2010
BDPD
BİLİŞSEL DAVRANIŞÇI PSİKOTERAPİLER DERNEĞİ

4.Uluslararası Katılımlı
BİLİŞSEL DAVRANIŞÇI PSİKOTERAPİLER KONGRESİ

03 - 06 EKİM 2024, CROWNE PLAZA OTEL - ANKARA

"GEÇMİŞTEN GELECEĞE,
GÖRÜNENDEN DERİNE,
BİLİŞSEL DAVRANIŞÇI TERAPİLER"

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4. ULUSLARARASI KATILIMLI BİLİŞSEL DAVRANIŞI PSİKOTERAPİLER KONGRESİ

03-06 Ekim 2024, Crowne Plaza Otel – Ankara

-DİJİTAL KİTAP-

ISBN ‘xx’

İÇİNDEKİLER

DAVET

Değerli Meslektaşlarımız,

Bilişsel Davranışçı Psikoterapiler Derneği olarak, her iki yılda bir gerçekleştirdiğimiz kongremizin bu yıl dördüncüsünü 3-6 Ekim tarihleri arasında Crowne Plaza Otel, Ankara'da düzenlemenin heyecanını yaşadık. "4.Bilişsel Davranışçı Psikoterapiler Kongresi'ne katılımınızdan dolayı onur duyduk.

Bu yılki kongremiz, "Geçmişten Geleceğe, Görünenden Derine Bilişsel Davranışçı Terapiler" teması altında, alanında öncü uzmanları bir araya getirerek, bilişsel davranışçı terapilerin derinliklerine inmeyi amaçlamaktadır. Kongremiz daha önce de olduğu gibi, güncel bilimsel gelişmeleri takip etmenin yanı sıra, klinik becerilerinizi geliştirmek için benzersiz bir fırsat sunacaktır.

Alanımızın geçmişten bugüne olan evrimini keşfederken, aynı zamanda geleceğin bilişsel davranışçı terapi yöntemlerini de ele aldık. Kurslar, atölye çalışmaları, panel tartışmaları ve konferanslar aracılığıyla, bilgi ve tecrübelerinizi paylaşarak, meslektaşlarınızla etkileşimde bulunabildiğinizi umuyoruz.

Bu etkinlik, sizlere alanımızdaki en son araştırmalar ve uygulamalar hakkında güncel bilgiler sağlamanın yanı sıra, mesleki ağınızı genişletme ve kariyerinizi daha da ileriye taşıma imkanı sunacaktır.

Siz değerli meslektaşlarımızın katılımından dolayı teşekkür ederiz. Bu kongrenin, ülkemizde bilişsel davranışçı terapi alanında yeni ufuklar açacağını umuyoruz.

Saygılarımızla,

Prof. Dr. Hakan Türkçapar

Bilişsel Davranışçı Psikoterapiler Derneği

KURULLAR

Kongre Başkanı
Hakan Türkçapar

Kongre Eş Başkanları
Ali Ercan Altınöz
Fatih Yavuz
Kadir Özdel
Vahdet Görmez

Organizasyon Komitesi
Hakan Öğütlü
Eminhan Suna
Emre Cem Esen
Fatih Yığman
Selin Tutku Tabur
Ömer Özer
Leman Deniz Tarlacık *(Genç Komite Sorumlusu)*

Bilimsel Kurul
Aslıhan Dönmez
Adam Radomsky
Ahmet Nalbant
Akın Coşkun
Alp Karaosmanoğlu
Andreas Veith
Arnold van Emerik
Ayşegül Kervancıoğlu
Canan Efe
Daniel David
Duygu Koçer
Emrah Karadere
Emre Sargın
Gregoris Simos
Hans Nordahl
Hasan Turan Karatepe
Hatice Mengül
Levent Sütçigil
Müge Sargın
Nihan Coşkun
Nuran Gözpınar
Oana David
Olga Güriz
Orçun Yorulmaz
Phillipp Klein
Saadet Yapan
Satwant Singh
Sedat Batmaz
Selçuk Aslan
Semra Ulusoy
Sevilay Umut Kılınç
Sevinç Ulusoy
Simge Vural
Süleyman Çakıroğlu
Şebnem Şahinöz
Şengül Altınöz
Tuğba Çapar
Yasemin Kahya
Yasir Şafak

Genç Komite
Leman Deniz Tarlacık *(Komite Sorumlusu)*
Aybike Yağmur Soylu
Ece Ilgın
Elif Peksevim
Esin Engin
Ranâ Ahsen Ak
Sümeyye Sağlamkendir

BİLİMSEL PROGRAM

Oturum Tanımları

Cinsel İşlev Bozuklukları	Nörogelişimsel Bozukluklar	Bağımlılık	Travma	Tanı Ötesi Yaklaşımlar

03 EKİM 2024, PERŞEMBE					
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**
	KONGRE ÖNCESİ KURS - 1 🎧	**KONGRE ÖNCESİ KURS - 2** 🎧	**KONGRE ÖNCESİ KURS - 3** 🎧	**KONGRE ÖNCESİ KURS - 4** 🎧	**KONGRE ÖNCESİ KURS -5** 🎧
09:00 - 10:30	**Treatment of Borderline PD with Metacognitive therapy** Hans Nordahl	**Evidence-Based Treatments for PTSD and Lessons for Prevention of Posttraumatic Stress Disorder** Agnieszka Popiel	**Depresyonun Kapsamlı Bilişsel Davranışçı Terapisi** Aslıhan Dönmez & Kadir Özdel & Ercan Altınöz	**ACTivating Your Practice: An introduction to Acceptance and Commitment Therapy (ACT)** Richard Bennett	**Assessment and Treatment of Adolescent Depression** Kieran Moore & Hakan Öğütlü
10:30 - 11:00	**Kahve Arası**				

03 EKİM 2024, PERŞEMBE					
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**
	KONGRE ÖNCESİ KURS - 1 🎧	**KONGRE ÖNCESİ KURS - 2** 🎧	**KONGRE ÖNCESİ KURS - 3** 🎧	**KONGRE ÖNCESİ KURS - 4** 🎧	**KONGRE ÖNCESİ KURS -5** 🎧
11:00 - 12:30	**Treatment of Borderline PD with Metacognitive therapy** Hans Nordahl	**Evidence-Based Treatments for PTSD and Lessons for Prevention of Posttraumatic Stress Disorder** Agnieszka Popiel	**Depresyonun Kapsamlı Bilişsel Davranışçı Terapisi** Aslıhan Dönmez & Kadir Özdel & Ercan Altınöz	**ACTivating Your Practice: An introduction to Acceptance and Commitment Therapy (ACT)** Richard Bennett	**Assessment and Treatment of Adolescent Depression** Kieran Moore & Hakan Öğütlü
12:30 - 14:00	**Öğle Yemeği**				
	KONGRE ÖNCESİ KURS - 1 🎧	**KONGRE ÖNCESİ KURS - 2** 🎧	**KONGRE ÖNCESİ KURS - 3** 🎧	**KONGRE ÖNCESİ KURS - 4** 🎧	**KONGRE ÖNCESİ KURS -5** 🎧
14:00 - 15:30	**Treatment of Borderline PD with Metacognitive therapy** Hans Nordahl	**Evidence-Based Treatments for PTSD and Lessons for Prevention of Posttraumatic Stress**	**Depresyonun Kapsamlı Bilişsel Davranışçı Terapisi**	**ACTivating Your Practice: An introduction to Acceptance and Commitment Therapy**	**Assessment and Treatment of Adolescent Depression**

