherapy, cognitive therapy and psychotherapist, respectively. behavioral therapy and cognitive behavioral therapy words were found to be searched relatively less frequently. The localizations with the highest searches for the most searched term, psychotherapy, were Indonesia, Hong Kong, Japan, Saudi Arabia and the United States.

Discussion: As a result of the Google Trends research, it has been determined that the word "psychotherapy" is more popular than other terms. This may be due to the fact that this word is seen and known more than other terms. When the world map obtained is examined, it is an expected finding that the search intensity is generally higher in densely populated countries. The fact that the second most searched word is "cognitive therapy" may be related to the fact that cognitive therapy is a common, effective and well-known form of treatment among psychotherapy types. It is a finding found in previous clinical studies that there is sufficient level of knowledge about cognitive behavioral therapy in studies investigating the attitude and knowledge level of psychotherapy types among the public (1, 2). Although behavioral therapies are often combined with cognitive therapies, the reason why the word behavioral therapy is less searched may be due to its lesser knowledge. This situation makes us think that it would be beneficial to work on informing the society about types of psychotherapy and especially behavioral therapy.

Keywords: therapy, cognitive therapy, behavioural therapy, google trends

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Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

353

What about having a traumatic history and especially having suffered bullying in adolescents with an ED?

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Abstract

Introduction: Eating disorders (ED) are rarely only related to irregular eating habits. Knowing the root cause of the ED is critical to developing an effective treatment. In many cases, this root cause involves untreated traumatic experiences from the past. Recent studies validate the importance of assessing traumatic events (TE) and post-traumatic stress disorder (PTSD) in treating ED. A relationship between ED and trauma has been discovered among participants in various studies (Brewerton, 2007). While child sexual abuse has long been recognized as a risk factor for ED, recent studies indicate other types of trauma can also be related and that the majority of patients with ED reported a history of interpersonal trauma. Overall, the most significant finding was that rates of ED were generally higher in people who experienced trauma and PTSD (Mitchell et al, 2012; Mitchell et al., 2021). There are many types of trauma that can be associated with ED including physical abuse and assault, sexual assault and harassment, emotional abuse, emotional and physical neglect, teasing and bullying (Brewerton, 2007). Our aim is to explore associations between ED and presence of traumatic history as well as different types of TE.

Methods: A total of 118 adolescents (mean age= 14.92 years, SD =1.53, 98.3 % female) with diagnosis of ED according to DSM-5 criteria (74.6% Anorexia Nervosa Restricting (AN-R); 12.7% Anorexia Nervosa Purgative (AN-P); 6.8% Eating Disorders not Otherwise Specified (EDNOS)), were recruited from the ED Day Hospital (EDDH) at the Hospital Clinic of Barcelona (Spain). The ethical committee approved this study. Eating disorder symptoms were assessed with Eating Attitude Test (EAT-40). The presence, types, and number of traumatic experiences in the past were assessed with Early Trauma Inventory Self-Report Short Form (ETISR- SF).

Results: 77 patients (65.3%) of our total sample reported having suffered 4 or more TE in the past. The most frequent types of TE in the total sample were bullying (n=27, 22.8%), psychological abuse or negligence (n=17, 14.3%) and sexual abuse (n=16; 13.5%). Also relevant were sickness in the family (n=14, 11.8%), physical abuse (n=12; 10.1%) and family violence witness (n=10, 8.4%).

Conclusions: Our preliminary data suggests that having suffered TE in the past may be related to the subsequent development of an ED due to the high rate of patients with traumatic history in our sample. Also relevant is the high percentage of patients who are victims of bullying among the different types of TE evaluated. Therefore, being a victim of bullying may be a risk factor for developing and maintaining an ED, as has been previously determined (Øverland Lie et al., 2019) especially in adolescent population, where both problems are most frequently encountered. This findings support the need to assess the presence of ET in patients with ED in order to develop comprehensive treatments that also include trauma.

Track

POSTERS

Topic Areas

Children & Adolescents, Eating Disorders

Submission ID

361

Behavioral Experiment and Intensive Exposure-Based Behavioral Therapy for a Child with Cuprolaminophobia – Resolution in Single Therapy Session

Authors

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Abstract

Cuprolaminophobia is described as pathological fear of coins. We described a 10 year girl with 3 years of history with this phobia. She was unable to interact with coins without feeling disgusted. The mechanism of learning was classical conditioning, with operant and cognitive mechanisms of maintenance. The current case study describes the implementation of behavior experiments with intensive exposure and response prevention (ERP) in vivo in a single session with complete resolution of symptoms. Frequency data pertaining to the symptoms were assessed prior to, during, and after intervention. Post-treatment, the reduction of symptoms was 80%. She no longer met the diagnostic criteria for phobic disorder because her interaction with coins was limited without disgust but not avoided. Limitations of single therapy sessions with resolution of symptoms include the absence of tailoring family supports to break negative reinforcements and irrational cognitive inputs are discussed.

Track

POSTERS

Topic Areas

Children & Adolescents, Basic Processes and Experimental Psychopathology

Submission ID

365

The Effect of Career Decision Self-Efficacy on Career Decision Making Among Young Adults

Authors

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Abstract

Introduction: Making a career decision is a complex task that may result in indecision—a condition frequently associated with psychological distress and anxiety (Lipshits-Brazilier et al., 2016). Helping young adults deal with indecision is an important challenge for career counselors. One of the important resources for dealing with indecision is career decision self-efficacy which refers to people's beliefs about their ability to successfully accomplish certain tasks involved in career choice (Betz et al., 1996). Drawing from Social Cognitive Career Theory (Lent et al., 2002), it has been hypothesized that career decision self-efficacy beliefs relate to (a) the likelihood that persons choose to engage in versus avoid career decision-making tasks, (b) the effort they will put into the decision process, (c) how long they will persist in their decision-making efforts when faced with difficulties, and (d) ultimately their success in arriving at career decisions. Based on these hypotheses, the present study examines the relationships of career decision self-efficacy with the strategies for coping with career indecision, career decision status, and perceived decisional difficulty and distress.

Method: Participants were 451 Israeli young adults ($M_{\text{age}} = 22.6$, $SD = 3.11$; 64% women) deliberating about their career choice. They filled out the career decision status, perceived decisional difficulty and distress, the CDSE scale, and the Strategies for Coping with Career Indecision questionnaire (SCCI; Lipshits-Brazilier et al., 2016). Structural equation modeling (SEM) was used to identify the relationships between these factors.

Results: The results showed that career decision self-efficacy is positively associated with the use of productive coping strategies, such as instrumental information-seeking ($r = .34$), problem solving ($r = .32$), cognitive restructuring ($r = .53$), and self-regulation ($r = .48$). In addition, career decision self-efficacy was negatively associated with nonproductive coping strategies, such as avoidance ($r = -.35$), helplessness ($r = -.46$), isolation ($r = -.12$), ruminative thinking ($r = -.30$), and blaming others ($r = -.14$). Contrary to expectations, career decision self-efficacy was not significantly correlated with instrumental help-seeking ($r = .07$, ns), while it was correlated negatively with emotional help-seeking ($r = -.18$) and delegation (i.e., projection of responsibility for decisions onto others) ($r = -.26$). In addition, career decision self-efficacy was positively associated with a more advanced career decision status ($r = .19$), and negatively associated with decisional difficulty and distress ($r = -.27$).

Discussion: The results highlight the importance of career decision self-efficacy in career decision making and are compatible with previous research that demonstrated that career decision self-efficacy is positively correlated with favorable career attitudes and behaviors, as well as with career adjustment, and negatively correlated with career indecision (see Prideaux & Creed, 2001, for a review). This study has practical implications, as the results can facilitate the development of career CBT interventions for reinforcing young adults' career decision self-efficacy beliefs, which may provide them with a basis for overcoming career indecision more effectively. Future research should implement the CBT approach in career decision-making and enhance its integration in career counseling practices.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

366

Can Post-Traumatic Stress Disorder Worsen the Clinical Presentation of Eating Disorders in Adolescents?

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Abstract

Introduction: Having experienced traumatic events increases vulnerability to eating disorders (ED), and the presence and severity of post-traumatic stress disorder (PTSD) appears to be related to the severity and increased comorbidity of ED (Gilbert et al., 2009; Molendijk et al., 2017; Rijkers et al., 2019)

Aim 1: To know the prevalence of PTSD at the Day Hospital for adolescents with Eating Disorders (DHED).

Aim 2: To test whether there are mean differences between ED patients (group 1) and ED + PTSD patients (group 2) in several clinical variables of interest: number of psychiatric comorbidities, depressive symptomatology, eating symptomatology, number of inpatient and DHED admissions, presence of self-harm, number of self-harm attempts and total length of stay in inpatient and DHED.

Methods: We evaluated 118 ED patients undergoing treatment in our DHED, (98.3% female), with mean age 14.92 (SD=1.53) range 11-17 years, ANr n=88(74.6%), ANp n=15(12.7%), BN n=7(5.9%), OSFED n=8(6.8%).

The following battery of tests was administered:

-Children Depression Inventory (CDI). Assess depressive symptoms.

-Eating Attitude Test (EAT-40). Assess symptoms of eating disorders.

-Early Trauma Inventory Self report -Short form (ETISR-SF). Assess past traumatic events.

-Posttraumatic Stress Disorder Symptom Severity Scale-Revised (EGS-R). Assess PTSD symptoms.

We checked whether the quantitative variables followed a normal distribution using Kolmogorov-Smirnov, only the CDI variables met normality. Differences in means between groups were verified by Mann-Whitney or parametric t-test as appropriate.

Results: Of our sample, 77(65.3%) reported having suffered 4 or more traumatic events. Of these 77 patients, 57 (74.02%) met PTSD criteria (48.30% of the total sample). Additionally, 86(72.8%) patients carried comorbid diagnosis for other mental disorders: 66 patients with 2 diagnosis (55.9%), and 20(16.9%) patients with 3 diagnoses.

The differences between groups in terms of sociodemographic and clinical variables of interest were as follow:

No significant differences were found between groups in: mean age (G1 M=14.80 (SD=1.57), G2=15.04 (1.48)), number of admissions to DHED (G1 M=1.61 (0.14), G2 M=1.91 (0.10), p=0.24); days of admission to DHED (G1 M=176.08 (153.35), G2 M=166.13 (78.14), p=0.32); number of admissions to the inpatient ward (G1 M=1.33(1.32), G2 M=1.42 (1.17), p=0.39); days of admission to the hospital ward

(G1 M= 51.82 (44.48), G2 M=51.68 (71.82), $p=0.75$) and number of comorbidities (G1 M=0.69 (0.76), G2 M=0.77 (0.70), $p=0.44$).

Significant differences were found between both groups in the scores of the EAT-40 (G1 M=58.70 (23.28), G2 M= 73.64(19.07), $p=0,001$) and CDI questionnaires (G1 M=24.15 (23.28), G2 M=31.25(8.38), $p=0,001$), where more presence of ED and depressive symptoms in the group with comorbid PTSD. Also, were found greater presence of self-harm attempts (G1 M=9 (14.75%), G2 M=21 (36.84%), $p=0.004$) and presence of self-injury (G1=31 (50.81%), G2=39 (68.42%), $p=0.031$)

Discussion: In addition to the enormous severity of suffering from ED, patients with ED + PTSD show greater depressive symptomatology, greater number of self-harm attempts, greater prevalence of self-injury and greater eating symptomatology.

The detection of PTSD is essential to offer a comprehensive treatment to both pathologies, when they are comorbid, and to improve the evolution and prognosis of patients with ED.

Track

POSTERS

Topic Areas

Children & Adolescents, Eating Disorders

Submission ID

371

Neuropsychological Studies on Cognitive Impairment in Psychiatric Disorders

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Abstract

Although impaired executive function has been shown to reduce the therapeutic efficacy of cognitive behavioral therapy in various psychiatric disorders, few studies have investigated the role of impaired executive dysfunction. The results of the studies are contradictory as the cognitive structure from which the impairments originate is controversial. Furthermore, no studies have examined the relationship between mental rotation and inhibitory control, which is a core component of executive function. Therefore, the aim of this study is to investigate the cognitive impairments in executive function and mental rotation in patients with psychiatric disorders and to reveal how these two cognitive processes relate to each other. The Stop Signal Task (SST) is administered to measure inhibitory control, whereas the Vandenberg & Kuse Mental Rotation Test (Vandenberg & Kuse, 1978) and The Comprehensive Ability Battery-Spatial (CAB-S; Hakstian & Cattell, 1975) are administered to measure the mental rotation ability in patients with psychiatric disorders and healthy subjects. Both tests measure mental rotation, however because one test contains 2-dimensional and the other 3-dimensional stimuli, they are thought to measure different areas of mental rotation. 196 patients with psychiatric disorders (28 patients per disorder; depression, anxiety, obsessive-compulsive disorder, anorexia nervosa, bulimia nervosa, autism spectrum disorder, attention deficit/hyperactivity disorder), and 28 people in the subthreshold anxiety group are planned to be administered in the study. In addition, the number of healthy subjects is to be 56. In total, 280 people are aimed to participate in the study. By evaluating cognitive functions such as inhibitory control and mental rotation from multiple perspectives, comparing them with healthy subjects and clarifying the relationship between each cognitive function, it is expected to contribute to understanding the pathology of mental disorders and improving treatment effects.

Keywords: psychiatric disorders, inhibitory control, mental rotation, cognitive behavioral therapy

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

392

The Effectiveness and Acceptability of The Bergen 4-Day Treatment for Adolescents Suffering from OCD. A Replication and Extension.

Authors

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Prof. Bjarne Hansen - Norway - Haukeland University Hospital & The University of Bergen

Abstract

Introduction: Two previous open trials demonstrated promising results for the Bergen 4-day treatment (B4DT) for adolescents with obsessive-compulsive disorder (OCD). B4DT is a concentrated treatment format with prolonged sessions of exposure and ritual prevention (ERP) delivered over four consecutive days. The aim of the current study was to replicate initial results with a new sample of adolescents with OCD, at different sites across Norway, with different therapists.

Method: 43 youths entered treatment from 7 different specialized OCD-treatment sites. At pretreatment, post-treatment, and at three-month follow up, OCD symptoms were assessed using the CY-BOCS interview while the GAD7 and PHQ9 self report questionnaires were administered to rate general anxiety symptoms and depressive symptoms. To assess treatment acceptability, patients also rated the satisfaction with the B4DT with the CSQ-8 self report questionnaire.

Results: All symptoms were significantly reduced at post-treatment and follow-up. At post-treatment 36 patients (85.71%) were defined as responders, while 29 patients (69.05%) achieved remission. At the three-month follow up, 36 patients (92.3%) were defined as responders, while 33 patients (84.62%) were in remission. CSQ-8 scores indicated that patients were highly satisfied with the treatment, and no patients dropped out of the treatment

Conclusion: The B4DT treatment was successfully replicated in a new sample at different sites across Norway, which indicates that this treatment is generalizable, effective and acceptable to adolescents with OCD.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

394

Digital Mental Health Interventions for ADHD: Where Do We Stand?

Authors

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Abstract

Attention-deficit/hyperactivity disorder (ADHD) is the most prevalent mental disorder among children, involving the necessity for effective interventions to subdue symptoms and improve functioning. Digital mental health interventions (e.g., serious games, Internet-delivered interventions, chatbots) offer a promising solution by leveraging technology to deliver ADHD treatments. These interventions provide greater accessibility, reduced costs, and increased availability of information. By utilizing online platforms, caregivers and children with ADHD can access evidence-based resources, interactive tools, and remote support from a mental health specialist. The purpose of this study is to conduct a systematic review of the existing literature regarding digital mental health interventions used in the treatment of ADHD. The aim is to provide an overview of the characteristics of these interventions, their efficacy/effectiveness and highlight relevant limitations. Systematic searches in scientific databases (PubMed, Web of Science, and Scopus) using keywords pertaining to ADHD and digital mental health interventions were conducted in May 2023. The results of this systematic review shed light on the effectiveness of digital interventions in managing ADHD symptoms and reducing associated impairments. Moreover, the review highlights significant limitations, including issues related to adherence and implementation challenges, which may influence the successful application of these interventions. The findings emphasize the importance of considering both the benefits and constraints of digital mental health interventions in shaping effective treatment strategies for individuals with ADHD. This paper provides valuable insights into the potential of digital mental health interventions used either as standalone treatment or as an add-on to complement traditional approaches in the treatment of ADHD. Furthermore, through this study we present future directions that aim to help clinicians, researchers, and policymakers in making informed decisions regarding the integration and implementation of digital interventions in ADHD management.