03 EKİM 2024, PERŞEMBE					
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**
		Disorder Agnieszka Popiel	Aslıhan Dönmez & Kadir Özdel & Ercan Altınöz	**(ACT)** Richard Bennett	Kieran Moore & Hakan Öğütlü
15:30 - 16:00	**Kahve Arası**				
	KONGRE ÖNCESİ KURS - 1 🎧	**KONGRE ÖNCESİ KURS - 2** 🎧	**KONGRE ÖNCESİ KURS - 3** 🎧	**KONGRE ÖNCESİ KURS - 4** 🎧	**KONGRE ÖNCESİ KURS -5** 🎧
16:00 - 17:00	**Treatment of Borderline PD with Metacognitive therapy** Hans Nordahl	**Evidence-Based Treatments for PTSD and Lessons for Prevention of Posttraumatic Stress Disorder** Agnieszka Popiel	**Depresyonun Kapsamlı Bilişsel Davranışçı Terapisi** Aslıhan Dönmez & Kadir Özdel & Ercan Altınöz	**ACTivating Your Practice: An introduction to Acceptance and Commitment Therapy (ACT)** Richard Bennett	**Assessment and Treatment of Adolescent Depression** Kieran Moore & Hakan Öğütlü

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
08:30 - 09:45	**PANEL - 1**	**PANEL - 2**	**UZMAN İLE BULUŞMA - 1**	**08:30-10:00 KONGRE ESNASI KURS 1-A**	**BECERİ EĞİTİMİ - 1**	**SÖZEL BİLDİRİ OTURUMU - 1**
	Oturum Başkanı: Kadir Özdel	*Oturum Başkanı: Süleyman Çakıroğlu*	*Oturum Başkanı: Hasan Turan Karatepe*	*Oturum Başkanı: Selçuk Aslan*	*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Fatih Yığman*
	Kronik Depresyona Üç Farklı Perspektiften Müdahale Yaklaşımları	**Çocuk ve Ergen Ruh Sağlığında Metakognisyon**	**Travmanın 50 Tonu: Travmanın Farklı Klinik Yansılamarına Transdiagnostik Terapi Yaklaşımları**	**Şefkat Odaklı Terapi ve Grup Terapi Uygulaması** Selçuk Aslan	**İnsan Davranışına ve Tecrübesine Yeni Bir Bakış: Tecrübe Örnekleme Metodolojisi (TÖM)' ne Giriş**	Sözel Bildiri Programı için Tıklayın
	Kronik Depresyonu "Bilişsel Terapi" Perspektifinden Ele Alma Sevilay Umut Kılınç	**Metakognisyon Kavramı, Çocuk ve Ergenlerde Gelişimi** Zeynep Ece Toksoy	**Görünmeyen Yara İzleri: TSSB'nin Çeşitli Klinik Tabloları** Sevinç Ulusoy		**Tecrübe Örnekleme Metodolojisine Genel Bakış** Merve Terzioğlu	

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Kronik Depresyonu "Şema Terapi" Perspektifinden Ele Alma Canan Efe	**Çocukluk Çağı Psikopatolojilerinde Metakognitif Modeller** İpek Süzer Gamlı	**Tek Yaklaşım Çok Müdahale: Transdiagnostik Müdahale Stratejilerinin Kullanımı** Hasan Turan Karatepe		**TÖM Uygulamaları** Şerife Önal	
	Bilişsel Davranışçı Sistem Analizi Psikoterapisi" (CBASP)" Perspektifinden Ele Alma Erkan Kuru	**Çocuk ve Ergenlerde Metakognitif Terapi** Ecem Özer Çakır				
09:45 - 10:15	**Kahve Arası**					

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
10:15 - 11:30	**PANEL - 3**	**PANEL - 8**	**BECERİ EĞİTİMİ - 2**	**10:15-11:45 KONGRE ESNASI KURS 1-B**	**UZMAN İLE BULUŞMA - 3**	**PANEL - 4**
	Oturum Başkanı: Ercan Altınöz	*Oturum Başkanı: Kadir Özdel*	*Oturum Başkanları: Duygu Koçer, Simge Vural*	*Oturum Başkanı: Selçuk Aslan*		*Oturum Başkanı: Ahmet Nalbant*
	Türkiye'de Dijital Müdahalaler: Neler Yaptık?	**Transdiyagnostik (tanı ötesi) Bilişsel ve Davranışçı Psikopatolojik Süreçler**	**Kültüre Duyarlı Bilişsel Davranışçı Terapi: Göç Bağlamında Uygulamalar**	**Şefkat Odaklı Terapi ve Grup Terapi Uygulaması** Selçuk Aslan	**Psikozda Üstbilişsel Eğitim**	**Çocuk ve Ergen Psikiyatrisinde Kabul ve Kararlılık Terapisi Uygulamaları**
	Bir Mobil Telefon Uygulaması Kültürel Uyarlama Süreci Burçin Akın Sarı	**Belirsizliğe Tahammülsüzlük** Fatih Yığman	Duygu Koçer		Hakan Türkçapar	**Çocuk ve Ergenlerde Kabul ve Kararlılık Terapisi** Fatma Benk Durmuş

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Üniversite Öğrencileri İçin İnternet Tabanlı Müdahaleler ve Ötetanısal Bir Örnek Ömer Özer	**Anksiyete Duyarlılığı** Başak Şahin	Simge Vural		Selin Tutku Tabur	**Ebeveynlerde Kabul ve Kararlılık Terapisi Kullanımı** Ahmet Nalbant
	Bilişsel Davranışçı Temelli Kilo Kontrolü Mobil Uygulaması: Bi'Kilo Ercan Altınöz	**Yineleyici Olumsuz Düşünme** Ayşegül Kervancıoğlu				**Çocuk ve Ergenlerde Nörogelişimsel Bozukluklarda Kabul ve Kararlılık Terapisi** Şeyma Coşkun
		Mükemmelliyetçilik Esengül Ekici				
	KEYNOTE - 1 🎧	**KEYNOTE - 2** 🎧				

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	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
11:30 - 12:30	*Oturum Başkanı: Selçuk Aslan*	*Oturum Başkanı: Hakan Öğütlü*				
	Functional vs Dysfunctional Shame: A Cognitive Science Perspective Daniel David	**Paediatric Depression: Does It Really Exist?** Kieran Moore				
12:30 - 13:45	**Öğle Yemeği & E-Poster Bildiri Sunumları**					
13:45 - 15:00	**YUVARLAK MASA - 1**	**PANEL - 5**	**PANEL - 6**	**PANEL - 7**	**UZMAN İLE BULUŞMA - 4**	**SÖZEL BİLDİRİ OTURUMU - 2**
	Oturum Başkanı: Alp Karaosmanoğlu	*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Fatih Yığman*	*Oturum Başkanları: Ayşe Rodopman Arman, Hakan Öğütlü*	*Oturum Başkanı: Sevinç Ulusoy*	*Oturum Başkanı: Ömer Özer*

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Klinik Uygulamalarda Biblioterapi	**Psikotik Bozukluklarda Psikoterapi: Yıkılan Mitler ve Yeni Ufuklar**	**Bilişsel Davranışçı Terapide Yeni Bir Mücadele Alanı: Davranışsal Bağımlılık**	**Çocuklar ve Ergenlerde Anksiyete Yönetimi ve Dijital Müdahaleler**	**"Çünkü Ben Bipolarım": Bipolar Bozuklukta Benlik Algısı ve Etiketlere ACT Perspektifinden Yaklaşım**	
	Hangi Klinik Durumda Hangi Kitap? Alp Karaosmanoğlu	**Psikotik Bozukluklarda Bilişsel Davranışçı Terapi (BDT)** Erkan Kuru	**Davranışsal Bağımlılığın Nörobiyolojik ve Psikososyal Temelleri** Mehmet Ali Özdemir	**Çocuklar ve Ergenlerde Anksiyete Yönetimine Yönelik Güncel e-Sağlık Müdahaleleri** Ayşe Rodopman Arman	**Etiketler Bize Ne Söyler? Davranışları Etkilemedeki Rolü** Enver Denizhan Ramakan	Sözel Bildiri Programı için Tıklayın
	Biblioterapinin Depresyon ve Anksiyete Bozukluklarında Etkisi Alişan Burak Yaşar	**Psikotik Bozukluklarda İyileşme Odaklı Bilişsel Terapi** Yasir Şafak	**Bilişsel Davranışçı Kuram ve Davranışsal Bağımlılık** Cansu Çoban	**Çocuklarda Anksiyete Tedavisinde Sanal Gerçeklik (VR): Güncel Yaklaşımlar ve Gelecek**	**Etiketlerle Çalışmada Benlik Müdahaleleri** Sevinç Ulusoy	