Track

POSTERS

Topic Areas

Digital Health

Submission ID

396

Positive Mental Imagery and Mental Health Amongst University Students in Pakistan

Authors

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Abstract

Mental health problems amongst university students pose a major public health challenge, and this is particularly the case in Pakistan. Alongside broader societal and cultural pressures, cognitive factors likely also play a role in the development of and resilience to mental health problems and may provide a feasible target for interventions. The current study built on previous research in primarily European samples investigating the relationship between one cognitive factor, positive future-oriented mental imagery, and mental health, extending this to a sample of university students in Pakistan (N = 1838). In a cross-sectional design, higher vividness of positive future-oriented mental imagery was associated with lower levels of depressive symptoms and higher levels of positive mental health amongst participants completing questionnaire measures on paper (N = 1430) or online (N = 408). In the sample completing the measures on paper, these relationships remained statistically significant even when controlling for socio-demographic and mental health-related variables. The results provide a foundation for further investigating positive mental imagery as a potential mechanism of mental health and intervention target amongst university students in Pakistan.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

400

Culturally Adapted Cognitive Behavioral Therapy to Reduce Psychological Distress of Individuals Affected by Kahramanmaraş Earthquakes: A Pilot Randomized Controlled Trial

Authors

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Abstract

Introduction: Earthquakes frequently occur in Türkiye, and they have detrimental effects on mental health, such as posttraumatic stress disorder, depression, and anxiety disorders. If these are not intervened, they can persist for a long time. An effective method to alleviate these problems is cognitive behavioral therapy (CBT), and literature shows that when culturally adapted, the effectiveness of CBT can increase even more. A culturally adapted version of CBT, Culturally Adapted CBT (CA-CBT), will be tested in terms of potential effectiveness in decreasing distress in earthquake survivors who were relocated to İstanbul following the earthquake, and its feasibility will be evaluated in this study.

Method: For these purposes, first, a cultural adaptation will be conducted with 20 free-listing interviews, eight key-informant interviews, two focus groups with 20 participants, and five cognitive interviews. Then, a pilot randomized controlled trial will be carried out with 60 participants with a random allocation of 30 participants to CA-CBT and 30 participants to enhanced care as usual control group, and baseline, post-, and one-month follow-up assessments will be conducted. Following this step, a process evaluation will be performed. Finally, 20 mental health professionals will be trained to be CA-CBT facilitators.

Expected Results: At the end of the study, it is expected that;

- (1) The participants who receive the CA-CBT will have a significantly higher decrease in the severity of psychological distress, depressive symptoms, anxiety, posttraumatic stress, prolonged grief symptoms and disability compared to those in the ETAU group one month after the post-assessment.
- (2) The participants who receive the CA-CBT will have a significantly higher increase in the level of well-being and quality of life compared to those in the ETAU group one month after the post-assessment.
- (3) Changes in psychological flexibility, hope, emotion regulation, and social support will mediate the changes in psychological distress and well-being one month after the post-assessment.
- (4) Changes in survivor guilt will mediate the changes in depressive and prolonged grief symptoms one month after the post-assessment.

Discussion: With this project, a treatment manual for earthquake survivors will be shaped, its potential effectiveness and feasibility will be tested with an investigation of potential mechanisms of change, and the capacity of mental health professionals will be strengthened. By all these means, the proposed project will provide an opportunity to conduct more extensive effectiveness trials and implementations of an evidence-based treatment method for earthquake survivors.

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

409

Flexible Emotional Responsiveness in Depression and Social Anxiety

Authors

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Abstract

Emotional flexibility, or the ability to change how emotions are felt and expressed in response to changing stimuli and contexts, is important for well-being (Coifman & Almahoud, 2016). There is evidence that decreases in emotional flexibility are associated with certain mental health conditions, such as depression and anxiety (Chen & Bonanno, 2021). However, emotional flexibility encompasses a wide range of functions, and it is unclear which aspects are most relevant to mental well-being, and thus might be more relevant to intervention efforts. The present study investigated one specific aspect of emotional flexibility: the extent to which initial emotional responses to stimuli are impacted by previously viewed stimuli. Previous literature suggests this element of emotional flexibility is associated with trait resilience (Vaughn, Thompson & Gotlib, 2011) and recovery from physical pain (Meesters, VanCleave & Peters, 2019) in healthy adult populations. Therefore, it was hypothesised that meeting criteria for social anxiety or major depression, as well as reporting higher levels of depression or social anxiety symptoms, would be associated with less flexibility in initial emotional responses to changing stimuli. Participants included 150 students residing in the UK with various mental health histories, including those with no major mental health concerns, current social anxiety, and current or remitted major depression. Participants rated their emotional responses to positive and negative target images on trials where the target was preceded by images of either the same or the opposite valence. This produced a congruence effect, in which the valence of a target image was rated as more extreme on trials where the target's valence was the same as the preceding images than on trials where the valence of the target and preceding images were different. A larger congruence effect would imply more 'carryover' of the emotional response to previous stimuli on the emotional response to the target image; therefore, we hypothesised that larger congruence effects would be associated with higher levels of psychopathology. Contrary to expected findings, initial results indicate that although depressive symptoms were associated with less positive ratings of images across all conditions, there was no relationship between the flexibility of responses and reported experience of depression or social anxiety. Further, the negative bias in ratings appeared to be more related to current depressive symptoms rather than lifetime depression experience. The relationships between this measure of emotional flexibility and rumination, mindfulness, and a more general measure of cognitive flexibility are also discussed to provide a better understanding of drivers of individual differences within each group. These preliminary findings suggest that the emotional flexibility deficits and emotional inertia reported in depression may not involve differences in the flexibility of initial emotional responses. Instead, the way in which emotions are regulated and responded to, or even differences in social or environmental cues, may be more relevant to mental health.

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

410

Six-Session Religiously Integrated Cognitive Behavioral Therapy for the Management of Acute Stress Symptoms: A Case Report

Authors

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Abstract

One of the frequent reactions, particularly following stressful life experiences, is stress-related responses. Approximately 5 to 20 percent of people who experience traumatic events develop acute stress disorder (ASD). ASD symptoms are described under various headings, including intrusion, negative mood, dissociation, avoidance, and arousal, and differentiated from post traumatic stress disorder fundamentally by its duration, which is 2 days to 4 weeks, in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). On the other hand, published research on the treatment of ASD symptoms is scarce, and its efficacy is controversial. However, the Cognitive Behavior Therapy (CBT) therapy approach for trauma offers a structured guide for treating the symptoms. Additionally, research indicates that culturally sensitive methods benefit clients in managing their psychological difficulties. Accordingly, one of the fundamental predictions concerning those who were affected by the earthquake that occurred in 10 cities of Turkey on February 6, 2023 was that they could develop ASD symptoms. As a result, in addition to responding to their basic needs, the delivery of culturally sensitive psychological assistance to earthquake survivors became a priority. This study provides an example of religiously integrated brief CBT-based treatment for ASD symptoms. The client was a 28-year-old woman living alone in one of the cities most severely affected by the earthquake. She presented symptoms of intrusion, negative mood, avoidance, and arousal in various levels of severity which were measured by PTSD Symptom Scale-Self-Report (PSS-SR) and written feedback was obtained. The PSS-SR scale was administered after the first session, the last session and the follow-up sessions. The client attended 6 sessions conducted weekly and 2 follow-up sessions, one at a week and one at a month. The described symptoms improved at the end of the therapy period, PSS-SR scores were reduced from 35 to 19, and this was sustained at the 1-month follow-up. This study underscores the relevance of early intervention after an earthquake, as well as involving the client's religiosity into the therapy process; it further discusses the impact of the client's personality patterns on a time-limited and symptom-focused therapy approach.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

411

Treatment Expectancy and Credibility as Predictors of Outcome in Difficult to Treat Patients with OCD Using Concentrated Exposure Treatment

Authors

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Abstract

Background: Obsessive-compulsive disorder (OCD) is a severe mental illness and exposure-based cognitive behavioural therapy (CBT) is considered treatment of choice. Treatment readiness predictors like treatment credibility and treatment expectancy are assumed to predict outcome in CBT treatment, and investigating treatment readiness in patients with OCD who did not respond to treatment, drop out or later relapse, so called difficult-to-treat patients, is especially important because of the chronic and severe health impairing course of the illness. Concentrated exposure therapy (cET) is a form of short termed, intensive, exposure-based CBT which has shown promising results. Because of the short time frame, it is ideal to investigate predictors (e.g., reduced influence of external variables as in ordinary outpatient treatment). This study will investigate whether treatment credibility and treatment expectancy can predict treatment outcome when treated using cET in a group of difficult-to-treat OCD-patients.

Methods: A total of 163 non-responding or relapsed OCD patients underwent a 4-day cET. Treatment credibility and expectancy was measured using Borkovec credibility/expectancy questionnaire (CEQ) prior to treatment start. OCD symptom severity was measured using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) pre treatment, post treatment, three month follow-up and one-year follow-up, while work and social function was measured using Work and social adjustment (WSAS) pre treatment and one-year follow-up.

Results: CEQ was negatively correlated with Y-BOCS scores post-treatment, 3 months-follow up and 1-year follow-up accounting for 14% of the variance at 3 months and 5% after 1 year. Only the treatment expectancy dimension of CEQ contributed significantly to this effect at 3 months and 1-year follow-up. Treatment dedication of the treatment expectancy dimension was correlated with increased work and social functioning using WSAS at 1-year follow-up.

Discussion: CEQ demonstrates promise as a suitable tool for predicting treatment outcomes in concentrated exposure therapy for difficult-to-treat OCD patients. Patients who expressed more dedication to follow the treatment principals, and expressed more treatment optimism prior to treatment start, achieved better treatment outcome and regained more work and social function. These results are in line with previous findings and highlight the potential value of assessing and addressing patients' treatment expectations and perceptions early on in the therapeutic process.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

415

The Bergen 4-Day Treatment for Panic Disorder: Implementation in a Rural Clinical Setting

Authors

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Dr. Kristen Hagen - Norway - Møre and Romsdal Hospital Trust

Abstract

Introduction: The Bergen 4-Day Treatment (B4DT) is a concentrated treatment with individually tailored exposure exercises. The format has shown promising results in the treatment of panic disorder.

Aim: The aim of the current study was to investigate the effectiveness of the B4DT in a large sample in a rural clinical setting.

Method: Fifty-eight patients with panic disorder were consecutively included using an open trial design. The primary outcome measure was the Panic Disorder Severity Scale. The Generalized Anxiety Disorder-7 and the Patient Health Questionnaire-9 were used as secondary outcome measures. Assessments were conducted at pretreatment, posttreatment, and 3-month follow-up. Treatment satisfaction was measured at posttreatment using the Client Satisfaction Questionnaire-8.

Results: There was a significant reduction in symptoms of panic disorder from pre- to posttreatment ($d = 3.36$) and from pretreatment to follow-up ($d = 3.63$). At posttreatment and follow-up, 72.4% and 81.0% of patients, respectively, were classified as in remission. Patients reported high treatment satisfaction, and there were significant reductions in symptoms of generalized anxiety and depression.

Conclusion: The results from the current study replicated the findings from previous studies using a larger sample size. The findings indicate that the B4DT is a promising treatment format for panic disorder. The study also demonstrated that the treatment format can be successfully implemented in new rural clinics.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

417

Patient Adherence as a Predictor of Acute and Long Term Outcomes with Concentrated Exposure Treatment for Difficult-to-Treat Obsessive- Compulsive Disorder (OCD).

Authors

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Abstract

Background: Exposure and response prevention (ERP) is considered to be the first line psychological treatment for obsessive compulsive disorder (OCD). Substantial research supports the effectiveness of ERP, yet a notable portion of patients do not fully respond while others experience relapse. Understanding poor outcomes such as these necessitates further research. This study investigated the role of patient adherence to ERP tasks in concentrated exposure treatment (cET) who had previously not responded to treatment or relapsed.

Method: The present study included 163 adults with OCD. All patients received cET delivered during four consecutive days. Patients' treatment adherence was assessed using the Patient EX/RP Adherence Scale (PEAS) after the second and third day of treatment. OCD severity was evaluated at post, 3-month follow-up and 1-year follow-up by independent evaluators.

Results: PEAS scores during concentrated treatment were associated with OCD-severity at post-treatment, 3-month follow-up, and 1-year follow-up. Adherence also correlated with work and social adjustment and quality of life at 1-year follow-up.

Conclusions: The results indicate that ERP adherence during the brief period of cET robustly relates to improvement in OCD symptoms and functioning in both the short and long term. Assessing adherence might identify patients at risk of poor outcomes, while improving adherence may enhance ERP for treatment resistant patients.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

420

Cognitive Behavioural Group Therapy for Insomnia: A Treatment Feasibility Pilot Study

Authors

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Dr. Audrey Krings - Belgium - University of Liège

Abstract

Introduction: Insomnia is commonly reported by patients with depression and can have a detrimental impact on mood (Goldschmied, & Gehrman, 2022). Repetitive Negative Thinking (RNT) is a longitudinal precursor of depression and anxiety, which are often co-present alongside insomnia. Cognitive Behavioural Therapy for Insomnia (CBT-I) is an effective treatment for insomnia and seems to have an impact on depressive mood and general measures of RNT. The aim of the present pilot study is to investigate the acceptability and feasibility of a CBT-I with a group format and to test the effects on sleep quality, anxiety-depressive mood and negative repetitive thoughts.

Method: Six participants were adults aged between 45 and 67 (four women and two men) have been included in the group. The CBT-I consisted of 2-hour group session every two weeks. The group underwent five treatment sessions with traditional CBT techniques, including stimulus control, sleep restriction, and sleep hygiene. We added a RNT intervention. Sleep quality depressive and anxious mood were assessed using self-reported measures, before and after the treatment period. We computed a change score assessing the proportion of individuals showing reliable change (RC) at post-treatment, relative to pre-treatment to rule out the possibility that a difference between two scores was due to a measurement error rather than to the intervention.

Results: Prior to the intervention, the participants' assessment revealed the presence of significant sleep difficulties and insomnia, some mild (n=2), others moderate (n=3) and finally severe (n=1). Three participants also reported an anxious mood, and one participant a depressive mood. Ruminations and worry scores were within the normal range for all participants. Three of the six participants completed the entire intervention. The participants feedback support the acceptability and feasibility of a group protocol of CBT-I with a group format for patients with depressive mood. Pre-post RC analyses suggested significant improvement in insomnia in two participants and deterioration in one. No significant change scores were found for measures of anxious-depressive mood and repetitive negative thoughts.

Discussion: The CBT-I group format is feasible for clinicians, acceptable to participants and effective in improving insomnia in two out of three participants. The significant deterioration reported by one participant may be explained by the complete cessation of the participant's medication during the intervention. Nevertheless, this pilot study did not demonstrate the effect of this intervention on anxious-depressive mood and repetitive negative thoughts. It would be appropriate to reiterate this study with a larger number of clinical subjects, to multiply the number of assessments over time and to monitor medication intake.

Reference:

Goldschmied, J., Gehrman, P. CBT-I for Patients with Depression; Adapting Cognitive Behavioral Therapy for Insomnia; Elsevier: Amsterdam, The Netherlands, 2022; pp. 149–163.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

428

The Validity and Reliability of Turkish Version of the Psychological Flexibility in Epilepsy Questionnaire (PFEQ): Preliminary Results

Authors

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Abstract

Introduction: This study aims to conduct a Turkish validation and reliability study of the Psychological Flexibility in Epilepsy Questionnaire (PFEQ) to measure psychological flexibility in epilepsy patients (Burket et al., 2021).

Method: Firstly, the following steps were followed to conduct Turkish validation and reliability study of the PFEQ: The original Swedish version of the scale was translated into Turkish independently by two bilingual mental health experts, the translations were compared, then the Turkish version of the scale was back-translated from Turkish to Swedish to ensure accuracy and alignment with the original form. Based on the items obtained from the translations, language and field experts selected the most appropriate items, and the Turkish form was created. Secondly, the validity and reliability study of the scale was conducted. The data was collected, and the following measures were utilized for the scale's validity and reliability assessment: Psychological Flexibility in Epilepsy Questionnaire (PFEQ), Socio-demographic Form, Epilepsy specific characteristics form, Depression-Anxiety-Stress Scale (DASS-21), Quality of Life in Epilepsy Scale (QOLIE-31), Acceptance and Action Questionnaire-II, and Rosenberg Self-Esteem Scale. The correlations between these measures and the Psychological Flexibility in Epilepsy Questionnaire (PFEQ) were examined.

Results: It involved 123 participants who were diagnosed with epilepsy. The average age of participants was 33.7 years, ranging between 18 and 65 years ($SD \pm 9.7$). 60.2% of the participants were women ($n=74$), 43.9% were married ($n=54$), and 46.3% ($n=57$) were working. In the reliability study, the Cronbach alpha coefficient was found to be .924, and the Split-half of the Spearman-Brown method was 0.89. Exploratory factor analysis of the PFEQ was conducted. The Kaiser–Meyer–Olkin test value was 0.896, which is meritorious, and the Bartlett test was statistically significant ($p < 0.001$), indicating the suitability of the data for factor analysis. Initially, It is performed maximum-likelihood, and the solution was rotated using the Promax method. Results demonstrated three factors with eigenvalues greater than 1, overall explaining 62.19% of the variance. Because of the several cross-loadings and low factor loadings (<0.40), it was decided that EFA was repeated, and a one-factor solution was extracted. One-factor solution with an eigenvalue of 7.92, explaining 46.60% of the total variance, was accepted. In this one-factor solution, the following item was excluded from PFEQ because of low factor loading (<0.40): "It is important that I learn to control my epilepsy". Pearson correlations between PFEQ and other scales were performed to measure construct validity. PFEQ was positively correlated with AAQ-II, DASS-21, and medication effect and negatively correlated with seizure worry, overall quality of life, emotional well-being, and social function. No significant relationship was found between Rosenberg Self-Esteem Scale and PFEQ.

Discussion: Current findings demonstrate that the total score of the PFEQ is a valid and reliable scale for assessing psychological flexibility in the Turkish population of epilepsy patients.

References

Burket, L., Parling, T., Jansson-Fröjmark, M., Reuterskiöld, L., Ahlqvist, J., Shanavazh, S., & Lundgren, T. (2021). Development and preliminary evaluation of the psychometric properties of the psychological flexibility in epilepsy questionnaire (PFEQ). *Epilepsy & Behavior*, 115, 107685.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-Term Physical Conditions

Submission ID

432

Design and Implementation of a Behavioral Protocol for Gamblers – Experience from Serbian CBT Center Nis

Authors

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Abstract

Serbian Association for Behavioural and Cognitive Therapies (SRABCT) was initially founded in Nis, an University city located at southeastern Serbia, during 1996s. Up to now the center trained more than 25 certified therapists working with different non-psychotic non-addicted patients with more or less success. Since the addiction, especially gambling, started to emerge as a significant socio-economic issue we aimed to design and implement the behavioral protocol for treating such clients. Based on the clinical practice the medication treatment for reactive depression or insomnia in such clients is not recommended during the initial period of treatment since it provide. Also, the treatment of such clients should be non-expensive since gambling itself represents a significant burden to the client. Designed behavioral protocol included clients with pathological gambling [estimated using Yale Brown Obsessive Compulsive Scale adapted for Pathological Gambling (PG-YBOCS)], but excluded those with suicidality risk, poor social support, significant financial debt, other psychopathological states which have gambling as a reaction. During the initial phase, individual therapy, clients were motivated (motivation phase) to accept the treatment, to form a strong social network and willingly give up financial rights. The term without hesitation ('sve na Sunce') was created depicting that the patient needs to "open all his cards" and confess all his debts. In this phase the network of people supporting the client helps him find the way to cover all of his financial debts (during a prolonged period of time). The second phase is the stabilization phase which estimated the remaining psychic-related symptoms which are recognized through a behavioral diary. The diary entries serve as a checkup for crisis events and level of crisis that the client is experiencing. The last phase is called conquering freedom which is basically gradual recovery of financial responsibilities by the client without entering the gambling process again. After phase one, clients are introduced to a group (open mid-sized group) which requires great motivation and at least one month of abstinence. The group techniques employed to the clients include one-part education and one-part impulse control learning, role-play, etc. Up to now using this behavioral protocol from 2016 around 200 clients entered and successfully finished the treatment protocol without any relapses.

Track

POSTERS

Topic Areas

Behavioural Medicine

Submission ID

441

Virtual House Environment for Exposure Therapy for OCD

Authors

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Abstract

Obsessive-compulsive disorder (OCD) is a chronic psychiatric disorder characterized by the presence of obsessions and/or compulsions, which are time-consuming and severely disrupt the life of the affected person. Obsessions are repetitive, intrusive thoughts, images, or urges that typically increase anxiety. Compulsions are ritualistic physical or mental acts that the person performs to neutralize the anxiety caused by obsessions (APA, 2013). OCD is a heterogeneous disorder with several symptom subtypes, the most frequent being contamination obsessions accompanied by cleaning or washing compulsions and fear of harm with checking compulsions. Cognitive-behavior therapy (CBT), and specifically Exposure and Ritual Prevention (ERP), is the main psychotherapeutic approach used in OCD treatment. ERP focuses on breaking the bond between anxiety feelings and ritual behavior and decreasing anxiety with repeated exposure to the feared stimuli or situations. Traditionally, two types of exposure were used to slowly graduate the intensity: imaginary and in-vivo (Foa, 2010). Exposure in virtual reality is a third option that augments the standard procedures with a simulation of a real-life situation in a safe, controlled environment.

Here we present three case studies of patients with OCD and their SUDS (Subjective Units of Distress Scale) scores in several VR exposure scenarios they underwent during five VR exposure therapy sessions in the virtual "OCD house" environment (Fajnerová, Francová, 2022) as a part of a standard 6-week CBT-based treatment. The "OCD house" provides provocation stimuli relevant to all OCD subtypes (for more details, see Francová et al., 2019).

Exposure scenarios in VR were shown to be substantially anxiety-provoking, and anxiety decreased with repeated VR exposures. From patients' anonymous feedback, we conclude good acceptance of the technology and a subjective enhancement of treatment outcomes.

Acknowledgments: The presented study is supported by project No. NU23-04-00402 "Exposure therapy in virtual reality for obsessive-compulsive disorder: randomized clinical study" and partially by the European Regional Development Fund-Project "PharmaBrain" No. CZ.02.1.01/0.0/0.0/16_025/0007444 and by the Technological agency of the Czech Republic within the program GAMA project BrainTech (TP01010062).

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Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

452

Integration of Virtual Reality Methods in the Group Cognitive Behavioral Therapy Programme

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Abstract

Anxiety disorders are highly prevalent, tend to have a chronic course and are associated with considerable impairment. Cognitive behavioral therapy (CBT) and exposure specifically is widely accepted as an effective method of treatment of anxiety disorders, with both individual and group format being proven effective.

Virtual reality (VR) technologies provide a novel tool for providing an immersive and interactive experience in different and various environments. During exposures, it allows for an adjustable control over anxiety and fear triggering variables.

In the National Institute of Mental Health in Klecany, Czech Republic, runs an established in-patient program for treatment of anxiety disorders using group CBT. Since 2018, the group of virtual reality researchers in collaboration with CBT therapists and psychiatrists started to test, develop and implement various VR technologies in the structured CBT program.

We aim to summarise our experience of providing several VR applications in the 6,5-week program for 10 patients. Currently, we have six distinct VR programs and studies for a range of anxiety disorders, which include:

3. Exposure House or cognitive training for patients with obsessive-compulsive disorder
4. Exposure City for patients with agoraphobia, social phobia, acrophobia or claustrophobia
5. Darkroom providing space for worry time for patients with generalised anxiety disorder and anxiety depressive disorder
6. Virtual magnetic resonance (MR) for patients with fear of undergoing MR examination
7. Relaxation with deep rhythmic breathing training available for all interested patients.

In the first week, VR programs are introduced to all patients by a VR group researcher. Individual patients are matched with specific VR programs based on their symptomatology and diagnosis made by their attending psychiatrist. In the second week, the initial ratings using multiple and appropriate scales is conducted and the patient undergoes the first session. Next sessions are held once a week, usually with increasing or adjusting difficulty, and with in-session scale ratings. After the last session, the final measurements are taken.

We identified several advantages and also some drawbacks of including VR technology in the group CBT program, which we will share in the presentation.

Acknowledgments: The VR programs were supported by Czech Health Research Council project NU23-04-00402, by the European Regional Development Fund-Project "PharmaBrain" No. CZ.02.1.01/0.0/0.0/16_025/0007444 and by the Technological agency of the Czech Republic within the program GAMA project BrainTech (TP01010062), program Éta (TL0300022), program Zéta (TJ01000010) and Internal Funding Competition grant of NIMH (318A_2020), and also by programme Cooperatio, Neuroscience, Charles University.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

460

The Role of Mistake Rumination Difficulties in Mistake Rumination and Emotion Regulation Difficulties in Social Anxiety

Authors

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Abstract

Background: Social anxiety disorder is a highly prevalent and debilitating condition, which is characterized by irrational and exaggerated concerns about being scrutinized and negatively evaluated by others in social and performance situations; and behavioral strategies to evade such situations. Previous research indicates various transdiagnostic risk factors, such as perfectionism, neuroticism, and repetitive negative thinking to play a role on the onset and maintenance of social anxiety symptoms. One specific type of repetitive negative thinking, which was neglected by the researchers until recently is mistake rumination. Mistake rumination can be defined as the tendency to entertain negative and self-critical thoughts following mistakes and it has been demonstrated to have a strong association with depression. However, the specific associations between mistake rumination and social anxiety, as well as the role of additional risk factors in this relationship is not known. Thus, the current study aimed to examine how mistake rumination and individuals' experiences of difficulty in regulation of negative emotion are contributing to social anxiety symptoms. In particular, the current study aimed to examine the mediator role of emotion regulation difficulties in the relationship of mistake rumination with both affective and behavioral domains of social anxiety.

Method: Three-hundred and twenty-two subjects (229 females) between ages 18 and 60 ($M = 35.30$, $SD = 12.68$) from a community sample completed measures of mistake rumination, emotion regulation difficulties and social anxiety disorder through an online survey platform.

Results: Mistake rumination demonstrated positive associations with emotion regulation difficulties, as well as social anxiety symptoms. Emotion regulation difficulties, while partially mediating the relationship between mistake rumination and the affective dimension of social anxiety; completely mediated the relationship between mistake rumination and the behavioral dimension of social anxiety.

Discussion: The current findings are the first to suggest that the tendency to entertain repetitive negative thoughts following real or imagined mistakes is associated with the tendency to utilize problematic emotion regulation strategies and lead to increases in both affective and behavioral dimensions of social anxiety. The current results also indicate that different mechanisms may be involved in the development and maintenance of different dimensions of social anxiety.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

461

Breaking the Chain: The Role of Irrational Thinking in Our Fear of War and Death

Authors

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Ms. Elisa Dumitru - Romania - Babes-Bolyai University Romania

Abstract

This paper sought to investigate the validity of a mediation model, where we hypothesized that the four irrational evaluations postulated by the Rational-Emotive Behavior Therapy (REBT) theory (demandingness, awfulizing, low frustration tolerance and global evaluation) would mediate the relationship between perceived risk of war and death anxiety. A sample of 159 Romanian participants completed online self-report measures, namely the Death Anxiety Scale, The Attitudes and Beliefs Scale and the Risk Perception Scale. Mediation analyses were employed to assess the validity of the model. The REBT mediation model was confirmed, suggesting that the relationship between perceived risk and death anxiety is mediated by awfulizing and low frustration tolerance beliefs. The present research lends support to the REBT theory and puts forward a cognitive background to war-related distress.

Track

POSTERS

Topic Areas

Public Health (Including COVID-19)

Submission ID

469

Resting-State Functional MRI Predicts Response to Cognitive Behavioral Therapy in Pediatric Obsessive-Compulsive Disorder.

Authors

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Abstract

Introduction: Cognitive behavioral therapy (CBT) is a first-line treatment for pediatric obsessive-compulsive disorder (OCD). However, response varies considerably among individuals. By identifying reliable biologically-based predictors of treatment outcomes, there is a possibility for individually-tailored interventions. For this reason, we utilized multiple voxel pattern analysis (MVPA) to explore pretreatment resting-state functional connectivity (rsFC) patterns that might presage the treatment response.

Methods: Participants were twenty patients with a primary diagnosis of OCD. The patients underwent manualized exposure and response prevention-based CBT. During the intake assessment, we investigated age, sex, illness duration, dominant hand, medication, Autism-Spectrum Quotient (AQ), and Wechsler Intelligence Scale for Children (WISC-IV) or Wechsler Adult Intelligence Scale (WAIS-III). Yale-Brown Obsessive Compulsive Scale (CY-BOCS), Depression Self-Rating Scale for Children (DSRS-C), and Spence Children's Anxiety Scale (SCAS) were administered to all participants before and after treatment. The severity of OCD symptoms was quantified by the CY-BOCS. Patients with CY-BOCS scores of 12 or less after treatment were defined as the remission group, and others were defined as the non-remission group. Whole brain sagittal 3D T1-weighted structural images and resting-state functional images were acquired. Regarding rsfMRI, MVPA was performed using the CONN toolbox, and seed-to-voxel analysis was conducted based on the clusters obtained by MVPA to search for changes in functional connectivity.

We performed a simple linear regression model to assess whether rsFC was linearly associated with treatment response. Treatment response was operationalized as the percentage of symptom reduction between baseline and post-treatment severity assessments.

Results: In patients, CY-BOCS scores drastically decreased after CBT sessions ($p < 0.001$). In rsfMRI, three clusters showing the difference between the remission and non-remission groups were extracted in part of the precuneus cortex, lateral occipital cortex and parietal operculum cortex left from MVPA. Post-hoc analysis revealed two significant connectivity changes (lateral occipital cortex, superior division right - occipital pole right, lateral occipital cortex, superior division right - lateral occipital cortex, superior division left). Simple linear regression analysis showed that the treatment response inversely correlated with rsFC ($R^2=0.494$, $p<0.001$).

Discussion: The difference between the remission and non-remission groups in rsFC was extracted within the occipital cortex and our results indicated that the occipital cortex is associated with treatment outcomes in pediatric OCD. The occipital cortex has been reported as a predictive site of treatment efficacy not only in obsessive-compulsive disorder but also in depression and social anxiety disorder. The results suggest that rsfMRI predicts response to cognitive behavioral therapy in pediatric obsessive-compulsive disorder.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

471

Am I Religiously Responsible About My Sexual Intrusive Thoughts? The use of the 4T Model to Distinguish Cognition Hierarchy in the Context of Religious Responsibility After Sexual Abuse: A Case Report

Authors

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Abstract

Individuals with a history of sexual abuse often live with persistent intrusive thoughts relevant with a history of abuse (Rosenthal & Folette, 2007). Since sexually intrusive thoughts are related to the person's morals, values or beliefs, they have more personal importance. So people feel responsible for these thoughts and cause them unhelpful guilt (Rachman, 1993; Rachman, 1997). Unhelpful guilt can significantly reduce the life satisfaction of individuals by increasing their depressive symptoms (Kim, Thibodeau, & Jorgensen, 2011; Van Damme-Ostapowicz et al., 2021). Drawing attention to the importance of unhelpful guilt about intrusive thoughts, Toprak & Emül (2016) developed the 4T model specific to obsessive compulsive disorder. The model hierarchically classifies thoughts (images, detailed imagination, reasoning-thought and confirmation) in terms of their volition inspired by the conceptualizations of Islamic scholars. According to the model, while individuals are religiously responsible for the voluntary thinking process (reasoning-thought and confirmation) they are not religiously responsible for the involuntary thinking process (images, detailed imagination).

From this point of view, the aim of this study is to discuss the results of integrating the 4T model into cognitive behavioral therapy practice in preventing unhelpful guilt caused by sexually intrusive thoughts related to sexual abuse through a case study.

In this study, a 20-year-old female case with post-traumatic stress disorder due to sexual abuse was investigated. The Turkish version of the PTSD Check List for DSM-5 (PCL-5) scale (Boysan et al., 2017) was used to monitor progress in the therapy process. Sessions including cognitive behavioral therapy and acceptance and commitment therapy techniques were conducted once a week for 50-60 minutes. While the therapy sessions were being conducted, in the eighth session, the client said that sexual thoughts about the sexual abuse she experienced came to her mind and asked the therapist whether she was religiously responsible for these. This question was answered by explaining the 4T model (Toprak & Emül, 2016). The client stated learning that she is not religiously responsible for her involuntary sexual thoughts was very beneficial for her and reduced her distress.

As a result, according to the analysis of the scale results, it was seen that there was a significant decrease in the scale scores of the case. Although the unhelpful guilt were not measured quantitatively, the traumatic experience-related distress score decreased from 4 to 1 in the PCL-5. This finding and the client's verbal feedback can show us that the 4T intervention was effective in reducing the unhelpful guilt of the case caused by sexually intrusive thoughts related to sexual abuse. It is thought that this result indicates the importance of cultural sensitivity studies in the psychological treatment of religious clients.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

473

ANKA Group Therapy: Dealing with Depression in Turkish Women with Migration Experience

Authors

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Prof. Hans-Joerg Assion - Germany - LWL Klinik Dortmund

Abstract

Introduction: An increasing number of studies show a higher incidence of affective disorders, including depression, in Turkish people who migrated to Germany [1-2]. At the same time, conventional German treatments show relatively poor treatment outcomes in patients of Turkish origin than in German patients [1-2]. This study aims to investigate the effect of a mother-tongue psychoeducation group therapy on depression scores in migrant women in Germany.

Method: In this study, Turkish-origin immigrant women participated in an eight-week therapy program, with sessions taking place once a week for 90 minutes. A group pretest-posttest design was used to evaluate the efficacy of the program. Depression severity was measured before and after the therapy program using the Beck Depression Inventory (BDI-II) and compared over time [3].

Results: The therapy offer is very well received. The women participate actively in the psychoeducation group therapy and take it up reliably. Preliminary results showed a reduction in the severity of depression. A significant decrease in depression scores is observed in three out of five patients in the first group with 38-20, 31-32, 33-34, 21-12, and 45-31 pre- and post-treatment BDI-II depression scores.

Discussion: The study's preliminary results show the potential of mother-tongue psychoeducation in a group of Turkish women with migration experience. An improvement in depressive symptoms can be achieved. The importance of culturally adapted forms of therapy for the effectiveness of the treatment of depression in people with migration experience becomes clear.