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
				Yönelimler Meryem Kaşak		
	Biblioterapi: Temel Kavramlar, Faydalar ve İhtiyaçlar Ahmet Nalbant	**Psikotik Bozukluklarda Kabul ve Kararlılık Terapisi (ACT)** Merve Terzioğlu	**Davranışsal Bağımlılık Tedavisinde Bilişsel Davranışçı Terapi Müdahaleleri** Başak Şahin	**Anksiyete Bozukluğu Tanısı Alan Çocuklar İçin Dijital ve Oyunlaştırılmış Bilişsel Davranışçı Terapi (BDT): Uygulama ve Sonuçlar** Yusuf Selman Çelik		
			Davranışsal Bağımlılık Tedavisine Şema Terapi Perspektifi Leyla Abdullayeva	**Çocuk ve Ergen Psikiyatrisinde Yapay Zekayı Entegre Etmek: Etik ve Pratik Düşünceler** Hande Günal Okumuş		

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
15:00 - 16:00	**ONLINE KEYNOTE - 3** 🎧	**KEYNOTE - 4** 🎧				
	Oturum Başkanı: Hakan Türkçapar	*Oturum Başkanı: Emre Sargın*				
	Clinical Presentations of Doubt David A. Clark	**From Network Theory to Process-Based Therapy: A Practice-Oriented Research Presentation** Philipp Klein				
16:00 - 16:30	**Kahve Arası**					
	UZMAN İLE BULUŞMA - 5	**UZMAN İLE BULUŞMA - 6**	**YUVARLAK MASA - 2**		**BECERİ EĞİTİMİ - 4**	**AKILCI İLAÇ OTURUMU**

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
16:30 - 17:45		*Oturum Başkanı: İlker Aktürk*	*Oturum Başkanı: Menekşe Sıla Yazar*		*Oturum Başkanı: Sevinç Ulusoy*	Leman Deniz Tarlacık
	Bir Olgu, 2 Farklı Yaklaşım Hakan Türkçapar Fatih K. Yavuz	**Kabul ve Kararlılık Terapisi Kullanarak Bağımlılıklar İle Çalışmak**	**Geçmişten Geleceğe Annelik Sürecine Bilişsel Bakış**		**Travmada anlamı yakalamak: ACT perspektifinden travma ve değer müdahaleleri**	
		Kabul ve Kararlılık Terapisini Kullanarak Bağımlılıklarla Çalışmak İlker Aktürk	**Bilişsel Açıdan Bekçi Annelik Kavramı ve Kültürel Faktörlerle İlişkisi** Menekşe Sıla Yazar		**TSSB'de Değerleri Keşfetmek** Sevinç Ulusoy	
			Annelik Duvarının Kadının Annelik Sürecine Etkileri Kumru Şenyaşar Meterelliyoz		**Kanıta Dayalı TSSB Terapilerine Değer Müdahalesinin Eklenmesi** Zülal Çelik	

04 EKİM 2024, CUMA						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
			Anne Olmak mı Olmamak mı? Özlem Baş Uluyol			
17:45 - 18:00	**Açılış Töreni ve Açılış Konuşması** 🎧 Hakan Türkçapar					
18:00 - 19:00	**Açılış Konferansı** 🎧 Kadir Özer					
19:00 - 19:15	**BDPD ÖDÜL TÖRENİ** 🎧					
19:15	**Açılış Kokteyli**					

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
08:30 - 09:45	**PANEL - 9**	**KONGRE ESNASI KURS 2-A** 🎧	**PANEL - 10**	**PANEL - 11**	**KONGRE ESNASI KURS 3-A**	**SÖZEL BİLDİRİ OTURUMU - 3**
	Oturum Başkanı: Ercan Altınöz	**Interpersonal Developmental Case Formulation in Cognitive Behavioral Analysis System of Psychotherapy (CBASP)** Massimo Tarsia	*Oturum Başkanı: Selçuk Aslan*	*Oturum Başkanı: Ayşegül Kart*	*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Hakan Öğütlü*
	Nörogelişimsel Bozukluklarda BDT Uygulamaları		**Bağımlılık ve Duygu**	**Sertleşme Bozukluğunda Bilişsel Davranışçı Yaklaşım**	**Çiftlerde Kabul ve Kararlılık Terapisi Uygulamaları**	[Sözel Bildiri Programı için Tıklayın]
	Ergenlikte DEHB Tedavisinde BDT Uygulamaları Büşra Durmuş		**Bağımlılık ve Duygu Düzenleme Eğitimi** Kültegin Ögel	**Sertleşme Bozukluğunda Klinik ve Bilişsel Özellikler** Canan Efe	K. Fatih Yavuz	
	Yetişkinlikte DEHB Tedavisinde BDT Uygulamaları Leman Deniz Tarlacık		**Bağımlılık ve Öfke: Bir Yumurta-Tavuk Hikayesi** Ebru Aldemir	**Sertleşme Bozukluğunda Bilişsel Davranışçı Müdahaleler** Bengü Yücens	Ahmet Nalbant	

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Otizm Tanılı Erişkinlerde BDT Uygulamaları Esra Gökçeoğlu		**Bağımlılıkta BDT ve Ötesi** Onur Karabatak	**Sertleşme Bozukluğunda İlişkinin Değerlendirilmesi ve Müdahaleler** Didem Sücüllüoğlu Dikici		
			Bağımlılıkta SWOT Analizinin BDT'ye Adapte Edilmesi Hakan Tokur			
09:45 - 10:15	**Kahve Arası**					
10:15 - 11:30	**PANEL - 12**	**KONGRE ESNASI KURS 2-B** 🎧	**UZMAN İLE BULUŞMA - 7**	**PANEL - 13**	**KONGRE ESNASI KURS 3-B**	**SÖZEL BİLDİRİ OTURUMU - 4**
	Oturum Başkanı: Kadir Özdel	**Interpersonal Developmental**	*Oturum Başkanı: Ercan Altınöz*	*Oturum Başkanı: Yasir Şafak*	*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Emre Sargın*

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Şemaların Katmanlı Yapısı: Belirleme, Değerlendirme ve Eyleme Koyma	**Case Formulation in Cognitive Behavioral Analysis System of Psychotherapy (CBASP)** Massimo Tarsia	**Bilişsel Davranıçı Perspektiften Ergenlikten Erişkinliğe Yüksek İşlevli Otizm Spektrumu**	**Cinsel İşlev Bozukluklarında Bilişsel Davranışçı Yaklaşım**	**Çiftlerde Kabul ve Kararlılık Terapisi Uygulamaları**	[Sözel Bildiri Programı için Tıklayın]
	Katmanlı Model ile Hafıza Konsolidasyonu ve Terapide Yeniden Konsolidasyon Süreçleri Canan Bayram Efe		**Ergenlikten Beliren Yetişkinliğe OSB** Murat Eyüboğlu	**Cinsel İşlev Bozukluklarına Genel Bilişsel Davranışçı Yaklaşım** Ayşegül Kart	K. Fatih Yavuz	
	"Kapsamlı Bilişsel Model" ve Katmanlı Model: BDT Perspektifinden Analiz Fatih Yığman		**Erişkinde OSB Görünümü** Yasemin Hoşgören Alıcı	**Kadın Cinsel İşlev Bozukluklarında Bilişsel Davranışçı Müdahaleler** Bengü Yücens	Ahmet Nalbant	