Keywords: Depression, group therapy, migration, women, interculturality

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Track

POSTERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

482

Reciprocal Relationships between Positive Expectancies and Positive Emotions During the COVID-19 Pandemic: A Cross-Lagged Panel Study

Authors

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Abstract

Introduction: In this study, we investigated the relationships between optimism, three forms of positive expectancies (response expectancy, response hope, and the discrepancy between response hope and response expectancy), and positive emotions during the COVID-19 pandemic. First, we explored the best predictor for short-term (T2–2 weeks) and long-term (T3–4 months) positive emotions. Second, we examined reciprocal relationships between variables.

Methods: The sample comprised 271 participants (Mage=29.2 years, 84.7%females). Four cross-lagged models were tested.

Results: In Model 1, response expectancy at T1 predicted positive emotions, optimism, and response hope at T2, while positive emotions at T1 predicted each type of positive expectancy at T2. In Model 2, response expectancy at T1 predicted optimism at T3, while optimism at T1 predicted positive emotions at T3. Additionally, the response hope at T1 negatively predicted optimism at T3. In Model 3, the discrepancy score at T1 negatively predicted optimism and positive emotions at T2. In Model 4, the discrepancy score at T1 negatively predicted optimism at T3, while optimism at T1 predicted positive emotions at T3.

Discussion: Positive expectancies and positive emotions are closely linked. Positive expectancies affect emotional and cognitive outcomes. Psychological interventions aimed at increasing positive expectancies may improve individuals' functioning in stressful situations.

Keywords: positive emotions, response expectancy, response hope, optimism, COVID-19 pandemic, longitudinal study

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

486

Effectiveness of a 5-session Value-Focused CBT Intervention in the Treatment of Acute Stress Disorder: A Case Study

Authors

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Abstract

Acute Stress Disorder is a disorder defined in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) as a traumatic experience followed by constant mental images of the traumatic experience, reliving the traumatic event over and over again, feeling constantly tense, anxious and aroused, and avoidance, and unlike Post Traumatic Stress Disorder, it covers the period between 2 days and 4 weeks after the traumatic event. In our country, after the earthquake centered in Kahramanmaraş on February 6, 2023, which affected 10 provinces and thousands of our citizens, there was a period when interventions related to acute stress were very much needed, but it was observed that there was an important deficiency such as the fact that the diagnosis of PTSD could not be made before 3 months and there were almost no studies on acute stress disorder in our country. This study presents an example of a short-term and value-oriented intervention that was initiated within the first 1 month after the earthquake. This case study is important both in terms of showing the effect of a short 5-session CBT intervention on acute stress disorder and in terms of integrating value intervention into CBT practice and demonstrating its effectiveness in the post-earthquake process.

The client is 35 years old, female, working, doing her master's degree. She directly experienced the earthquake, has no past or current medication use, and has no past psychiatric diagnosis. Interviews were started 1 month after the earthquake. She had acute stress symptoms such as feeling constantly tense, alert, anxious, accelerated heartbeat, difficulty falling asleep, waking up because of an earthquake while sleeping and waking up her son.

During the process, 5 CBT-based interviews were conducted. The interviews included taking anamnesis, problem and goal setting, normalization, identifying and supporting the value-oriented behaviors that she did before the earthquake and that were good for her, cognitive restructuring, identification of avoidance and exposure interventions. At the end of the session, the client's symptoms were greatly reduced, eating and sleeping activities returned to normal and daily functionality increased. She sent a paper to the congress about her thesis. At the end of 5 sessions, the client gave verbal feedback as "Therapy prevented me from getting lost in negative emotions" and "I realized that whatever we are going through is not permanent and that there is a new hope every new day". The PSS-SR scale was administered after the first session, the total score obtained from the scale in the first session was 42, while this score decreased to 3 in the last session. In the 1-month follow-up study, the client stated that this improvement was maintained, she presented her thesis at the congress and her life continued in normal routine. "I turned the crisis situation at that time into an opportunity thanks to this support. I returned to life before the earthquake and those times remained as a bad memory," she said.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

494

Investigating the Mediating Effect of Early Maladaptive Schemas in the Relationship Between Retrospective Family Unpredictability, Distress Intolerance and Difficulties in Emotion Regulation

Authors

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Abstract

Early interpersonal experiences with a caregiver that meet not only the physical but also psychological needs of children. And, meeting those core needs of children leads to a secure attachment between the child and their caregiver and turns the child into a person with a higher sense of autonomy and life satisfaction in the later stages of life. When caregivers neglect their children and do not meet their needs for love, safety, and stability, children may develop different Early Maladaptive Schemas, which distort their self- and world perception in a specific way. These dysfunctional and hard-to-change schemas are negative cognitive patterns that lead to self-defeating behavior and increase the likelihood of various psychopathologies. The objective of this study is to understand the association between family unpredictability, different schema domains, and two important psychological constructs: distress tolerance and difficulties in emotion regulation. A total of 285 participants, between 20 to 41 years old, were recruited via snowball sampling technique. After obtaining informed consent, participants completed the Young Schema Questionnaire- Short Form, the Retrospective Family Unpredictability Scale, Difficulties in Emotion Regulation Scale-Brief Form, and The Distress Tolerance Scale. To examine if different types of family unpredictabilities and levels of different schema domains predict the distress tolerance (1st model) and difficulties in emotion regulation levels (2nd model) of individuals, we conducted two separate multiple regression analyses. The first model was found to be a good fit and explained the %15.9 of the variances in distress tolerance, while only the impaired autonomy was found to be a significant predictor and negatively associated with the distress intolerance levels of individuals. Also, the second model indicated a good fit for the data and explained 55% of the variance in the difficulties in emotion regulation. Results revealed that the impaired autonomy domain, as well as the unpredictability in the family discipline have a positive estimate, while meal unpredictability in the family context has a negative coefficient estimate. These findings suggest that individuals with higher levels of Impaired Autonomy tend to have lower distress tolerance scores, while experiencing much more difficulties in emotion regulation. Moreover, mediation analyses showed that only the impaired autonomy schema domain mediated the association between the retrospective family unpredictability and difficulties in emotion regulation. The present study contributes to the literature by providing empirical evidence on the relationship between family unpredictability, schema domains, and psychological outcomes. The findings emphasize the significance of impaired autonomy as a potential vulnerability factor for both distress tolerance and difficulties in emotion regulation. These results have implications for clinical practice showing that interventions and prevention programs that promote independence, development of a healthy sense of autonomy, and assertiveness may help individuals enhance their distress tolerance and improve their emotion regulation skills after experiencing early childhood adversities.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

495

T-RAC: Exergame-Augmented Dynamic Imagery Intervention as an Add-on to Behavioral Activation Treatment of Depression: The Case of Maria

Authors

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Abstract

In the present case study, we describe the application of a behavioral activation (BA) protocol based on Martell et al., (2010) and Richards et al., (2017) approaches, plus remote kinematic motor imagery training and audio motor imagery selected from an current RCT (Tiba & Voss., 2022). The intervention consists of eight sessions. The first session is focused on psychoeducation about depression and BA treatment, introducing clients to the procedures and forms that will be used during the treatment. During the second and following sessions, "antidepressant" activities are generated and scheduled in the activity scheduling form, participants learning to generate activities using functional analysis, problem-solving, and functional equivalence. The eighth session is a summary of all the techniques that subjects learned, and strategies to prevent relapse. As an add-on, participants used a Kinect-based motor imagery training, an actfulness and action memory rescripting, and dynamic imagery for mental rehearsal of antidepressant activities.

Here we present how we applied this intervention in the case of Maria, a young female diagnosed with depression. We describe the application of the exergame enhanced BA intervention in the case and the results of the intervention in reducing her depression, anxiety but also on cognitive functioning such as vividness of imagery, working memory, and action fluency. We discuss the implications of our results. According to Ferster theory of depression, avoidance of internal and external stressors is one of the main mechanisms of depression. We emphasized in Maria's case that she started to avoid important things in her life and solve her problems in response to global negative self-evaluation, having strong feelings of guilt and hopelessness. We also stressed that avoidance resulted in not getting the important things and needs met in her life. She found it helpful to imagine anti-depressant activities using dynamic imagery and she used it several times a day the actfulness exercise. Efficient mental simulations of actions are thought to help us build a sense of efficacy about what we can do and what will follow in everyday situations. The activity planner form helped her achieve realistic goals and gave her a feeling of accomplishment. She exercised replacing guilt and negative self-evaluation with self-encouragement. She found achievable ways to set healthy boundaries in social interactions. After treatment, Maria did not meet the criteria for a major depressive episode and showed reduced depression and anhedonia. We also observed a reduction in avoidance, increased activation, and rewards. We also observed effects on cognitive function, such as increasing working memory span and action fluency. We did not observe any effect on other executive functions, such as verbal fluency. Maria reported that the program helped her very much in reducing her depressive symptoms and that she would highly recommend the program to others. She also stated that she will apply the method further on and that the program also helped her with problem solving.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

497

The Role of Response Expectancy on the Effectiveness of the "Counting Blessings" Technique for Increasing Positive Emotions

Authors

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Abstract

Introduction: This study aimed to examine the impact of response expectancy (positive, negative, and control expectancies) on the effectiveness of the "counting blessings" technique for increasing positive emotions. Additionally, the interaction between dispositional optimism (high, medium, and low) and specific expectancies (positive, negative, and control) in determining positive emotions was explored.

Methods: A total of 529 participants were randomly assigned to the positive expectancies group, the negative expectancies group, or the control condition. Of these, 142 completed the counting blessings intervention over seven consecutive days, and 111 participants also completed a follow-up assessment (one month).

Results: The findings revealed that at a low level of optimism, positive emotions decreased in the Positive Expectancies Condition from post-intervention to follow-up, while positive emotions decreased in the Negative Expectancies Condition from pre-intervention to post-intervention. At a medium level of optimism, positive emotions increased in the Positive Expectancies Condition from pre-intervention to follow-up, as well as from post-intervention to follow-up. Positive emotions also increased in the Negative Expectancies Condition from pre-intervention to follow-up and from post-intervention to follow-up. At a high level of optimism, positive emotions increased in the Positive Expectancies Condition from pre-intervention to follow-up, as well as from post-intervention to follow-up.

Conclusion: These results highlight the influence of different response expectancies on the effectiveness of the "counting blessings" technique in promoting positive emotions. The implications of these findings are discussed in relation to theory and clinical applications.

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

500

Wearing Protective Masks During the Pandemic, Assertiveness and Cognitive Distortions: Does Communication Matter?

Authors

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Abstract

Introduction: The pandemic SARS-COV-2 (COVID-19) has taken many lives and compromised long-term health in many people around the world. Wearing protective masks has been recommended as one of the preventive measures (protecting both self and the others). However, challenges in adherence to this measure were noticed, even when this measure was legally demanded. How much can we influence each other when it comes to respecting protective measures by assertive communication? The aim of this study was to explore the preference, the use and the effectiveness of different ways of communication regarding wearing masks (assertive, aggressive, passive/defensive), and the relationship between these attitudes and behaviors, ability to discriminate what assertiveness is, and cognitive distortions.

Method: The snowball sampling resulted in 564 participants from general population in Serbia (24.3% males, 75.7% females; mean age 36.39 years (SD 10.15), predominantly living with partner (58.2%) and having graduate or postgraduate education level (60%)). The participants filled out the anonymous online questionnaire, comprising the socio-demographic items, items on wearing protective masks (behaviors and attitudes, including the communication with others regarding wearing masks), items on the ability to discriminate between different communication behaviors (from the Test of Discriminating Assertive from Aggressive and Defensive Verbal Behavior; Zdravkovic & Krnetic, 2002; modified), as well as items on cognitive distortions (Cognitive Distortions Questionnaire – CD-Quest, de Oliveira, 2015; modified scoring).

Results: Participants reported on wearing masks in a gradually decreasing frequency (from 2020 to 2023). When asked how they would approach another person not wearing the mask in their presence, 56.6% would assertively ask this person to put the mask on, 25.4% would not ask at all, 16.2% would ask with the explanation that they have a risk factor (chronically ill person at home), whereas 1.8% would ask in aggressive way. These attitudes were associated with several cognitive distortions (mind reading, labeling, “what if”), as well as with the ability to discriminate between assertive and other types of communication. When asked what kind of communication would be the most effective if they were approached by another person asking them to put the mask on, 63.8% chose assertive communication, 30.3% chose defensive communication (asking with the explanation that they have a risk factor - chronically ill person at home), 1.4% chose aggressive communication, while 3% would not put the mask on and 0.9% would put the mask on, independently of how they were asked. These attitudes were associated with the ability to discriminate between assertive and other types of communication, whereas no associations were found with cognitive distortions. In the later stages of the pandemic (2022), those who prefer assertive behavior were more likely to wear the mask comparing to those who prefer other communication types.

Conclusion: Assertive communication attitudes and behavior among citizens could be considered as a potential instrument of boosting protective behaviors in the population such as wearing a mask during the pandemic. Implications and future directions are discussed.

Keywords: COVID-19, protective masks, assertiveness, cognitive distortions

Track
POSTERS

Topic Areas
Public Health (Including COVID-19) , Behavioural Medicine

Submission ID
503

New Theory Study, Systemic Self Theory and Therapy

Authors

Ms. Birgül Özgüvenç - Turkey - Vienna Sigmund Freud University

Abstract

Systemic Self Theory is based on structuring psychotherapy in the light of new knowledge, considering the outputs of recent neuroscience and psychology research. Neurogenesis and Neuroplasticity (the brain's ability to regulate neuronal connections or to form new connections) will affect the cortical association areas known as storage areas in our brain. From this point of view, we can only structure learning in storage areas due to neuronal development with a developmental psychotherapy model. Therefore, it is designed as a development-orientated form of therapy. It focuses not specifically on the disease but on the person's development in all areas that make up the whole person. The systemic form of self-therapy is based on the assumptions of cognitive theory. It is structured by utilizing the outputs of social learning theories and self-theories in the application part. The theory is based on the concepts of consciousness, memory, self, and social role and aims to restore the self systematically within social roles. Our therapy is thought to be structured by enabling the patient to systematically redesign his/her automatic thoughts and beliefs, emotions, and behaviors about himself/herself through the patient's life story. Systemic Self Therapy emphasizes individuals' roles and the self-understanding they develop within these roles. Awareness allows the individual to restructure the self-design on his/her initiative. The roles in the individual's life are explored in the first stage of the theory application. The roles of the patient are defined by creating a self-schema while taking anamnesis. The study can be expanded through the roles and how the roles are shaped, and the roles' expectations, responsibilities, and competencies will be covered in chronological order.

As can be understood, our psychotherapy practice will be planned individually. While studying roles, relationship balances, whether there is an asymmetric or symmetric relationship, the form and direction of the exchange in the relationship, and the values developed in the relationship will be examined. Exploring developmental analyses within the roles of the self provides a valuable framework for understanding and transforming one's consciousness. The developmental infrastructure of the theory, the creation of definitions and concepts in the clinical field, and the practice of application constitute the main topics of the research. The mobile application of Systemic Self Therapy (designed according to the patient) aims to increase the effectiveness of the therapy. Structured questionnaires were prepared for all social roles. Each form is structured with questions appropriate to the developmental level of the studied role. Another tool of the therapy is the list of beliefs and values. The values acquired in each role were categorized. It is aimed to be a universal list. Another one of our therapy tools is the mirror. Based on the concept of mirror self-developed by Cooley, mirror studies were used in therapy or as homework. It will enable the patient's current consciousness to mirror himself/herself. Therapy will proceed interactively. Establishing a humane and empathic relationship between the therapist and the patient is essential. Homework, in-therapy psychoeducation, and relaxation exercises will be used in the therapy.

Track

POSTERS

Topic Areas

Long-term Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

514

Introduction to Quantitative Electroencephalography (QEEG)

Authors

Prof. Mohammad Ali Nazari - Iran, Islamic Republic of - Iran University of Medical Sciences (IUMS)
Ms. Haniyeh Soltani - Iran, Islamic Republic of - Institute for Cognitive Science Studies (ICSS)

Abstract

Recent advances in computer and mathematic sciences and hence its application in neuroscience result in a wide approach to develop software for processing brain activities. Using these neuroscientific approaches one can distinguish the brain activities that are deviant from normal and the magnitude of deviation. In turn, could aid in the evaluation of a wide range of clinical disorders and research domains. One of the brain activities study techniques is the Quantitative Electroencephalography (QEEG). Brain waves that result from electrophysiological activities contains several complex features that are missed in visual verification. Hence, it could be possible to investigate complex features of EEG by quantification and comparison of the individual's record with normal population.

The outline of half-day workshop is following:

EEG hardware and software & terminology

EEG Recording: practical session

EEG data editing and generating QEEG report: practical session

QEEG analysis: interpretation of generated reports, QEEG findings in various disorders, Pharmacology-EEG

QEEG has several applications in psychology, psychiatry, neurology and neuroscience including the diagnosis and treatment of various disorders. It can provide valuable information on brain function, which can help clinicians create treatment plans based on individual's needs. Additionally, QEEG can be used to monitor the progress of treatment and make adjustments as needed. Indeed, QEEG is a useful tool for researchers who are interested in understanding the neural mechanisms underlying behavior and cognitive processes.

Key references:

- [1] Thatcher, R. W. (2021). Clinical utility of quantitative EEG in psychiatry. *Journal of Psychiatric Research*, 141, 137-147.
- [2] Johnson, R., & Johnstone, J. (2021). Quantitative EEG in clinical practice: A review of its utility and limitations. *Clinical Neurophysiology Practice*, 6, 126-135.
- [3] Knyazeva, M. G. (2021). Quantitative EEG in clinical neuroscience: A review of recent progress. *Clinical Neurophysiology*, 132(11),

Workshop leaders:

Mohammad Ali Nazari earned his PhD in neuroscience from University of Picardie Jules Verne (Amiens, France, 2008). Actually, he is professor at department of neuroscience at Iran University of Medical Sciences (IUMS) in Tehran, Iran. He collaborates with Biofeedback Foundation of Europe (BFE) as an instructor in Middle East. His research interest is the neural basis of cognitive processing by focusing on neurodevelopmental disorders. He is specialist in following research methods: Event-Related Potential (ERP), Quantitative Electroencephalography (QEEG), Neurofeedback, Psychophysics, Psychophysiology.

Haniyeh Soltani is a PhD Student in cognitive neuroscience at the Institute for Cognitive Science Studies (ICSS), Tehran, Iran. Her research interest is the neural basis of theory of mind. She is expert in QEEG.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

522

Effectiveness of Repetitive Transcranial Magnetic Stimulation on Symptoms of Treatment Resistant Depression

Authors

Dr. Erdem Türk - Turkey - Osmaniye State Hospital Department of Psychiatry
Dr. Gülçin Elboğa - Turkey - Gaziantep University Faculty of Medicine

Abstract

Introduction: Repetitive transcranial magnetic stimulation (rTMS) is increasingly used for treatment-resistant depression (TRD). In our study, we investigated the effectiveness of high frequency rTMS treatment in TRD patients.

Method: The study was a randomized controlled single-blind study, which was conducted between June-2019 and August-2020 with 52 participants, 26 of which were placebo. rTMS sessions were held once a day, for a total of 15 sessions over a 3-week period. The rTMS protocol was high frequency (10 Hz) applied to the left dorsolateral prefrontal cortex (DLPFC), 120% of the motor threshold (MT), 3000 pulses/session. Hamilton Depression Rating Scale (HAM-D 17) and Montgomery Asberg Depression Rating Scale (MADRS) scales were used to assess response to treatment. A decrease of more than 50% in scale scores was considered as treatment response. As a result of the treatment, the decreases in scale scores were found to be significant in both groups ($p=0,001$ $p=0,001$).

Results: The decrease in the scale scores of the treatment group was significantly higher than the placebo group ($p=0,008$ $p=0,003$). Response rate to treatment was 65% in the treatment group and 19% in the placebo group. The remission rate was 30.8% in the treatment group and 19% in the placebo group. The participants tolerated the treatment well and there were no serious side effects.

Discussion: Our study has shown that high frequency rTMS application is an effective and safe treatment option for TRD patients. More clinical studies are needed for treatment optimization.

Key Words: Dorsolateral Prefrontal Cortex, Treatment-Resistant Depression, Single-Blind Study

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

546

Emotion Regulation Strategies in Youngsters (8-17 years) with a Congenital Heart Disease (CHD) in Comparison to Healthy Controls

Authors

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Prof. Lien Goossens - Belgium - Ghent University
Prof. Kristof Vandekerckhove - Belgium - University Hospital Ghent
Prof. Katya De Groote - Belgium - University Hospital Ghent

Abstract

Introduction: Because of their medical vulnerability, youngsters with a congenital heart disease (CHD) may experience more overwhelming emotions while growing up than their healthy peers. To date it remains unclear whether these youngsters differ from their healthy peers with regard to the strategies they use to regulate their emotions. It is therefore the aim of the present study to examine whether youngsters with CHD use more maladaptive and less adaptive emotion regulation strategies (ERS) compared with healthy controls.

Method: A sample of 8 to 17-year-old youngsters who were born with a CHD (percutaneous and/or invasive surgically corrected) was recruited (N = 203; 54.2% boys and 45.8% girls) and matched with healthy controls (N = 229; 52.4% boys and 47.6% girls) with regard to their age, gender and level of education. All participants completed online self-report questionnaires about the use of emotion regulation strategies (FEEL-KJ). If the youngsters did not complete their self-report FEEL-KJ, the parents' answers (mother or father) on the parent report FEEL-KJ were consulted. Analyses were performed in SPSS 28.0.

Results: In line with the hypothesis, a multivariate difference between both groups was found on the use of Maladaptive ERS ($p \leq .05$). More specifically, youngsters with CHD ($M = 16.53$, $SD = 5.08$) reported more use of 'Self-Devaluation' compared with the control sample ($M = 15.43$, $SD = 5.16$; $p = .03$). In contrast with the hypothesis, no multivariate difference was found between both groups on the use of Adaptive ($p = .30$) or External ERS ($p = .53$). The other four Maladaptive ERS (Giving Up, Withdrawal, Rumination and Aggressive Actions) showed no difference between these two groups. Results also show that both groups did not differ in the use of any of the Adaptive ERS (Problem Solving, Distraction, Forgetting, Acceptance, Humor Enhancement, Cognitive Problem Solving and Revaluation). The remaining three strategies (Social Support, Expression and Emotional Control) were also not significantly different in both groups.

Discussion: Youth with CHD differ from their healthy peers with regard to their increased use of self-devaluation as ERS. Future research should further unravel emotional processes in youth with CHD. Self-devaluation often involves engaging in negative self-talk, where individuals belittle themselves and their abilities. Pediatric patients may also benefit from emotion regulation training in order to strengthen this sample's wellbeing and to cognitively restructure these self-devaluative thoughts.

Track

POSTERS

Topic Areas

Children & Adolescents, Behavioural Medicine

Submission ID

550

Adaptation of the Interpersonal Emotion Regulation Questionnaire (IERQ) to European Portuguese

Authors

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Ms. Andreia A. Manão - Portugal - HEI-Lab: Digital Human-Environment Interaction Lab, Universidade Lusófona, Portugal

Prof. Patrícia M. Pascoal - Portugal - HEI-Lab: Digital Human-Environment Interaction Lab, Universidade Lusófona, Portugal

Abstract

Introduction: Intrapersonal aspects of emotion regulation have been at the forefront of research, while interpersonal aspects have received less attention. The Interpersonal Emotion Regulation Questionnaire (IERQ) was developed to address this issue. However, this scale was neither adapted nor validated for European-Portuguese. The present study aims to adapt the IERQ to European-Portuguese and explore the preliminary psychometric properties of the IERQ in a community sample ($N = 266$, $M_{age} = 35.02$; $SD = 12.8$) through confirmatory factor analysis (CFA). Construct validity was further supported through the inspection of convergent validity with ERQ subscales.

Methods: Using a cross-sectional design, individuals were recruited online. Self-report questionnaires were used, namely the IERQ and the Emotion Regulation Questionnaire (ERQ).

Results: The 4-factor structure was confirmed through CFA ($\chi^2 = 283,756$, $df = 145$, $TLI = .91$, $CFI = .94$, $RMSEA = .060$). IERQ subscales correlated positively with the dimensions of the ERQ of cognitive reappraisal and correlated negatively with experiential suppression.

Conclusion: This preliminary study showed that the IERQ has adequate psychometric properties in a Portuguese sample and supports that this instrument can be used to assess interpersonal emotion regulation strategies in non-clinical samples.

Track

POSTERS

Topic Areas

Adult Mental Health, Basic Processes and Experimental Psychopathology

Submission ID

552

CBT Efficacy in Body Dysmorphic Disorder - a Review Study

Authors

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Abstract

The aim of this review was to map current knowledge regarding efficacy of cognitive behavioral therapy for body dysmorphic disorder. It summarizes and analyzes the total of 28 studies systematically found through the EBSCO and SCOPUS databases, which were published in the time period 2012-2022. The main question of the work is how effective is this therapeutic approach for this diagnosis. It also deals with the limits of the analyzed studies and the possible direction of further research. The results point to a relatively high effectiveness of cognitive behavioral therapy for this disorder. Effectiveness could depend on the number of sessions per week and the length of the intervention. However, a higher level of depression could be an obstacle in treatment. Online/telephone therapy and alternative therapy approaches also appear to be effective.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

553

Using Religiously Extended Psycho-Educational 4T Model for Psychotherapy of Scrupulosity: A Case Report

Authors

Ms. Beyza Karakan - Turkey - Association for Psychology and Psychotherapy Research
Dr. Taha Burak Toprak - Turkey - Ibn Haldun University

Abstract

Introduction: Scrupulosity is a common but under-researched subtype of obsessive-compulsive disorder (OCD) characterized by an excessive pursuit of certainty in religious practices (Wetterneck et al., 2021: 1). Individuals with scrupulosity face challenges in differentiating between normal and acceptable religious thoughts and behaviors from religious obsessions and compulsions, making it difficult to respond to exposure therapy. Therefore, incorporating religious knowledge into therapy is considered crucial in the treatment of scrupulosity (Purdon and Clark, 2013). This study aims to investigate the impact of the 4T religious psycho-educational intervention developed by Toprak (2016) on a female patient with religious OCD who had previously participated in Cognitive Behavioral Therapy-based group therapy with persistent OCD symptoms.

Method: This study presents the case of a 33-year-old female with scrupulosity. The treatment consisted of a 5-session 4T religious psycho-educational intervention. Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Penn Inventory of Scrupulosity (PIOS), Brown Assessment of Beliefs Scale (BABS), Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were administered at five different times: prior to the intervention (pre-test), at the end of the intervention (post-test), and at 1 week, 1 month, and 3 months after the completion of the intervention (follow-up tests). Additionally, at the end of the treatment, the client completed a "Therapy Evaluation Form" and 3 months later participated in a follow-up interview, providing her views on the results of intervention.

Results: When the scale scores were examined, it was found that the Y-BOCS score decreased to a "mild" level and other obsessive and compulsive symptoms were similarly significantly reduced as a result of the 4T intervention. In addition, an increase in the insight score was also observed. These improvements were maintained at the 3-month follow-up assessment. Moreover, feedback from the client highlighted the significant effectiveness of the intervention: "It was essential to have this information so that individuals with faith in God could find satisfaction. Scientific information alone was insufficient. Even if something was scientifically proven, doubts would still linger about whether God would accept it. The presence of doubt would persist. However, now I remind myself that these thoughts are from the devil, they are illusions. I recall the advice given to me that 'If I perceive these illusions as significant, they will grow, but if I see them as insignificant, they will diminish. If I allow fear to consume me, they will become overwhelming, but if I refuse to be afraid, they will eventually fade away.' I remember Nursi's words, and I choose not to magnify these thoughts. That is the only way I can regain control over myself."

Discussion-Conclusion: As hypothesized, the 4T religious psycho-educational intervention proved to be effective in reducing obsessive and compulsive symptoms and increasing levels of insight in the case study. This study enhances the existing literature by contributing treatment approaches for scrupulosity.

*This article is extracted from my master thesis entitled "**The Effectiveness Of Religiously Extended Psycho-Education On Obsessions And Compulsions With Religious Content: Case Study**", (supervised by Taha Burak Toprak, Sabahattin Zaim University, İstanbul, 2023).

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

554

Relationship of Alexithymia with Emotion Regulation Strategies and Mental Health

Authors

Ms. Julia Kamburidis - Bulgaria - Sofia University

Abstract

The main aim of the study is to analyze the emotional aspects of mental health. We examined the relationship between levels of alexithymia, different strategies for emotion regulation, levels of stress and subjective well-being. Different studies show that in general people with high levels of alexithymia tend to exhibit a less adaptive profile of emotion regulation. High levels of alexithymia are also linked with high levels of depression, anxiety, and stress. Targeting of the emotion regulation patterns and coping strategies in therapy may be useful for the treatment of a emotional disorder symptoms such as alexithymia, depression and anxiety. We proposed that people with high levels of alexithymia and poorer coping strategies will be less willing to seek help from professionals. The scales that were used are Toronto Alexithymia Scale (TAS-20); Depression, Anxiety and Stress scale (DAS), Emotion regulation questionnaire (ERQ) and a scale for subjective well-being. Questions about attitudes toward health specialists were constructed. 120 people completed the survey. People with higher levels of alexithymia had tendency to use strategies as expressive suppression, which was linked with higher levels of stress. High levels of alexithymia were linked with poorer quality of life and lower life satisfaction. The results will be used for improving therapeutic psychological approaches when working with clients, recommendations for psychological work will be given.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

557

A Pilot Randomized Controlled Trial of an Internet-Based Intervention for Sexual Distress in LGB+ Individuals: Study Protocol

Authors

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Prof. Patrícia M. Pascoal - Portugal - HEI-Lab: Digital Human-Environment Interaction Lab, Universidade Lusófona, Portugal

Abstract

Introduction: Sexual dysfunctions (SD) compromise psychological and physical health. The central construct of all SD is distress in the sexual domain, i.e., sexual distress. Although recent studies have emphasized the urgency of academia to apply the sexual distress criterion in research, this construct has been neglected. Furthermore, the most up-to-date empirical evidence support that transdiagnostic factors (TF) are associated with SD (e.g., repetitive negative thinking). These studies are consistent with a transdiagnostic approach to emotional distress, demonstrating that TF may be related to sexual distress. Although research on SD in LGB+ individuals (i.e., lesbian, gay, bisexual, and other minority sexual orientations) has received little attention, studies have shown that LGB+ individuals experience sexual distress and dysfunction. Hence, we intend to adapt an online intervention for sexual distress based on the transdiagnostic approach (Anthesis) for the LGB+ population (Anthesis LGB+). The study aims to address the research question: “Can an online intervention using the transdiagnostic approach decrease or eliminate levels of sexual distress related to sexual function in LGB+ individuals?”.

Methods: A two-arm, parallel, open-label pilot RCT with a waiting list (N = 30) will be conducted via the Internet. Inclusion criteria are: i) being over 18 years of age; ii) self-identifying as LGB+; iii) being in an exclusive, monogamous dyadic relationship for more than 6 months; and iv) meeting criteria compatible with a diagnosis of DS (to be confirmed in a telephone interview). Exclusion criteria are: i) taking medication that interferes with the sexual response (e.g., hormone therapy, antipsychotics) and ii) undergoing any form of psychological intervention. Eligible participants will be allocated through a computational randomization procedure. This ensures that allocation occurs randomly and equally to either Group 1 (Experimental Condition: Anthesis LGB+) or Group 2 (Control Condition: Waiting List). Participants in Group 1 will receive the intervention immediately after randomization. To ensure ethical principles, participants in Group 2 will be able to receive the intervention after the assessments as Control Condition.

Results: Anthesis LGB+ is expected to show efficacy in significantly changing variables of interest (e.g., decreased levels of sexual distress). We hypothesize that by alleviating levels of sexual distress, we can minimize sexual problems. Also, we expect participants to find Anthesis LGB+ user-friendly while finding the promoted skills useful.

Discussion: The current study is expected to significantly impact clinical practice with LGB+ individuals experiencing sexual distress, promoting their empowerment. This study has the potential to expand both theoretical and practical knowledge about specificities of sexual distress in LGB+ individuals, offering potentially relevant therapeutic possibilities for reducing healthcare disparities.

Track

POSTERS

Topic Areas

Adult Mental Health, Digital Health

Submission ID

560

Contribution of Cerebral Cortex Measures in Classifying Anorexia Nervosa for Effective CBT, a Machine Learning-Based Approach

Authors

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Dr. Masanori Isobe - Japan - Department of Psychiatry, Kyoto University Graduate School of Medicine

Dr. Naoki Kodama - Japan - Division of Psychosomatic Medicine, Department of Neurology, University of Occupational and Environmental Health

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Dr. Atsushi Sekiguchi - Japan - Department of Behavioral Medicine, National Center of Neurology and Psychiatry

Prof. Yoshiyuki Hirano - Japan - 2. Research Center for Child Mental Development, Chiba University, Chiba

Abstract

Introduction: Anorexia Nervosa (AN) is an adolescent-onset psychiatric condition that causes serious disturbances to everyday diets, such as eating extremely small amounts of food or severely overeating. AN is reported to have the highest mortality rate among any other psychiatric disorders [1]. While cognitive behavioral therapy (CBT) has been proven effective in treating anorexia, biomarkers that aid the differential diagnosis of AN are still unclear. This study aims to identify MRI-based biomarkers by classifying healthy subjects from AN subtypes such as restricting type (AN-R) and binge purging type (AN-BP). This study also aims to classify the subtypes itself as AN-BP continues to be a masked illness with the highest suicide rate. This study uses multisite datasets using machine learning techniques for identifying the contribution of cortical thickness, cortical surface area, etc., as biomarkers of AN for improved treatment with CBT.