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Verilerle Katmanlı Model: Çalışma Bulguları ve Klinik Uygulamalar H. Alp Karaosmanoğlu		**OSB'de BDT Süreci** Ercan Altınöz	**Erkek Cinsel İşlev Bozukluklarında Bilişsel Davranışçı Müdahaleler** Yasir Şafak		
11:30 - 12:30	**KEYNOTE - 5** 🎧					
	Oturum Başkanı: Sedat Batmaz					
	A Review of 20 Years of Trials in Metacognitive Therapy: The Trondheim Study **Hans Nordahl**					

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
12:30 - 13:30	**Öğle Yemeği**					
13:30 - 14:45	**KEYNOTE - 6** 🎧	**KONGRE ESNASI KURS 4-A** 🎧	**UZMAN İLE BULUŞMA - 8**	**KONGRE ESNASI KURS 5-A**		
	Oturum Başkanı: Ercan Altınöz		*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Sedat Batmaz*		
	Game-Based CBT Oana David	**Acceptance and Commitment Therapy as a Process-Based Therapy** Philipp Klein	**Zihinde Sıkışıp Kalmak: ACT Perspektifinden Tekrarlayan Düşünme**	**Olgu Örnekleriyle Metakognitif Terapinin Temel Teknikleri** Sedat Batmaz		
			Tekrarlayan Düşünme Davranışına İşlevsel Bağlamsalcı Yaklaşım Seher Cömertoğlu			

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
			Yalçın K. Fatih Yavuz			
14:45 - 16:00	**ONLINE KONGRE ESNASI KURS 6-A** 🎧		**UZMAN İLE BULUŞMA - 9**	**KONGRE ESNASI KURS 5-B**	**YUVARLAK MASA - 3**	**YUVARLAK MASA - 4**
	Oturum Başkanı:		*Oturum Başkanı: Kadir Özdel*	*Oturum Başkanı: Sedat Batmaz*	*Oturum Başkanı: Ercan Altınöz*	*Oturum Başkanı: K. Fatih Yavuz*
	Process-Oriented CBT David A. Clark		**Fonksiyonel Disfoni: Güncel Bir Bakış ve Bilişsel Davranışçı Perspektiften Yaklaşım**	**Olgu Örnekleriyle Metakognitif Terapinin Temel Teknikleri** Sedat Batmaz	**Yurtdışında Terapist Olmak**	**Bilişsel Davranışçı Terapinin ve Kabul Kararlılık Terapisinin Felsefi Kökenleri ve Farklılıkları**

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
			Klinik Özellikleri ile Fonksiyonel Disfoni Özlem Devrim Balaban		**Hollanda'da terapist olmak** Ayça Başçı	**Bilişsel Davranışçı Terapinin Felsefi Kaynakları** Telli Kıraç Kuru
			Fonksiyonel Disfonide Bilişsel Davranışçı Terapi, Olgu Sunumu ile Sevilay Umut Kılınç		**İspanya'da Terapist Olmak** Duygu Koçer	**Kabul Kararlılık Terapisinin Felsefi Kaynakları** Merve Terzioğlu
					İngiltere'de Terapist Olmak Baran Karabulut	
16:00 - 16:30	**Kahve Arası**					
16:30 - 17:45	**ONLINE KONGRE ESNASI KURS 6-B** 🎧	**KONGRE ESNASI KURS 4-B** 🎧	**PANEL - 14**	**PANEL - 15**	**UZMAN İLE BULUŞMA - 10**	**PANEL - 16**

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Oturum Başkanı:		*Oturum Başkanı: K. Fatih Yavuz*	*Oturum Başkanı: Kadir Özdel*	*Oturum Başkanı: Ercan Altınöz*	*Oturum Başkanı: Ahmet Nalbant*
	Process-Oriented CBT David A. Clark	**Acceptance and Commitment Therapy as a Process-Based Therapy** Philipp Klein	**Psikoterapi Terapötik İlişki**	**Tanıya Özgü ve Tanılar Ötesi Bilişsel Davranışçı Grup Terapileri**	**Mizofoni Hakkında Her Şey**	**Psikoterapilerde Bireysel Değişimi Değerlendirmek: Tek Olgulu Deneysel Çalışmalar**
			Psikoterapide Terapötik İlişki Hakan Türkçapar	**Tanı Ötesi Bilişsel Davranışçı Grup Terapileri** Fatma Ezgi Görgülüer	Cengiz Kılıç	Havvanur Uysal Akdemir
			Bilişsel Davranışçı Terapide Terapötik İlişkinin Önemi Selin Tutku Tabur	**Tanı Ötesi Üstbilişsel Grup Terapisi** Merve Çelik Korkmaz	Gökhan Öz	Rumeysa Yıldız

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
			3. Dalga BDT'lerde Terapötik İlişkinin Önemi ve Kullanımı Seher Cömertoğlu Yalçın	**Panik Bozukluğu Tanılı Danışanlarda Bilişsel Davranışçı Grup Terapisi** Erkil Çetinel	Ercan Altınöz	
			Çocuk, Ergen ve Ailelerle Psikoterapide Terapötik İlişkinin Önemi ve Kullanımı Süreyyanur Kitapçıoğlu	**Tinnitus'a Dönük Bilişsel Davranışçı Grup Terapisi: Bir KBB Uzmanı Perspektifinden Deneyimler** Gökçe Saygı Uysal		
17:45 - 18:00	**Kahve Arası**					
	ONLINE KEYNOTE - 7🎧	**KONGRE ESNASI KURS 7🎧**				

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
18:00 - 19:00	*Oturum Başkanı: Ercan Altınöz*					
	The Nature and Consequences of Beliefs and Fears About Losing Control Adam Radomsky	**No-one is to Blame: Combining ACT and Moral Philosophy to Enable Forgiveness and Compassion** Richard Bennett				
19:00 - 20:00	**ONLINE KEYNOTE - 8** 🎧					
	Oturum Başkanı: Hakan Türkçapar					
	CBT for Personality Disorder Judith Beck					

05 EKİM 2024, CUMARTESİ						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**

06 EKİM 2024, PAZAR						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
08:30 - 09:45	**PANEL - 17**	**UZMAN İLE BULUŞMA - 11**	**KONGRE ESNASI KURS 8-A**	**PANEL - 18**	**UZMAN İLE BULUŞMA - 12**	
	Oturum Başkanı: Şengül Tosun Altınöz	*Oturum Başkanı: Hakan Öğütlü*	*Oturum Başkanı: Aslıhan Dönmez*	*Oturum Başkanı: Şengül İlkay*	*Oturum Başkanı: Emrah Karadere*	
	Bilişsel Davranışçı Terapilerde Vaka Formülasyonu	**Kaçıngan/Kısıtlı Yiyecek Alım Bozukluğu için Bilişsel Davranışçı Terapi**	**Mükemmelliyetçilik** Aslıhan Dönmez	**Cinsel İşlev Bozukluklarında Kabul ve Kararlılık Terapisi (ACT)**	**Fonksiyonel Analitik Psikoterapi**	

06 EKİM 2024, PAZAR						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
	Bilişsel Davranışçı Terapilerde Vaka Formülasyonun Önemi Şengül Tosun Altınöz	Hakan Öğütlü		**Cinsel İşlev Bozukluklarında ACT Vaka Formülasyonu ve Müdahaleler** Yasir Şafak	**Fonksiyonel Analitik Psikoterapi** Furkan B. Alptekin	
	Panik Bozukluğunda Vaka Formülasyonu Bengü Yücens			**ACT ile Vaka Örnekleri** Sema Nur Türkoğlu Dikmen	**Fonksiyonel Analitik Psikoterapi** Emrah Karadere	
	Sosyal Anksiyete Bozukluğunda Vaka Formülasyonu Nihan Coşkun					
	Yaygın Anksiyete Bozukluğunda Vaka Formülasyonu Canan Bayram Efe					