Materials & Methods: The data consists of FreeSurfer-based parcellated data sets acquired in five different sites from 124 healthy females and 58 AN-R and 45 AN-BP female patients. The brain region includes regional measures of cortical thickness, surface area, two lateral ventricles, etc. Both non-harmonized and harmonized data sets are used for generating separate classification models for analysis. The classification was performed using two machine learning classifiers, random forest with Boruta feature selection and gradient boosting technique. Leave one site out validation was performed for all data sets. The model performance was evaluated using the area under the curve (AUC) with a 95% confidence interval and accuracy (ACC). We also compared the performance of the model with cortical thickness and surface area separately.

Results and Discussion: Non-Harmonized and harmonized data sets used for site-wise classification of HC vs. AN-R, HC vs. AN-BP, and AN-R vs. AN-BP showed significant accuracy in classification results using LOOCV and k-fold in the case of AN-BP vs. AN-R, with an area under the curve (AUC) ranging up to 0.91 with 95% confidence interval ranging from 0.57 to 0.99 and ACC up to 89%. As for the identification of biomarkers, feature analyses indicated that the significant features for AN-R and AN-BP include cortical thickness in precuneus regions, insula, etc., which had a greater contribution to the classification analyses. More than 90% of selected features in our analyses fall under cortical thickness. Also, separate analyses with only cortical thickness and only surface area for its effect on classification indicated that cortical thickness has a significant contribution compared to cortical surface area.

Conclusions: Machine learning-based analysis showed promising results for using structural MR imaging as a candidate to classify AN subtypes and healthy controls and also indicated cortical thickness as the main feature in identifying possible biomarkers in patients with AN and their subtypes which ultimately is beneficial for effective CBT.

References:

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Track

POSTERS

Topic Areas

Behavioural Medicine, Eating Disorders

Submission ID

564

Examining Suicide, Hopelessness, Negative Automatic Thoughts and Schemas in Major Depression

Authors

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Dr. Pakize Evşen Ata - Turkey - Dr. Abdurrahman Yurtaslan Onkoloji Eğitim ve Araştırma Hastanesi
Dr. Neşe Burcu Bal - Turkey - Dr. Abdurrahman Yurtaslan Onkoloji Eğitim ve Araştırma Hastanesi

Abstract

Introduction: Understanding the underlying potential causes and associated factors in the emergence of depression and suicidal behaviour, which are significant public health issues, is considered important for the development of specific and effective interventions (1). The aim of this study was to compare suicidal behaviors in terms of their levels of depression, hopelessness, automatic thoughts, and early maladaptive schemas among individuals with major depressive disorder. The relationships between these factors were examined based on Beck's Cognitive Theory.

Method: The participants consisted of 50 individuals who had exhibited suicidal behavior in the past or at the present time, and were included in the major depressive disorder with suicide (MDDS) group. Another group of 70 individuals without a history of suicidal behavior, included in the major depressive disorder (MDD) group, were also diagnosed with Major Depressive Disorder according to the DSM-V diagnostic criteria. Data was collected using several assessment tools including a Sociodemographic Information Questionnaire, Beck Depression Inventory, Beck Hopelessness Scale, Automatic Thoughts Questionnaire, and Young Schema Questionnaire-Short Form 3.

Results: When comparing the two groups, statistically significant differences were found in terms of the levels of depression and hopelessness, frequency of automatic thoughts, and the levels of early maladaptive schemas. Furthermore, significant differences were observed in certain subscales of the cognitive factors and schema dimensions. Past episodes of depression and suicidal behaviors, as well as having a history of suicide plans, were identified as clinical risk factors for suicidal behavior in individuals with major depression. Additionally, negative emotions and self-related negative thoughts, negative expectations about the future, and higher scores on the failure schema and impaired autonomy schema domains were identified as cognitive risk factors for suicidal behavior in major depression.

Discussion: These findings have important implications for the cognitive therapy of individuals with major depression and may contribute to the reduction and prevention of suicidal behaviour.

Wulsin, L.R., Vaillant, G.E. ve Wells, W.E. (1999). A systematic review of the mortality of depression. *Psychosomatic Medicine* 61, 6–17.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

575

When the Mirror is Wrong: A Multi-Method Study on Body Dysmorphia

Authors

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Prof. Cláudia Ferreira - Portugal - University of Coimbra, Center of Research in Neuropsychology and Cognitive Behavioral Intervention (CINEICC), Portugal

Abstract

Body Dysmorphic Disorder (BDD) is a severe condition, associated with psychological distress and impaired quality of life, characterized by an obsession with a perceived defect that is rarely observable to others or appears as a minimal flaw. Despite its prevalence and critical impact, BDD is often misdiagnosed/underdiagnosed.

Cognitive Behavioural Therapy (CBT) and Serotonin reuptake inhibitors have been considered the standard treatment for BDD, but recent studies have also highlighted some limitations, including high relapse rates. On the other hand, some studies have paved the way and highlighted the need to explore 3rd generation therapies for BDD (e.g., Acceptance and Commitment Therapy and Compassion-based Interventions).

This project aims to contribute to the overall care and research in BDD, by developing, implementing, and testing the preliminary efficacy of the MIND-over-MIRROR: a group programme combining ACT and compassion strategies for individuals presenting high BDD symptomatology. A feasibility study will be conducted, comparing the participants of the MIND-over-MIRROR programme (experimental condition), with participants of an empirically validated CBT-based group (active control condition), and participants on the waiting list (passive control group). A multi-method assessment procedure will be implemented - including self-report, computer-based, and neuroimaging measures -, across a longitudinal parallel-arm design.

This study is expected to add to the overall improvement of the pathways of care in BDD while contributing to the progress of 3rd generation interventions.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

579

Cognitive Behavioral Therapy of an Obsessive Compulsive Disorder Patient Exacerbated Due to Pandemics

Authors

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Dr. Leman Deniz Tarlacık - Turkey - Eskisehir Osmangazi University

Dr. Ercan Altinoz - Turkey - Eskisehir Osmangazi University

Abstract

Presenting problems: The patient was 26-year-old female, single, doing a master's degree in engineering. She was living with her family. She had been diagnosed with obsessive compulsive disorder for about 3 years. The patient had doubt and contamination obsessions. Her compulsions were thinking about the past frequently along with the fear of going to jail for making a mistake in the past, checking underwear frequently due to the fear of contamination, visiting the hospital frequently, not touching things, and washing hands frequently. The patient has received CBT before the pandemic and during this therapy process, religious obsessions were discussed. Therapy could not be continued during the pandemic process.

The COVID-19 pandemic has proven to be a tremendous stressor for both the general population and individuals with OCD, with many experiencing exacerbations in obsessive-compulsive symptoms (1). In the process of the COVID-19 pandemic, the patient's contamination obsessions exacerbated, and she started to be unable to go to school because she could not enter the classroom. Cognitive behavioral psychotherapy was applied to the patient between April 2022 and November 2022.

Case Conceptualisation and Intervention: Contagion and doubt obsessions were mainly discussed during the therapy process. After cognitive interventions, behavioral experiments and exposure response prevention (ERP), which are known to be effective interventions (2), were applied. She was asked to send her emotional changes in the behavioral experiments between sessions via e-mail.

The perception of responsibility for doubt obsessions, intolerance to uncertainty, and the perception of control over their thoughts were studied. The patient performed her own exposure response prevention exercises by setting new goals by understanding the rationality for exposure response prevention throughout the sessions. Towards the end of the therapy, sub-threshold depressive complaints started due to the job-seeking process, and coping mechanisms were discussed in the last sessions.

Outcome: The obsessions and compulsions of the patient, whose motivation and desire to apply therapy methods are high during the therapy process, are almost cured. She completed her master's degree programme in the process. As we approached the final sessions, she got a job. In the control session held 3 months after the last session, the patient was still in remission and continued her work.

Review and Evaluation: There are studies that say that there is an increase in OCD symptoms due to Covid-19, as well as studies that show that the symptoms do not change (3). The mental health consequences of the COVID-19 pandemic may be particularly acute for individuals with obsessive-compulsive disorder (OCD). In this case, it was observed that OCD symptoms increased after the Covid-19 pandemic. 22 sessions of therapy were applied to the patient who had obsessions and compulsions in many areas for the last 3 years and received therapy in the past, but with limited benefit. Significant improvement was observed at the end of the therapy process in the patient who was applied CBT methods, which proved to be effective, such as behavioral experiments and exposure response prevention (ERP).

Track

POSTERS

Topic Areas

Adult Mental Health, Behavioural Medicine

Submission ID

588

Empower Your Mind to Embrace Your Life: Study Protocol to Test the Efficacy of an ACT-Based Intervention for People with Young-Onset Parkinson's Disease

Authors

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Abstract

Parkinson's disease has a detrimental impact on patient's quality of life, functioning and mental health, particularly in people with early diagnosis. The burden of the disease is also shared by caregivers. Emerging evidence suggests Acceptance and Commitment Therapy (ACT) as one psychotherapeutic model that fits particularly well for managing the non-motor symptoms of the disease (e.g., depressive, and anxious symptomatology).

A two-arm randomized controlled trial will be conducted to test the efficacy of a videoconference-delivered group intervention based on ACT for people with young-onset Parkinson's disease. The content and structure of the "Empower your mind to embrace your life" intervention will be developed based on previous empirical studies and focus group results. Participants (patients and their caregivers) will be recruited at the Neurology Service of Coimbra Hospital and University Center. A total of 52 patients will be selected and assigned to one of two conditions (experimental condition or control condition). Although not considered the main target of the intervention, this study also seeks to explore the indirect benefit of the intervention for participants' caregivers. Thus, caregivers will be divided by the two experimental conditions (according to the condition already assigned to the participant they are caring for) and will not receive the intervention. All participants in both conditions complete baseline, post-intervention, and at four-month follow-up assessments.

This innovative psychological intervention aims to improve quality of life, functioning, and mental health of people with young-onset Parkinson's Disease. Furthermore, it is expected an indirect effect on caregivers, with improvements in quality of life and mental health, and a decrease of caregiver burden.

This study is expected to offer important insights for research and clinical practice, expanding the current knowledge of ACT-based interventions applied to this clinical population. The design of the intervention potentially affords a cost-effective psychological intervention to healthcare systems given its group format and remote access, decreasing cost and burden, and allowing for a decrease in asymmetries regarding access to Parkinson's disease treatment. Furthermore, this study also supports the relevance of including specialized psychotherapeutic interventions in the usual healthcare of this disabling neurological condition.

Keywords: acceptance and commitment therapy, caregivers, randomized controlled trial, study protocol, young-onset Parkinson's disease.

Track

POSTERS

Topic Areas

Long-Term Physical Conditions

Submission ID

589

A Systematic Review of the Association between Childhood Interpersonal Trauma and Non-Suicidal Self-Injury: Exploring the Mediating Role of Complex Posttraumatic Stress Disorder (CPTSD) Experiences

Authors

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Prof. Filippo Varese - United Kingdom - The University of Manchester

Abstract

Background: Childhood traumatic experiences were identified as a risk factor for developing Non-Suicidal Self-Injury (NSSI). However, those that are interpersonal (i.e., childhood abuse) were found to increase the risk of NSSI significantly compared to other types of childhood trauma. Previous research suggested that the link between Childhood Interpersonal Trauma (CIT) and NSSI is not direct, and several factors are involved in this relationship. Many of these factors were experiences associated with Complex Posttraumatic Stress Disorder (CPTSD). The review aimed to synthesize and evaluate the current evidence on the mediating role of various CPTSD experiences in the relationship between CIT and NSSI.

Method: This review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The electronic databases (i.e., PsychINFO, MEDLINE, Web of Science) were searched to identify relevant studies published until 2023. The review protocol, which includes the search strategy and analysis plan, was pre-registered with PROSPERO. The study results were integrated and synthesized narratively

Results: A total of 27 studies (with clinical and non-clinical participants) were identified. A wide range of CPTSD-related mediators (i.e., PTSD, emotion dysregulation, negative self-concept, and related constructs) were assessed in included studies. Despite the methodological limitations identified across included studies, the overall findings support the role of CPTSD experiences as potential mechanisms underlying the CIT-NSSI pathway. There was some evidence to support the role of PTSD as a significant mediator in the link between CIT and NSSI although there were inconsistencies concerning which symptom clusters were significant mediators. Similarly, the current evidence supports the mediating role of emotion dysregulation; however, the limited access to emotion dysregulation strategies appeared to be the strongest mediator compared to other emotion dysregulation aspects. With regard to Negative self-concept and relation constructs (i.e., negative self-evaluation, self-blame, perceived self-criticism, shame, and self-esteem), the overall findings support their role as mediators in the CIT-NSSI link. Finally, none of the identified studies measured the disturbances in the relationships, which makes it an important gap in the current literature.

Discussion: The findings support the mediating role of CPTSD difficulties in the relationship between CIT and NSSI. The findings are consistent with several theoretical models of NSSI that highlight the role of CIT and CPTSD-related experiences such as negative self-scheme, emotion reactivity, and poor emotion dysregulation in the onset and maintenance of self-injury. The findings are also congruent with previous research highlighting emotion regulation as a common function of NSSI. Despite the identified limitations in reviewed studies, predominantly in relation to the use of cross-sectional design, the use of relatively small sample sizes for mediation analyses or the use of inappropriate mediation analyses. The overall findings indicate that CPTSD-related difficulties may in part explain the risk of NSSI among those with a history of CIT highlighting the need to adopt trauma-informed care and interventions aimed at addressing CPTSD-related stressors when working with individuals who self-injure.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

590

Motivational Intervention in Cognitive Behavioral Therapy for Skin Picking Disorder: A Case Report

Authors

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Abstract

Introduction: The therapeutic relationship, personality traits and therapy techniques are essential equipment that the therapist can utilize in her/his relationship with the client (Ackermana ve Hilsenrothb, 2003). Especially in the case of adolescents, even though techniques would be perfect, motivation could be low. Studies show that a strong therapeutic alliance has positive effects on different therapy approaches (Cognitive-behaviour therapy, person-centered therapy, primary care, psychodynamic therapy) (Clark, Fairburn ve Wessely, 2007). Accordingly, motivational interventions are essential to CBT. Motivational interventions aim that refrain from taking the role of change advocate, but instead help the client become their own advocate for change. These strategies for managing client's ambivalence reduce resistance and increase intrinsic motivation.

Method: In this study, we report a 12 years old girl with anxiety and Skin Picking Disorder (SPD). Self-report was obtained for post-intervention evaluation. In addition, reviews were gotten from the client's family and the client's psychiatrist. The treatment included cognitive behavioral therapy (CBT) methods consisting of 50-60 minute 20 sessions once a week for 7 months. CBT techniques were used in 15 sessions. Behavioral homeworks have been given with reward charts. Increasing and decreasing changes were observed in the frequency of weekly picking behavior. Self report includes that "Picking my hand not a problem for me it's on my hand many friends of mine don't even realize". In addition, 16-17 sessions included motivational interventions about gaining insight. Be talked about the present and future effect of picking behavior on the client. For instance "How do you dream about your future self? " 18-20 sessions talked " If you want we can take a break sessions and one month later we can observe you and see how it is going", " If you have any problem at that time other problems about your relationships or life we can talk about them."

Result: When applied CBT techniques for SPD, the client's level of awareness about thought and behavior cycles was increased. However, no change was observed in the impulsivity and picking behavior of the client. Interventions the client inhibit her picking desire because of continue sessions which are based on relationship with her therapist. After motivational interventions, the client's insight about the picking behavior as the problem increased and she said " I think I shouldn't pick my hand." Sessions were continued with this motivation and picking behavior wasn't observed during 4 weeks.

Discussion- Conclusion: In conclusion, the intervention was significantly effective in reducing the client's symptoms and stopping the picking behavior which causing wound her hands. Self-reports from the client suggest that the CBT technique without motivational intervention was not sufficient in this case to gain insight into the SPD and motivation to stop the picking behavior. When motivational techniques were not integrated, the patient did not get enough benefit from CBT. When this integration was achieved, it was observed that the motivation of the client's picking behavior and compliance with the therapy tasks increased.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

598

Navigating One's Body Image: Development and Validation of a New Body Image-Related Psychological Flexibility Measure

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Abstract

Body image-related psychological flexibility concerns the willingness to navigate undesirable body-related experiences, including body dissatisfaction while remaining committed to valued goals and actions. This construct has been highlighted in literature due to its role in several mental health difficulties and disorders, including body concerns and eating psychopathology. However, some researchers have suggested that the measures used to assess body image-related psychological flexibility have some limitations, including the incomplete assessment of all the six dimensions of the ACT model: cognitive defusion, acceptance, attention to the present moment, clarity of values, committed action, and the self as context.

Recently a novel psychological flexibility measure has been developed and successfully validated with different samples and languages, the Psy-Flex. This short self-report measure has six items, each assessing a specific dimension of the ACT model. The present study aimed to develop and validate a new body image-related psychological flexibility measure based on the Psy-Flex scale, the Psy-Flex-BI (for body image).

The study comprised 1031 participants from the general population. Data was collected online through self-report questionnaires. Data analysis followed similar steps to the original Psy-Flex scale.