06 EKİM 2024, PAZAR						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
09:45 - 10:15	**Kahve Arası**					
10:15 - 11:30	**PANEL - 19**	**PANEL - 20**	**KONGRE ESNASI KURS 8-B**	**UZMAN İLE BULUŞMA - 13**	**UZMAN İLE BULUŞMA - 14**	**BECERİ EĞİTİMİ - 3**
	Oturum Başkanı: Kadir Özdel	*Oturum Başkanı: Hakan Öğütlü*	*Oturum Başkanı: Aslıhan Dönmez*	*Oturum Başkanı: Şengül İlkay*	*Oturum Başkanı: Müge Sargın*	*Oturum Başkanı: K. Fatih Yavuz*
	Tanısız Danışanlarda BDT temelli farklı modellerin kullanımı	**Yaygın Anksiyete Bozukluğu (YAB) Tedavisi: Farklı Kanıta Dayalı Terapötik Yaklaşımlar**	**Mükemmelliyetçilik** Aslıhan Dönmez	**İntihar Riski Olan Vaka Yönetimi: Uygulamalarla ACT**	**Motivasyonel Görüşme Tekniklerine Tadımlık Giriş Atölyesi: Değişimin Kilidi Nasıl Açılır?** Müge Sargın	**"Daha nasıl anlatayım?" Psikoterapide Danışanın Metaforuyla Çalışmak**
	Tanısız Danışanlarda Bilişsel Yaklaşım Turkan Aghakishiyeva	**YAB'de Bilişsel Davranışçı Terapi** Ayşegül Kervancıoğlu		**İntihar Riski Olan Vakada Klinik Görüşme ve**		K. Fatih Yavuz

06 EKİM 2024, PAZAR						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
				Formülasyon Şengül İlkay		
	Tanısız Danışanlarda Üst-Bilişsel Yaklaşım Selim Fidan	**YAB'de Şema Terapi** Canan Bayram Efe		**Kabul ve Kararlılık Terapisi Uyumlu Güvenlik Planı** Rümeysa Yıldız		Veysel Güleç
	Tanısız Danışanlarda Şema Terapi Yaklaşımı Fatih Yığman	**YAB'de Metakognitif Terapi** Hakan Öğütlü				
11:30 - 12:45	**KEYNOTE - 9** 🎧					
	Oturum Başkanı: Aslıhan Dönmez					
	BDT'nin Evrimi Hakan Türkçapar					

06 EKİM 2024, PAZAR						
	A Salonu	**B Salonu**	**C Salonu**	**D Salonu**	**E Salonu**	**F Salonu**
12:45 - 13:00	**Kapanış Oturumu** 🎧 Hakan Türkçapar					

KONUŞMA METİNLERİ

Addressing Chronic Depression from the Perspective of "Cognitive Therapy"

Sevilay Umut Kılınç
Bakırköy Ruh ve Sinir Hastalıkları Hastanesi

According to the DSM-IVTR, chronic depression is defined as a mental health disorder characterized by long-term depressive symptoms lasting at least two years. In DSM-5TR, it is included under the heading of Ongoing Depression Disorder. It usually has an early onset, is associated with severe disability, and has a high prevalence of comorbid disorders such as personality disorders and substance abuse. A diagnosis of depression is observed in childhood life events and family history. Changes in the prefrontal cortex, anterior cingulate, amygdala, and hippocampus have been described. Cognitive therapy is a practical psychotherapy approach developed by Aaron Beck in the 1960s, focusing on the relationship between thought, emotion, and behavior, and its effect on depression has been proven by many studies (1,2,3). Studies indicate that cognitive behavioral therapy (CBT) improves patients' quality of life and positive neurophysiological changes (4,5).

Beck defined depression as a cognitive triad consisting of a negative view of the world, self, and the future and took an essential step in the treatment of depression by using the overgeneralization made by patients in therapy. The cognitive model of depression has become more comprehensive with the definition of learned helplessness by Seligman and the presentation of features such as discontent, expectation of lack of control, attribution of adverse events to one's own internal causes, and attribution of positive events to external causes by Abramson and colleagues in the theoretical infrastructure of depression (2).

However, in the case of chronic depression, the symptoms tend to persist for a more extended period, and many factors such as the disability of a long-term illness, previous psychotherapies that have not been beneficial, medication use, medication side effects etc. cause the hopelessness that emerges as a symptom to deepen. In this state, the reconstruction of the desire-action-desire cycle takes time. Comorbid personality disorders in these patients also have a negative impact on the study of the illness and the therapeutic relationship.
When the illness started, how long it has been going on, how the person has coped with the illness so far, and his/her strengths are the issues that need to be taken into consideration in the assessment interviews of patients with chronic depression. While the initial sessions proceed as a classical CBT process with psychoeducation about the illness, CBT, and behavioral interventions, the aim is to work on schemas in the following sessions. Instead of trying to persuade directly, following the structuring of the sessions and skillful use of techniques appear to be the most functional way to cope with hopelessness from the first sessions. In patients with whom a sufficient therapeutic relationship has been established and automatic thoughts have been studied, it is necessary to determine the strategies they use to cope with their problems and depression, to present the maladaptive ones to the patient with a longitudinal formulation, and to study the schemas. In patients with disability, studies can be planned for the areas where they are inadequate. In patients with chronic depression, psychiatrists, clinical psychologists, nurses, and, in some cases, occupational therapists may need to work as a team. The use of medication is not an obstacle to psychotherapy; on the contrary, it often facilitates and increases the effectiveness of treatment.
In the wrap-up sessions, new skills and strategies are reviewed, and plans can be made for possible challenging situations.
In conclusion, cognitive therapy for chronic depression requires the study of schemas, a multidisciplinary perspective, and a strong therapeutic relationship.

1)Sudak, D. M. (2012). Cognitive behavioral therapy for depression. *Psychiatric Clinics*, *35*(1), 99-110.

2)McGinn, L. K. (2000). Cognitive behavioral therapy of depression: theory, treatment, and empirical status. *American journal of psychotherapy*, *54*(2), 257-262.

3)Gautam, M., Tripathi, A., Deshmukh, D., & Gaur, M. (2020). Cognitive behavioral therapy for depression. *Indian journal of psychiatry*, *62*(Suppl 2), S223-S229.

4)Siegle, G. J., Carter, C. S., & Thase, M. E. (2006). Use of FMRI to predict recovery from unipolar depression with cognitive behavior therapy. *American Journal of Psychiatry*, *163*(4), 735-738.

5)Rubin-Falcone, H., Weber, J., Kishon, R., Ochsner, K., Delaparte, L., Doré, B., ... & Miller, J. M. (2018). Longitudinal effects of cognitive behavioral therapy for depression on the neural correlates of emotion regulation. *Psychiatry Research: Neuroimaging*, *271*, 82-90.

6)Kamenov, K., Twomey, C., Cabello, M., Prina, A. M., & Ayuso-Mateos, J. L. (2017). The efficacy of psychotherapy, pharmacotherapy and their combination on functioning and quality of life in depression: a meta-analysis. *Psychological medicine*, *47*(3), 414-425.

4. BDPD Kongresi 2024

Treating Chronic Depression from the Perspective of 'Schema Therapy'

Canan Bayram Efe
Serbest Hekim

Depression is one of the most common mental health disorders and a leading cause of disability. It is well-established that multifaceted factors contribute to the development of depression, with biological, genetic, and psychosocial factors playing key roles. Depression often presents with comorbid conditions and has a tendency to relapse or follow a chronic course. Chronic depression (dysthymia) is characterized by a clinical condition where the individual feels persistently unhappy, experiences reduced productivity, loses interest in their surroundings, and exhibits vegetative symptoms. Depressive symptoms persist for over two years, with no periods of well-being lasting longer than two months. The prolonged duration of symptoms, typically spanning two years or more, raises questions about the influence of personality traits in chronic depressive disorder. Studies have reported a correlation between chronic depression and personality traits. Considering these features, therapeutic interventions should target both the acute symptoms of depression and the personality traits, beliefs, and attitudes that may be linked to its chronic course.