Psy-Flex-BI's one-dimensional factorial structure and reliability were confirmed, with great indicators. Regarding convergent validity, the scale correlated significantly and moderately with other ACT-related constructs, and significantly but weakly with psychopathology measures. Finally, the scale's discriminant validity for body dysmorphic concern and eating psychopathology was also explored and confirmed by assessing its ability to discriminate between individuals scoring low, medium, and high on the Dysmorphic Concern Questionnaire and the Eating Disorder Examination, respectively.

Indeed, the Psy-Flex-BI is a brief and sound measure that allows for the assessment of body image psychological flexibility, through the six ACT dimensions. This is a new measure, which can be considered reliable and thorough, and contributes to the field of body image, eating psychopathology, and related constructs.

Track

POSTERS

Topic Areas

Adult Mental Health, Eating Disorders

Submission ID

602

Academics' Cognitive Appraisal of Their Performance and Related Emotions

Authors

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Abstract

The topic of emotions and how academics evaluate their own academic performance is not well researched. It is known that most cognitive activities are thought to influence and be influenced by emotions. How academics evaluate their performance, how these evaluations are shaped by the context in which they are situated, and how they interact with one another can all have an impact on evaluation systems and related experiences.

The primary goal of this study is to determine how faculty members who are traditionally accepted to have higher levels of cognitive skills, evaluate a personally relevant and distressing issue in terms of specific components proposed by Cognitive Theory of Appraisal and Emotion.

Atılım University academics were selected due to competitive performance expectations and convenience of the data collection. As the specific distressing issue(s), academics' performance in educational and research activities were determined.

58 full-time academics (28 women) aged between 20 and 60 (75.5% of them within 30-50 years range) with the average duration of work at Atılım University 7.67 years (SD = 6.33) constituted the sample of the current study.

Perceived Stress Scale, The State-Trait Anxiety Inventory and Beck Depression Inventory were used to assess the psychological wellbeing of the participants.

Academics' Performance Appraisal Form, was used to assess 10 cognitive appraisal dimensions (Pleasantness, Relevance, Goal attainment, Problems, Control/Agency-Self Control/Agency-Others Control/Agency-Circumstances, Certainty, Predictability and Effort).

In order to assess the 17 specific emotions (Surprise, happiness, pride, hope, interest, anger, sadness, hate, contempt, boredom, disgust, frustration, shame, regret, guilt, jealousy, and fear) associated with appraisal dimensions, an emotion checklist was used.

As a result of both education and research related performance appraisals, happiness was the most salient emotion reported by the academics. It was followed by pride and hope. Shame and regret on the other hand were two least frequently experienced emotions.

Pearson correlations among the cognitive appraisal dimensions and emotions indicated an expected association with certain appraisals and specific emotions. For example, happiness was positively associated with pleasantness ($r = .71$), relevance ($r = .63$), goal attainment ($r = .61$), self-agency ($r = .39$), certainty ($r = .39$) and predictability ($r = .53$) dimensions of cognitive appraisal of research related performance.

A paired sample t-test indicated a significant difference in two cognitive appraisal dimensions between education related performance and research related performance. Participants reported higher levels of pleasantness and goal attainment in their education related performance appraisals.

The positive emotions associated with academics' evaluations based on their research and educational activities were found to be interest, hope, pride, and happiness in this study. Anger, sadness, boredom, contempt, frustration, regret, and hate feelings, on the other hand, emerged from negative emotions.

Cognitive evaluations that lead to diverse emotions work as a bridge in people's emotional reactions; however, they also act as a mediator in terms of a person's goals, values, and beliefs. Knowing the emotional and cognitive evaluations of 'normal' behavior can serve as a guide in the explanation and intervention of psychopathological behavior.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

616

1989 Bulgarian Turks' Perceptions of Discrimination and Attitudes Towards Syrian Immigrants: A Qualitative Research Example

Authors

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Abstract

Introduction: Discrimination is observed in various areas of society, and there are certain situations where it becomes more apparent. Migration experience is one of them. In discrimination studies focused on migration, the evaluation of discrimination experienced by minorities in the face of the majority is often addressed. However, minority groups that come with migration also interact with existing minority groups and are evaluated by these groups. The aim of this study is to examine whether the attitudes of Bulgarian Turks who migrated to Turkey after 1989 towards Syrian immigrants, who are also a minority like themselves, can be evaluated within the scope of discrimination, and to examine their perceptions of discrimination during the migration process to Turkey.

Method: In line with this aim, semi-structured interviews were conducted with 6 participants living in Istanbul and Bursa, and the interview transcripts were analyzed using thematic analysis.

Results: The findings were categorized under two headings. Firstly, most of the participants do not perceive discrimination. The participants who perceived discrimination shared experiences of being subjected to discriminatory discourse. At this point, the participants consider being referred to as "Bulgarian migrant" as discrimination. In the findings under the heading of Bulgarian Turks' attitudes towards Syrian immigrants, it was observed that some participants empathize with Syrian immigrants based on their own migration experiences, while others make a distinction between "us" and "them."

Discussion: According to the Social Identity Theory, humans tend to categorize events, objects, and people, leading to the formation of "us" and "them" groups (Korkmaz ve Öztürk, 2017). In the interviews, participants compared their own migration experiences with their perceptions of Syrians and created a distinction between "us" and "them."

A comparison of transience and permanence reveals implicit discrimination against Syrian migrants. Turkish people initially showed positive attitudes towards Syrians, emphasizing the value of hospitality, but as the number of refugees increased, negative perceptions and xenophobia emerged among different groups (İçduygu, 2015; Kirişçi & Ferris, 2015; Oytun & Gündoğar, 2015). Similar changes in attitudes were observed among Bulgarian migrants in line with the mentioned literature.

Conclusion: This study aimed to evaluate the migration experiences of Bulgarian Turks and the Syrian migration. It has shown that the themes related to discrimination can repeat themselves under changing conditions (such as ethnicity and the reason for migration). The findings regarding the empathetic approach of one minority group towards another minority group due to similar experiences, but their implicit discrimination based on reasons such as resource/space sharing and material difficulties, contribute to the literature in terms of understanding the dynamics of discrimination between minority groups. It is believed that in future studies, asking the same questions to larger samples of Bulgarian Turks will contribute to a better understanding.

Keywords: Bulgarian Turks, Syrian migrant, discrimination, ethnicity.

Track

POSTERS

Topic Areas

Public Health (Including COVID-19)

Submission ID

624

Evaluation of Perceptions on Acceptance and Avoidance with Metaphor Analysis

Authors

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Introduction: In this study, it was tried to understand how the concept of acceptance, which is one of the basic elements of Acceptance and Commitment Therapy, and experiential avoidance, which can be defined as the efforts of individuals to avoid and get rid of difficult feelings and thoughts in relation to this concept, manifests itself metaphorically.

Method: In this study, phenomenology model, one of the qualitative research methods, was used. Phenomenology can enable the uncovering of phenomena that are recognized but thought to lack in-depth understanding (Patton, 2022). Data were collected from 230 people in total and 174 responses were deemed appropriate for the study and were evaluated. In order to determine the participants' metaphorical perceptions of difficult emotions and thoughts, a semi-structured form with the statement "Painful past experiences, disturbing emotions and thoughts are like, what should be done in these difficult moments is" was used. The first blank here provides information about the concept of "acceptance" and the second blank provides information about the concept of "experiential avoidance". The data were analyzed using coding method through content analysis. In this context, the coded metaphors were divided into themes and reported.

Results: According to the findings obtained in our research, the answers given by the participants about painful experiences, negative emotions and thoughts were grouped under 6 different categories, and the metaphors about what to do in the face of negative emotions and thoughts were also grouped under 6 different categories. The findings are shown in Table 1 and Table 2 the categories of physical pain/painful stimulus (36%), emotional pain/painful stimulus (21%) and resembling physical formations (16%) are prominent. It is seen that the categories of experiential avoidance (46.47%) and tolerance (14.11%) are prominent.

Discussion: In this context, it may be important to determine the factors affecting the differentiation of definitions of pain and to test whether this affects therapeutic interventions in the clinical field. In the results related to behavior, the categories of experiential avoidance (46.47%) and tolerance (14.11%) are prominent. In conclusion, in the participants' perceptions of painful experiences and emotions and thoughts, it was observed that metaphorical discourses towards acceptance were less common and metaphorical discourses towards experiential avoidance were predominant. Therefore, it will be especially important for ACT therapists to assess their clients' perceptions of acceptance in their sessions.

Track

POSTERS

Topic Areas

Basic Processes and Experimental Psychopathology

Submission ID

633

Love in the Fast Lane: Attachment Styles and Partner Preferences in Short-Term Relationships

Authors

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Abstract

The way in which people choose their partners has evolved over time, and the factors involved in this process continue to be the subject of intense debate, with partner preferences being the focus of numerous studies. Research by Simpson and Rholes (2017), among others, shows a strong relationship between attachment and romantic relationships in adulthood. The aim of the present study was to understand the relationship between attachment styles and partner choice in short-term relationships. The Buss Partner Preferences, Adult Attachment Scale (AAS) and Experiences in Close Relationships - Relational Structures (ERP-ER) questionnaires were used. The final sample included a total of 524 heterosexually oriented participants, 129 men and 355 women. Three dimensions of partner preferences (Emotionality, Resources, and Attractiveness/Health) were assessed using exploratory factor analysis with adequate psychometric properties. There were significant gender differences in partner preferences for short-term relationships on the dimensions of Emotionality and Resources, with women showing a greater preference for these traits compared to men. Although there were no significant differences in partner preferences according to attachment style, secure participants showed less avoidance and anxiety in relationships. The findings and literature review of the present study support the idea that attachment styles play a crucial role throughout an individual's life and that behaviours derived from attachment style determine partner choice as well as the formation and maintenance of loving relationships.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

634

Food Thought Suppression and Vulnerability Factors for Eating Disorders: The Mediating Role of Emotional Eating

Authors

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Abstract

Eating disorders (EDs) are associated with a decrease in physical and psychological well-being. We aimed to explore the relationship between food thought suppression and ED vulnerability factors using emotional eating as a mediator and explored gender differences among variables. The sample consisted of 287 participants aged 18 to 68. Data was collected online. We used the Emotional Eating Scale (EES) and the Food Thought Suppression Inventory (FTSI). Information about BMI, restrictive diets and body dissatisfaction was also collected. The results revealed that women had higher levels of food thought suppression and emotional eating (due to depression) and tried more restrictive diets than men. Correlations were found between food thought suppression, emotional eating and ED vulnerability factors. The results showed also that emotional eating (due to depression) mediated food thought suppression in individuals with body dissatisfaction, which did not happen among individuals following restrictive diets; and emotional eating (due to anger) mediated food thought suppression in individuals with discrepancies between their current and ideal BMI. The collected data can contribute to clinical understanding of vulnerability factors for ED.

Track

POSTERS

Topic Areas

Adult Mental Health, Eating Disorders

Submission ID

635

Efficacy of Cognitive Behaviour Therapy with Adjunctive Reiki Among Patients with Chronic Obsessive-Compulsive Disorder in India: A Pre-Post Intervention Study

Authors

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Dr. Basudeb Das - India - Central Institute of Psychiatry, Ranchi

Abstract

Background: Obsessive-compulsive disorder (OCD) is characterized by intrusive, troubling thoughts and repetitive, ritualistic behaviours which are time-consuming, cause significant impairment in functioning and cause distress to an individual. Obsessions generate feelings of anxiety, fear, or disgust in an individual, and the discomfort caused by these feelings causes one to repeat certain behaviours or mental routines to achieve relief. The treatment and management of OCD include the use of pharmacotherapy along with psychotherapy to reduce and control the resulting symptoms. In recent years, Reiki has become widely used and accepted in the medical field for its usefulness in treating anxiety and depression. Classified as a biofield energy therapy, Reiki is non-invasive and cost-effective with no contraindications or adverse side effects. Reiki healing is one of the several therapies covered under complementary and alternative medicine (CAM). The present research aims to study the efficacy of adjunctive Reiki with cognitive behaviour therapy among patients with chronic OCD.

Objective: This pre – post intervention study aimed to investigate the efficacy of Reiki as an adjunct to CBT among patients with chronic obsessive–compulsive disorder in India.

Methods: A hospital-based pre – post-intervention study was conducted at Central Institute of Psychiatry, with 40 patients who were selected using purposive sampling and diagnosed with obsessive-compulsive disorder (F42) (ICD – 10 DCR). A total of 40 patients aged 18 to 50 were included in the study. Baseline assessments were carried out using the Beck's Anxiety Inventory (BAI), Beck's Depression Inventory (BDI) and Yale-Brown Obsessive Compulsive Scale (Y-BOCS) to assess the symptoms of OCD along with anxiety and depressive features. Patients were randomly assigned to two groups, with group 1 consisting of 20 patients with OCD who received CBT and a 30-minute Reiki treatment, while group 2 consisted of 20 patients with OCD who only received CBT. The assessment measures were then administered post the delivery of sessions, while a follow-up assessment session was conducted one month after the completion of the intervention module. Descriptive statistics assessed the sociodemographic and clinical variables, while inferential statistics were used to compare the two groups on depression, anxiety and symptoms of OCD.

Results: Our study showed that the two groups showed comparable differences in their pre–post and follow-up assessments. The patients in Group 1 showed significant improvement in compulsive behaviours along with improvement in anxiety and depressive features, suggesting the efficacy of Reiki in patients with OCD.

Discussions: The findings of our study demonstrate evidence regarding the efficacy of Reiki as an adjunct to psychotherapy and pharmacotherapy. We saw significant improvement in the psychiatric symptomatology of patients with OCD, along with a reduction in their symptoms of OCD, anxiety, and depression. The study further adds to the literature regarding the efficacy of Reiki, especially in the management of significant anxiety-invoking disorders such as OCD.

Keywords: Obsessive - Compulsive Disorder, Anxiety, Cognitive - Behavior Therapy, Reiki, Intervention, Management

Track

POSTERS

Topic Areas

Long-term Mental Health, Behavioural Medicine

Submission ID

641

Culture Sensitive Cognitive Behavioral Therapy for Panic Disorder with Agoraphobia: A Case Follow-Up in Turkish Psychiatric Outpatient Clinic Conditions

Authors

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Abstract

While cognitive behavioral therapy is the first line of treatment for panic disorder and agoraphobia, it may not be possible to benefit from this treatment for most of the patients who suffer from these common disorders due to limited time per patient in public health care and the diverse socio-cultural backgrounds of the patients. We want to present a patient suffering from panic disorder with agoraphobia whose symptoms remitted with culturally-sensitive cognitive behavioral techniques in the current conditions of a government hospital psychiatry outpatient clinic. A female patient, aged 54, presented to our outpatient clinic with symptoms of palpitations, tachycardia, sweating, tremors, and shortness of breath in the form of attacks. Furthermore, the patient had been unable to go out unaccompanied for three decades due to the fear that if a panic attack were to occur in public, no one would help which would lead to an awkward and embarrassing situation. After the case conceptualization, the number of sessions, the duration of each session, and the topics of the sessions were planned. But after the plan immediately mandatory modifications started. Due to the patient's illiteracy, we decided to conduct a follow-up procedure via audio recordings and brief videos that the patient would record during and after completing the assigned tasks. The plan was to have weekly 30-minute sessions, but due to the patient's domestic responsibilities and the psychiatrist's excessive number of followed patients, the sessions were scheduled 20 minutes sessions every 15 days after the first two. During the treatment, instead of discussing her agoraphobic tendencies, the patient wanted to discuss the issues she was having with her husband's family. These conversations revealed that in the patient's culture, it was considered dishonorable for women to leave the house alone. Exploring and reconstructing these cognitive distortions greatly improved her compliance with exposure exercises. After 25 sessions, which could sometimes be done at irregular intervals, the patient met the criteria for remission for panic disorder and traveled alone between cities. The content of these sessions included cognitive restructurings taking their essence from idioms and folk tales, the patient's religious mindfulness methods, and the inspection of short videos and audio recordings clumsily taken during and after exposures. Although culture-specific elements are undoubtedly included in current CBT practices, there has yet to be a study on culture-specific CBT for panic disorder and agoraphobia in our country. It is also important to tailor CBT to the local healthcare systems. Although it is necessary to eliminate problems such as the limited time per patient in the current health care system, the way large patient groups can benefit from CBT is to develop adaptations suitable for these current conditions. Or maybe, psychotherapy researchers should investigate the evidence-based therapy techniques that can be adapted to different conditions, rather than forms of therapy consisting of sessions with a certain number, duration, and content applied to patient groups narrowed by exclusion criteria.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

646

Humor as a Therapeutic Tool for Couples

Authors

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Abstract

Introduction: Humor is a powerful tool that can bring people together and empower them. It allows us to move forward despite serious situations. Humor can improve romantic relationships, unlock creativity, and boost resilience. Deploying it doesn't make light of serious things, it means you're able to move forward, in spite of those serious things. By training our brains to see the world through a different lens, we can reframe narratives and transform dramatic or tragic stories into comical or lighthearted ones, making a significant impact on people's lives.

Purpose: This case report focuses on the implications of humor in romantic relationships. S, a 44-year-old pharmacist, and U, a 45-year-old pharmacist, lived in Istanbul and had lost their sense of humor after the unfortunate loss of their newborn baby.