Schema Therapy (ST), developed by J. Young, originates from cognitive-behavioral therapy and was initially designed to address chronic, lifelong issues. It is an integrative approach that combines effective techniques from cognitive-behavioral therapy, psychodynamic theory, interpersonal relations theory, attachment theory, and object relations theory. Although originally developed for chronic issues, research has demonstrated its efficacy in treating acute psychological pathologies as well. In depression, the cognitive triad—negative perceptions of the self, the future, and the world—along with automatic negative thoughts, cognitive biases, and dysfunctional schemas, are significant factors. Early maladaptive schemas are deeply ingrained cognitive constructions, encompassing dysfunctional thoughts, emotions, and behaviors. In addition to cognitive and behavioral methods, experiential techniques are central to schema therapy sessions. Techniques such as imagery rescripting and chair work are among the most prominent experiential methods.

These dysfunctional systems play a critical role in the course, severity, and recurrence of the illness. Therefore, interventions targeting these thought patterns and beliefs are effective in achieving remission from depression and reducing the likelihood of relapse. Treating depression at the schema level is essential in clinical practice, as such interventions are known to strengthen the clinician's ability to manage the disorder during treatment.

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1. Martin, R., & Young, J. (2010). Schema therapy. *Handbook of cognitive-behavioral therapies*, *317*.
2. Rafaeli, E., Bernstein, D. P., & Young, J. (2010). *Schema therapy: Distinctive features*. Routledge.
3. Renner F., Lobbestael J., Peeters F., Arntz A., Huibers M., (2012). Early maladaptive schemas in depressed patients: Stability and relation with depressive symptoms over the course of treatment. J Affect Disord, 136:581–590.

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"The Paradigmatic Role of Acceptance and Commitment Therapy in Addiction Treatment: Value-Oriented Approach and Clinical Applications"

İlker Aktürk
İstanbul Üniversitesi Cerrahpaşa

Among the third wave of cognitive behavioral therapies in addiction treatment today, Acceptance and Commitment Therapy offers a different look from other classic approaches. ACT looks at the ideas of experiential avoidance and cognitive fusion in making sense of and treating addiction. The most distinctive feature of this approach is that this takes a holistic perspective aimed at building a values-oriented life, rather than symptom-oriented interventions. The core of the addiction process is the development of experiential avoidance strategies to deal with disturbing thoughts, emotions, or bodily sensations. This goes hand in hand with trying to achieve temporary relief through substance use as an attempt to avoid uncomfortable internal experiences. Although it may temporarily inhibit the growth of uncomfortable experiences, such as stress, anxiety, sadness, and anger, this process eventually leads to amplifying the feelings over time, along with increased addiction.

Another important factor that plays a role in prolonging addiction is a phenomenon called cognitive fusion—or, in other words, the individual fuses with his or her compulsive thoughts and accepts them as absolute truths. For instance, the fusion of thoughts like "I can't cope with this stress without using substances" or "One time does not make a difference" constructs a fantastic trap in the mind that leads the individual to substance use.

The working of ACT is highly effective in the domain of addiction management on the duly integrated functioning of six significant processes, viz., acceptance, cognitive dissociation, present moment awareness, self as context, values, and decisive action. Of these processes, value-oriented interventions, in particular, form an integral part of the outcome of treatment. Empirical evidence suggests that higher levels of value-oriented behaviors are associated with significant reductions in the severity of addictions and bring about an improvement in the therapeutic retention rates.

Treatment has to start by helping the client identify substance use as an avoidance strategy. Such insight allows showing how, in the long term, avoidance strategies prevent them from realizing their values. Acceptance, arguably the principal tool of ACT, allows the client to learn how to make some room for and allow their difficult emotions instead of struggling with them. On the other hand, cognitive dissolution techniques allow one to realize that thoughts affiliated with addiction are just mental events, hence weakening the power of such thoughts.

The most powerful facet of ACT is its value-based treatment approach. Values meaningful to life—family, health, career, and social relationships—refer to the new way of living that has to replace addictive behavior. Three mechanisms might account for the effectiveness of value-oriented work: First, identifying and clarifying values creates an intrinsic motivation for changing behavior. Small steps taken in congruence with values reinforce the perception of self-efficacy and enhance the durability of treatment. Thirdly, a values-oriented life gives an alternate style of living for addictive behaviors.

Conclusion: The value-oriented approach in ACT is one that contributes to a paradigm shift in addiction treatment. Though targeting processes such as experiential avoidance and cognitive fusion, this approach has its main aim on living one's life in accordance with the values of the patient. More than classical approaches, developing value-oriented behaviors is as important as reducing addictive behaviors. Indeed, a decrease in value orientation results in reinforcement of addictive behaviors having short-term consequences. In the future, research on mechanisms of action and moderator variables of value-oriented interventions will facilitate further growth in this area.

Cognitive Behavioral Analysis System of Psychotherapy for Persistent Depressive Disorder

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Serbest Hekim

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Cognitive behavioral analysis system of psychotherapy (CBASP) was developed by James P. McCullough specifically designed for treating chronic depression. It combines elements from first and second wave cognitive-behavioural therapy (CBT) and uses Piaget's theory of cognitive development to understand the cognitive characteristics of chronically depressed individuals. McCullough, as a result of his studies that he started in the 1970s, noticed that the thoughts, behaviours and relationship styles of patients with chronic depression were similar to the characteristics of children in the preoperational stage and that their repertoire of interpersonal relationships was narrow. In the case of a child living in a home environment where there is a danger of neglect and abuse, it is seen that the child's vital energy and behaviour focus on survival instead of development, and this can negatively affect the developmental processes, that is, the child focuses its vital energy on not losing and not being harmed instead of developing and winning. For the treatment, CBASP suggests using a combination of cognitive and behavioural techniques that are appropriate for the individual's cognitive developmental stage. CBASP integrates behavioural, cognitive, interpersonal, and psychodynamic components into its treatment approach. The European Psychiatric Association recommends CBASP as a first-line psychotherapeutic treatment for chronic depression.
CBASP, identifies fear avoidance and perceptual disconnection as the main factors contributing to the persistent of the disorder. The treatment goals in CBASP include develop thinking at the formal operational stage level skills, understanding the relationship between the effects of his/her own behaviour on the other individual and the reactions of the other individual and his/her own actions, reducing the negative consequences of relationship traumas (which are reflected in the current situation), to find out how to behave in accordance with his/her goals and to develop thoughts that will help him/her to behave accordingly, and improving empathy and interpersonal relationships.
The therapy process involves several stages: assessment, considering the involvement of significant others(SOs), conducting a coping survey questionnaire to analyze the situation, engaging in disciplined personal involvement(DPI) through interpersonal discrimination exercise(IDE), and Contingent Personal Responsivity (CPR), transferring what is learned to various situations, and providing essential skills training such as assertiveness and problem-solving. These stages aim to address the underlying issues and support individuals in overcoming chronic depressive disorder.
CBASP involves several techniques. One technique aim to understand patients' interpersonal-emotional history, information is obtained through the SOs History. CBASP identifies malevolent SOs that contribute to the patient's destructive generalized expectations. The therapist generates causal hypotheses about SOs in the individual's life and their effects on the individual's life, personality, behaviour and interpersonal-emotional field. These are then used as material for the transference hypothesis.