Method: The couple was asked to share stories about moments of "Shared Laughter" and "Shared Positivity" (moments they shared that made them feel good about their relationship with each other) that had occurred in the last three months. They described what happened during these moments, what led to them, and what followed afterward. I used four scales to measure the couple's life satisfaction, emotions, trust, and stress levels. These scales were the Satisfaction with Life Scale (SWLS), the Positive and Negative Affect Schedule (PANAS), the Trust Scale, and the Perceived Stress Scale (PSS).

Results: After therapy, the couple reported increased relationship satisfaction. They felt happier, more trusting, and less stressed. They also reported that humor helped them cope with their grief and heal their wounds. When the couple were laughing, they were paying attention each other. Sharing laughter not only brought them closer in the moment but also strengthened their bond over time. Humor also enhanced their mental agility boosted creativity in sessions. Playful interactions allowed them to thrive even during challenging times.

Conclusion: Humor plays a crucial role in unlocking creativity, reducing stress in tense situations, and helping us navigate life's ups and downs. It is not an innate ability but a skill that can be learned and strengthened through training and use. Humor widens our perspective, making us feel psychologically safe. Furthermore, laughter accelerates the development of trust and self-disclosure, ultimately strengthening relationships. As Victor Frankl wisely said, "Humor was another of the soul's weapons in the fight for self-preservation. It affords an aloofness and an ability to rise above any situation, even if only for a few seconds. The attempt to develop a sense of humor and to see things in a humorous light is some kind of a trick learned while mastering the art of living." In conclusion, humor is a secret weapon that can greatly impact relationships. Its ability to bring joy, foster closeness, and alleviate stress makes it an essential aspect of human connection. Through cultivating and utilizing humor, we can enhance our relationships and thrive in all aspects of life.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

648

Life-Paralyzing Obsessive-Compulsive Disorder: A Case with Developing Flexion Contracture

Authors

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Abstract

Presenting problem: Obsessive-compulsive disorder (OCD) is a disease that can disrupt an individual's functionality in various ways. While severe cases of OCD can lead to physical complications, major complications from compulsive behaviors are rare. Secondary complications such as eczema, back pain, gum inflammation, ear infections, scurvy, anemia, malnutrition(1), vision loss(2), self-castration, rectal prolapse, hemorrhoidal bleeding, and tibia stress fractures(3) can arise as a result of OCD.

In this case, we present a patient who became bedridden due to pressure sores caused by prolonged sitting on the toilet and contractures in the knees without any additional medical diagnoses. To the best of our knowledge, this is the first reported case of OCD in this context.

Case conceptualisation and intervention: A 53-year-old married woman with a history of 32 years of contamination, uncertainty, religious and sexual obsessions and compulsions has had irregular psychiatric admissions and drug use over past 28 years. She has not taken psychotropic medication within the last 2 years and did not receive psychotherapy before. For the last 7 years, she has not allowed anyone into her home. Despite refusing to be taken to the hospital by her family previously, she sought medical advice after falling from a bed, and later hospitalised to our psychiatry clinic following her appointment in our outpatient clinic.

When uncertain thoughts arise, a thought emerges to clarify them. When she does not do so, she experiences restlessness. To get rid of these thoughts and find relief, she compulsively ruminates or seeks confirmation from her husband. When such thoughts arise in the bathroom, it takes 5-6 hours of her time. If they arise in any other place, they take less time. To avoid this distress, she restricts food and wants to ensure that her restroom activities are completed and clean to minimize bathroom visits. Due to wounds caused by prolonged bathroom sitting and contractures on her knees, she has been bedridden for the last 6 years.

A psychoeducation was given to the patient about OCD. Exposure/response prevention interventions targeting her obsessions were conducted during 43 days of hospitalisation. She was prescribed and discharged with fluoxetine and paliperidone.

We consulted with the orthopedics and related departments. Grade 1 pressure ulcers were observed in the sacral region, and a dried wound (1x2 cm) was observed in the posterior aspect of the right thigh. The patient had bilateral flexion contractures, and arthrosis was observed in both knees. Exercise and bilateral joint prosthesis were recommended.

Outcome: She was able to eat by herself in 20 minutes and gained 10 kg. Her bathing time, which had been avoided for 2 years, decreased to 20 minutes. The y-bocs score dropped from 40 to 12.

Review and evaluation: We aimed to draw attention to the extent of functional impairment that OCD can cause, and the unusual need for hospitalization that can arise. Additionally, in a severe case of OCD, it is evident that along with medication treatment, a therapeutic relationship and behavioral interventions significantly reduced the severity of OCD.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

650

The Flash Technique in Trauma Therapy: An Evaluation in the Context of Post-Disaster Intervention

Authors

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Abstract

The Flash Technique represents a novel intervention in trauma therapy, distinguished by its less emotionally charged methodology relative to more conventional trauma processing methods (Manfield et al., 2017). This approach prompts clients to anchor their focus on a positive image during periods of slow eye movements or dual-focus tasks. On the therapist's instruction, clients are guided to blink, consciously refraining from revisiting the traumatic memory by maintaining focus on the positive imagery. Empirical studies have indicated the technique's efficacy in precipitously attenuating memory-related distress with a reduced emotional toll (Brouwers et al., 2021; Wong, 2019). In post-catastrophe settings, where immediate trauma amelioration is imperative and protracted therapy sessions may be impracticable, the Flash Technique emerges as a potential asset. However, despite its immediate applicability, methodological assessments of its performance in post-disaster scenarios remain sparse. The present investigation sought to elucidate and quantify the efficacy of Flash Technique training for trauma-specialized therapists, particularly in the context of the earthquake on February 6, 2023, in Turkey. Therapists, previously educated in Eye Movement Desensitization and Reprocessing (EMDR), partook in an intensive half-day Flash training. This was supplemented by a subsequent group consultation, envisioned to bolster the training's potency. The cohort comprised therapists enlisted in the training initiative and those subsequently trained by the primary team. All participants had prior EMDR certification and were registered in the Trauma Institute & Child Trauma Institute (TICTI) and the Turkish training team's Flash instruction programs.

Post-training, therapists were presented volunteer service, employing the Flash technique on earthquake survivors, concurrently participating in the research. The commitments included meticulous training involvement, consistent Flash usage documentation, and a post-training critique. Preliminary demographic metrics were collated pre-training. Subsequent to their sessions, therapists cataloged nuanced details of Flash application — delineating client categories (regular, survivor, first responder), age demographics, and initiating and culminating SUDS (Subjective Units of Distress Scale) evaluations — within a fortified online portal throughout the eight-week study duration. An evaluative survey was administered two months post-training, probing their instructional experiences and consequential outcomes.

Currently, this investigation is constituted of two waves of data collection. Preliminary findings, though not exhaustive, from 32 sessions in the inaugural wave and 18 from the subsequent wave, will be showcased. This pioneering research endeavors to augment the assimilation of the Flash Technique into the trauma therapy lexicon, adapting its instructional methodologies for therapists across diverse operational environments, thereby optimizing its reach and efficacy.

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Track

POSTERS

Topic Areas

Professional Issues, Training & Supervision, Public Health (Including COVID-19)

Submission ID

664

How to Enhance Functioning with ACT in Patients with Bipolar Disorder?

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Abstract

Presenting Problem: Bipolar disorder results in impairment of social and occupational functioning during episodes of mania and depression. Furthermore, contemporary research links periods of euthymia to notable declines in functioning and a diminished quality of life (1). It's evident that pharmacotherapy alone falls short in adequately treating bipolar disorder. Beyond managing mood episodes, there exists a necessity to improve individuals' functionality and quality of life, encompassing even the euthymic phases (2). This poster presents the process and results of a 6-session Acceptance and Commitment Therapy (ACT) group therapy of three patients with BD for enhancing functioning.

Case Conceptualisation and Intervention: We included 6 patients with Bipolar disorder in euthymic period who were seeking treatment in Center for Mood Disorders of a mental health hospital in May 2022. Participants attended a 6-session ACT group therapy program consisting of weekly 90-minute sessions. Therapy sessions are arranged as following: Session1: explaining the rationale of group therapy, mindfulness exercise, presenting mindfulness; Session 2: Mindfulness exercise, presentation of values and identification of value areas, homework; Session 3: Mindfulness exercise, defusion practice through thought labeling, homework; Session 4: Mindfulness exercise, acceptance practice by using physicalization techniques; Session 5: Mindfulness exercise, working with self-labels, homework; Session 6: Checking therapy goals, overview of the therapy objectives, feedback. Participants were evaluated before and after the 6 session group therapy program by using Bipolar Disorder Functioning Questionnaire (BDFQ) and satisfaction questionnaire prepared by researchers in the study.

Outcome: The protocol was applied to 6 patients with a diagnosis of bipolar disorder in the euthymic period who applied to Bakirköy Mental and Neurological Diseases Hospital. Two of three patients didn't continue the study after two sessions, due to transportation problems and city change. One patient didn't give feedback about his quitting from study. 3 patients completed the protocol. 1st patient's BDFQ score was 91 at the beginning and 109 after the intervention. For the 2nd patient, it was 90 at the beginning and 92 after the intervention. Patient 3's score was 112 before the intervention and 112 after the intervention. Beside these results, we've seen that participants reached their therapy goals to a large extent. The protocol was found feasible and acceptable by the patients who completed the group process.

Review and Evaluation

Our results suggest that ACT has the potential to be a feasible treatment for BD patients. Additional research is required to assess the effectiveness of ACT group therapy for bipolar disorder.

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Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

668

Body Dissatisfaction, Cognitive Distraction and Sexual Satisfaction in LGB+ people: a Mediation Analysis

Authors

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Abstract

Introduction: Body dissatisfaction, i.e., negative perceptions, behaviors, and feelings towards one's body, is a well-established transdiagnostic risk factor for high levels of emotional problems and low levels of well-being indicators, including sexual health. Cognitive models of sexual response suggest that body dissatisfaction can lead to cognitive distractions related to body appearance during sexual activity, potentially hindering sexual satisfaction. However, this relationship has been limited to heterosexual samples. The present study aims to investigate the relationship between body dissatisfaction, cognitive distraction related to body appearance during sexual activity, and sexual satisfaction in LGB+ people.

Methods: This cross-sectional study comprised 165 cisgender LGB+ participants (n = 67 women, 40.6%; n = 98 men, 59.4%). Participants were recruited online. Self-report questionnaires were used: the Global Body Dissatisfaction Scale, the Body Appearance Cognitive Distraction Scale and a Single-item Measure of Sexual Satisfaction.

Results: In the female sample, the relationship between body dissatisfaction was significant and positively correlated with cognitive distraction based on body appearance during sexual activity ($r = .56$; $p < .001$). The correlations between body dissatisfaction and sexual satisfaction ($r = .09$; $p = .487$) and between cognitive distraction based on body appearance during sexual activity and sexual satisfaction ($r = .11$; $p = .376$) were positive but nonsignificant. In the male sample, body dissatisfaction was significant and positively correlated with cognitive distraction based on body appearance during sexual activity ($r = .57$; $p < .001$). Body dissatisfaction was significant and negatively correlated with sexual satisfaction ($r = -.43$; $p < .001$), and cognitive distraction based on body appearance during sexual activity was significant and negatively correlated with sexual satisfaction ($r = -.43$; $p < .001$). Furthermore, cognitive distraction based on body appearance during sexual activity mediated the relationship between body dissatisfaction and sexual satisfaction in the male sample.

Discussion: Although there are similarities between genders regarding body dissatisfaction and cognitive distraction, there is a noticeable difference in their impact on sexual satisfaction. LGB+ women appear less affected by body dissatisfaction, possibly due to not feeling the need to correspond to societal expectations, which can align with positive sexual outcomes shown in the literature. On the other hand, LGB+ men who feel high body dissatisfaction levels are more likely to experience lower sexual satisfaction levels. This could be attributed to the emphasis on physical appearance within the gay male subculture. It is also possible that striving for a perfect body could be a response to the discrimination and perceived inferiority that gay men face daily. It is crucial for healthcare professionals to consider cultural ideals and their impact when addressing issues related to body image and sexual health in LGB+ individuals. These results support the validity of the cognitive models, reinforcing their socio-cognitive nature.

Track

POSTERS

Topic Areas

Adult Mental Health

Submission ID

673

Role-Playing Game Incorporating Elements of CBT

Authors

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Abstract

Introduction: A role-playing game is a type of game where players assume roles of different fictional characters and engage in collaborative improv storytelling. Role-playing games have shown potential as a complementary tool in psychotherapies and mainly cognitive behavioral therapy (CBT) (Arenas et al., 2022). It may be possible to leverage the immersive nature of role-playing games, especially for children and adolescents, in order to enhance and promote cognitive restructuring, improve social skills, and facilitate self-regulation. This study aims to determine any potential clinic efficacy of using role-playing games incorporating elements of CBT in the treatment of attention deficit hyperactivity disorder.

Method: Sample: Participants are selected from diverse backgrounds, including individuals in primary school and middle school, of ages between 9 and 14. All participants have been diagnosed with ADHD and previously underwent some form of treatment. All participants are volunteers, and each are introduced to the overall concept of role-playing for mental health shortly beforehand.

Intervention: Role-playing game sessions will run involving carefully crafted scenarios that mimic real-life challenges. All sessions will be run by a game moderator on video call. Each session will include two 10-minute periods: one in the beginning to share expectations and recap the events of the previous session, and another at the end to share one favorite and one least-favorite moment along with any learnings for the fictional character or the patient themselves. The moderator will be available for communication between game sessions for further discussion and planning. Sessions will be run weekly, with a total number of eight sessions targeted.

The particular game model to be used in the sessions was developed under the mentorship of accredited cognitive behavioral therapist, using the stop and think steps adapted from Kendall's Cognitive-Behavioral Therapy for Impulsive Children (Kendall, P. C., & Braswell, L., 1993). The core game mechanic focuses on replaying scenarios to find the optimal solution. Participants are encouraged with in-game rewards to find better solutions even after solving the problem given.

Measures: The Strengths and Difficulties Questionnaire (Goodman, 1997) will be used. A copy of the questionnaire will be filled by the participant and their parent. The form will be filled before the first session, after the fourth session, and after the eighth session. Additionally, the questionnaire by A. Turgay will be filled before the first session and after the eighth session (Turgay, 1995).

Expected Results: At the end of the study, it is expected that the participants will see an increase in adaptive thinking, organizing, and planning skills, and therefore experience fewer challenges in school. Participants are also expected to see increased orientation toward self-control.

Conclusion: While role-playing games may offer unique benefits, their implementation should be guided by professionals to ensure proper and effective usage. Further research should be done looking into the long-term effects of role-playing-assisted therapy. Optimal frequency and duration of the role-playing sessions, customization of role-playing scenarios to individual likings and therapeutic needs, and potential challenges with integrating this approach into standard CBT practices are also areas requiring further research.

Track

POSTERS

Topic Areas

Children & Adolescents

Submission ID

675

Suicide Attempt with Hanging After the Earthquake: Case Report

Authors

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Abstract

Introduction: Earthquakes are natural disasters that can have a profound impact on people's physical and mental health. In addition to the physical damage that they cause, earthquakes can lead to post-traumatic stress disorder (PTSD), anxiety, and depression. These psychological effects can be more severe in people who have experienced previous trauma or who have lost loved ones in the earthquake.

Case Presentation: A 56-year-old woman with no known comorbidities experienced an earthquake in Malatya. Thirty days after the earthquake, she and her family moved to a new city and rented a new house. On the 50th day after the earthquake, her children attempted suicide by hanging themselves in their new home. The patient was taken to the intensive care unit and later consulted to a psychiatrist.

The patient had not previously sought mental health treatment. She did not fall under the rubble of the earthquake, but her house was severely damaged. None of her first-degree relatives died in the earthquake. However, her children had been complaining of introversion, unhappiness, anhedonia, and constant crying in the days following the earthquake.

The patient's mental state examination was unremarkable. She did not have any mood, affect, manic, or psychotic symptoms. She stated that she did not remember the event.

The patient was diagnosed with major depressive disorder and started on sertraline 50 mg/day and mirtazapine 15 mg/day. She is currently being followed up in the psychiatry outpatient clinic.

Discussion: Research suggests that 8-11% of earthquake victims have suicidal thoughts after the earthquake due to increased physical or emotional stress, death of relatives, financial losses, and destruction of property. The factors most relevant to increased suicidal behavior after natural disasters are current major depression, PTSD, and previous psychological health problems. Female gender, separation from family, psychological abuse, and neglect have also been associated with the risk of suicide.

Psychological first aid is a type of intervention that can be provided to people who have been affected by a disaster. It helps to identify and address the immediate psychological needs of survivors, such as providing emotional support, information, and practical assistance. Psychological first aid can help to reduce the risk of developing post-traumatic stress disorder and other psychological problems.

Conclusion: This case report highlights the importance of psychological first aid after earthquakes. It is important to identify and provide support to people who are at risk of suicide, such as those who have experienced previous trauma or who have lost loved ones in the disaster.

Track

POSTERS

Topic Areas

Adult Mental Health, Long-term Mental Health

Submission ID

681