Another technique is situational analysis, the major technique used in CBASP. The aim of situational analysis(SA) is to perceptually connect to the social-interpersonal environment and demonstrate to patients the consequences of their behavior. CBASP recommends administer this technique in every session when appropriate. A distinctive feature of the CBASP therapist role is DPI. This technique is a type of objective counter-transference that includes components for the therapist understands and responds to the patient's feelings and reactions. Another technique, IDE, teaches patients to discriminate between the behavioral consequences of the therapist and the interpersonal consequences imposed by mistreating SOs in the fear-avoidance domain, as patients tend to generalize their hurtful experiences with significant others in their lives to all their relationships. The goal is to achieve "felt safety" as patients learn that practitioners will not harm them in specific experiential contexts where they have previously experienced hurt. The IDE helps the patient differentiate between hurtful experiences in their relationships. Lastly, the interpersonal circumplex model is a useful framework for understanding interactions between individuals. For individuals with chronic depression, avoidance behavior caused by fear in social situations can lead to functional impairment. Like the laws governing the physical world, there are also rules that govern interpersonal relationships.

CBASP is a therapy approach that has been shown to be effective in the treatment of depression by numerous studies and meta-analyses, and is recommended in addition to antidepressant medication, not alone. The interpersonal problems of patients with personality disorders are similar to the pre-operational stage characteristics of chronically depressed patients. CBASP therapy has been proven effective in treating depression and may have potential in other diagnoses as well.

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Rational Use of Medicines

Leman Deniz Tarlacık
Ağrı Patnos Devlet Hastanesi

Rational Use of Medicines is the ability of individuals to easily obtain the appropriate medicine, at the appropriate duration and dose, at the lowest price, according to their clinical findings and individual characteristics. According to estimates of the WHO, more than 50% of drugs are prescribed, supplied or sold inappropriately (1).
As in the worldwide, inappropriate and unnecessary use of medicines is a serious problem affecting public health in our country. Irrational use of medicines leads to decreased patient adherence to treatment, drug interactions, development of resistance to some drugs, recurrence or prolongation of diseases, increased incidence of adverse events and increased treatment costs (1).
Examples of irrational use of medicines (1):
- Use of medication when drug treatment is not indicated
- Use of the wrong medication in a special condition requiring medication
- Use of medications of questionable or incompletely proven efficacy
- Use of medications for which there is no complete information on safety
- Inappropriate route of administration, dose and duration

Drug interactions can be seen in medication groups frequently used in psychiatry. It is important to prescribe medications by taking these drug interactions into consideration. Some SSRIs are strong CYP inhibitors. Fluvoxamine is a strong CYP1A2 inhibitor that can cause elevated levels of theophylline and clozapine. Paroxetine may cause failure of tamoxifen treatment through CYP2D6 inhibition (2).

Since lithium has a narrow therapeutic index, caution should be exercised in terms of drug interactions. Lithium level increases with ACEI, thiazide diuretics and NSAID. Valproate is highly bound to proteins and may be displaced by other protein-binding drugs such as aspirin and cause toxicity. Aspirin may also inhibit the metabolism of valproate. Valproate can displace drugs that bind lowly to proteins, such as warfarin, leading to higher free levels and toxicity. Valproate is metabolized in the liver; drugs that inhibit CYP enzymes (e.g. erythromycin, fluoxetine and cimetidine) may increase valproate levels (2).

Carbamazepine is a CYP inducer and causes induction of its own metabolism as well as the metabolism of other drugs, including some antipsychotics. Its half-life is reduced with chronic use. Plasma levels of most antidepressants, some antipsychotics, benzodiazepines, warfarin, zolpidem and some cholinesterase inhibitors, methadone, thyroxine, estrogens and other steroids may be reduced by carbamazepine. It is metabolized by CYP3A, fluconazole, cimetidine, diltiazem, verapamil, erythromycin and some SSRIs that inhibit CYP3A4 may cause toxicity by increasing carbamazepine levels (2).

Drugs that lower the seizure threshold may decrease the anticonvulsant effect of carbamazepine. Drugs with the potential to suppress bone marrow (e.g. clozapine) may increase the potential of carbamazepine to cause neutropenia. The risk of hyponatremia may increase if taken concomitantly with drugs that reduce sodium (e.g. diuretics).

Valproate inhibits lamotrigine metabolism. Lamotrigine levels increase up to two-fold with concomitant use of valproate with lamotrigine. Therefore, the dose and titration should be half the dose. Carbamazepine induces lamotrigine metabolism. Lamotrigine levels are halved with

the use of carbamazepine in combination with lamotrigine. Therefore, the dose and titration should be doubled (2).

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Development of the Concept of Metacognition in Children and Adolescents

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Metacognition is a multifaceted concept comprising knowledge, processes, and strategies that evaluate, monitor, or control cognition. As a higher-order system, metacognition entails an individual's awareness of the events and functions occurring within their own mind, as well as their capacity to deliberately direct these processes. It can also be defined as "the knowledge an individual has about their own knowledge, their thoughts about their cognitive processes, or an internal reflection on their own cognitive processes." The relationship between metacognition and mental health or disorders in adult populations has prompted interest in whether children and adolescents exhibit comparable metacognitive beliefs. It has been documented that metacognition commences to develop in conjunction with the advent of the theory of mind during the preschool years. As posited by Flavell, the development of metacognitive knowledge and meta-memory in children commences between the ages of three and five and persists throughout the lifespan. It has been demonstrated in studies that children around the age of four possess metacognitive knowledge, including the understanding that their thoughts can include things that do not physically exist. Nevertheless, other metacognitive processes, such as monitoring and control, emerge later in childhood. Subsequently, from the age of six onwards, children become aware of the circumstances and processes involved in the acquisition of knowledge. It has been demonstrated that children between the ages of 6 and 7 begin to demonstrate an awareness of the existence of alternative perspectives and thought processes. Between the ages of 5 and 8, children also learn that their attention is selective and limited. By the age of 9, children may begin to understand, much like adults, that thoughts can be automatic and challenging to control. Metacognitive regulation largely reaches adult levels after the age of 13. It is believed that certain metacognitive skills, such as monitoring and evaluation, mature later than others, like planning. Further research is required to gain a deeper understanding of this topic.

Metacognitive Models in Childhood Psychopathologies

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Metacognition refers to the cognitive structure that enables the individual to recognize, understand, evaluate, and organize their own thought processes. Often referred to as "thinking about thinking," metacognition helps individuals evaluate their thoughts, adjust strategies, and refine their approach through self-reflection and feedback.
Metacognition stands as an executive function above cognition, regulating the cognitive or behavioral responses an individual uses to react to internal or external stimuli. This interaction among cognitive processes is identified as the Self-Regulatory Executive Function (S-REF), which is utilized to explain various psychopathological disorders. According to this model that was developed by Wells, the emergence of psychiatric disorders originates from dysfunctional metacognitive beliefs, which are defined in the concept of "Cognitive Attentional Syndrome (CAS)". Worry, rumination, fixed attention on threats (e.g., threat seeking, controlling and suppressing thoughts, filling the memory gaps) and dysfunctional self-regulation strategies (e.g., avoidance and alcohol/substance misuse) are among the maladaptive coping strategy components that are frequently used in CAS. These metacognitive beliefs can be either positive or negative. Positive beliefs may involve thinking that certain cognitive strategies, like worrying help solve problems; while negative beliefs often relate to viewing thoughts as uncontrollable or harmful. While most individuals experience these sensations temporarily, if they become chronic and persistent, they can lead to the development of mental disorders. These mechanisms may disrupt the self-regulatory system that the individual use to cope with negative emotions and experiences, leading to a feeling of lack of control over their emotions, cognition, and thoughts.

The adolescent period, during which awareness of one's own thoughts and decisions becomes crucial, can also contribute to the emergence of various psychopathologies, particularly if accompanied by prolonged negative metacognitive beliefs. In the literature, although most studies on the metacognitive model and the development of psychopathologies focus on adulthood, there are also a limited number of studies examining these issues in childhood and adolescence. Studies have shown that maladaptive metacognitions are often linked to internalizing disorders, such as Generalized Anxiety Disorder (GAD), Major Depressive Disorder, and Obsessive-Compulsive Disorder(OCD). Negative beliefs about worry, cognitive confidence, the need for control, and cognitive self-consciousness have been found to be significantly associated with anxiety disorders and depression in children and adolescent, with negative beliefs about worry showed the strongest relationship. Data on positive metacognitive beliefs are less consistent; some studies suggest that these beliefs may have a regulatory role in moderating the connection between metacognition and stress. Studies indicate a link between negative beliefs regarding the uncontrollability and danger of thoughts and the development of GAD, whereas heightened cognitive self-consciousness is more associated with OCD. Adolescents diagnosed with attention deficit hyperactivity disorder are suggested to suffer developing metacognitive skills due to existing executive function deficits. Moreover, growing literature suggests an association between metacognitive dysfunction and the etiology of

psychopathologies such as psychotic disorders, eating disorders, and borderline personality. Despite the increasing body of research on this topic, further studies are needed to clarify the specific relationship between metacognitive dysfunction and adolescent psychopathologies.

Metacognitive Therapy in Children and Adolescents

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Metacognitive Therapy (MCT) is a psychotherapeutic approach aimed at enhancing individuals' cognitive flexibility, fostering awareness of their thought processes, and making these processes more functional. Developed by Adrian Wells, MCT differs from cognitive behavioral therapy (CBT) in that it focuses on the process of thinking rather than the content of thoughts. The core theory of MCT posits that the primary factor underlying psychological disorders is individuals' metacognitive beliefs about their thoughts. Wells categorizes these beliefs into two types: positive and negative metacognitive beliefs. Positive metacognitive beliefs include ideas about the benefits of worrying, rumination, threat perception, and thought control, such as "Worrying helps me prepare." Negative metacognitive beliefs, on the other hand, revolve around the uncontrollability of thoughts and their perceived danger or importance, such as "I cannot control my thoughts." In this process, patients are taught that cognitive processes are temporary and controllable, enabling the replacement of maladaptive cognitive habits with more functional coping strategies.

MCT has been found effective in treating various psychopathologies in children and adolescents, including anxiety disorders, depression, obsessive-compulsive disorder, attention deficit hyperactivity disorder, and post-traumatic stress disorder. The primary interventions of the therapy include thought monitoring, modification of metacognitive beliefs, attention training, and behavioral experiments. Typically, it is a time-limited therapy lasting between 8 and 12 sessions. It can be administered in both individual and group formats. This therapeutic method facilitates the recognition and regulation of harmful cognitive processes, while targeting the restructuring of dysfunctional cognitive patterns. Although studies on the use of MCT in children and adolescents are still limited, its empirical basis and effectiveness in treating various psychological disorders suggest it is a promising intervention. Particularly in anxiety disorders and mood disorders, the teaching of cognitive control strategies through MCT and the positive long-term effects on psychological well-being significantly contribute to its clinical effectiveness. Teaching metacognitive strategies to this age group and incorporating supportive environmental factors into the therapy process may further enhance the efficacy of MCT.

Travmanın 50 Tonu:
Travmanın Farklı Klinik Yansımalarına Transdiagnostik Terapi Yaklaşımları

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Bir travmatik olay sonrası en sık karşılaşılan ve ilk akla gelen bozukluklardan biri Travma Sonrası Stres Bozukluğudur (TSSB). Fakat travma sonrası ortaya çıkabilen psikolojik zorluklar TSSB ile sınırlı değildir. TSSB için tanı kriterlerini karşılayan bireylerin çoğunun aynı zamanda bir veya daha fazla komorbid bozukluk için de kriterleri karşıladığına dair kanıtların yanı sıra, belirli klinik görünümlerin komorbidite denilemeyecek kadar TSSB'nin temel semptomları ile güçlü bir ilişkiye sahip olduğu da bildirilmiştir. Depresyon, yas, intihar düşünceleri, agorafobi, özgül fobiler, sosyal fobi, obsesif kompulsif bozukluk, ikincil psikotik belirtiler, duygudurum epizodları, psikosomatik belirtiler, yeme bozuklukları, uyku bozuklukları, madde kullanım bozuklukları, kişilik değişiklikleri travmatik bir olay sonrası kronik süreçte ortaya çıkabilecek durumlardan bazılarıdır.
Yüksek komorbidite oranları ve farklı klinik görünümler vaka karmaşıklığını artırabilir ve kimin tedavi ihtiyacı olduğu ya da tedavide hangi psikolojik zorluğa nasıl öncelik verileceği konuları klinisyenleler için zorluk yaratabilir. Tedavi kılavuzları TSSB'nin tedavisi için kanıta dayalı tek tanı protokollerini altın standart olarak kabul etmekle birlikte farklı klinik durumlar için doğrudan bir öneri sunmamaktadır. Bu noktada birçok psikolojik bozukluğun hem gelişiminden hem de iyileşmesinden sorumlu ortak mekanizmaların tanımlanması önem kazanmaktadır. Travma ilişkili bozukluklarda da ortak olan bu transdiagnostik mekanizmaların tespiti ve tedavide bu mekanizmalara daha bilinçli bir şekilde odaklanılması mevcut tek tanı tedavi protokollerine daha verimli ve etkili bir alternatif sağlayabilmektedir.
Bu oturumda travmayla ilişkili olarak ortaya çıkabilecek farklı klinik görünümlere ve bu klinik görünümlerle ilişkili utanç, benlik algısı, yaşantısal kaçınma, anksiyet duyarlılığı, ruminasyon, kendini eleştirme gibi transdiagnostik mekanizmalara yer verilecektir.

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Şefkat Odaklı Terapi (ŞOT) Uygulama

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BDPD 2024 Kurs

Paul Gilbert (2009) evrimsel biyoloji ve psikoloji temelinde bio-sosyal modeli temel alarak geliştirdiği ŞOT, gelişen özünde BDT devamında etkinleşen bir modeldir. ŞOT, Bowbly (1950) bağlanma kuramında hareketle iyi ve şefkatli bir bağ kurmak sürecinde önem vermiştir. ŞOT salt BDT bağlantılı değil terapi ekolleri üzerinde her ekole eklenebilen bir bileşen gibi de görülebilir. Özellikle ŞOT depresyon sürecinin gelişiminde aşırı düşünme ve yıkıcı özeleştiri yapmanın etkilerinden yola çıkar. Öte yandan iç denge sistemimizde yer alan 3 ana duygu sisteminden söz eder. Tehlike aktivasyon sistemi ve yatıştırma becerisinin eksikliği önemli bir tükenme nedenidir. Terapini bir amacı öz-yatıştırma becerisinin geliştirilmesidir. Duygu düzenleme süreci için kendine onarıcı yaklaşmanın öğretilmesi mümkün olabilmektedir. Şefkat ve öz-şefkat becerisi geliştirme değişimin temel mekanizması olarak kabul edilir.
Şefkat kişinin kendisinin ve diğer canlıların çektiği acının derin farkındalığıyla birlikte bunu hafifletmek için istek ve çabasına eşlik eden temel bir iyilik halidir. Birçok kültürde ruhsal ve manevi bir pusula olarak görülür.

P. Gilbert uzun yıllar depresyonlu olgularla çalışmalar yürütmüş ve depresyonun üstesinden gelme için şefkat odaklı modeli geliştirmiştir. Öz-şefkatin depresyonda iyileştirici gücüne vurgu yapmaktadır. Depresyonlu olgularda kendine yöneltilen yıkıcı eleştirilerin sık ve sürekli devam etmesinin kişiyi bir tehlike moduna sürüklediğini ve bu durumda uzun süre kaldığında kişinin tükenme ile karşılaştığını ve depresyonun gelişiminde tükenmenin rolünü vurgulamaktadır.
Evrimsel olarak insan zihninin iyi hissetme ve keyif verici yaşantılara gereksinim duyduğunu belirtmektedir, kişi kendisinde yatıştırıcı bir beceri geliştirmemiş ise bunların eksikliğinde içine girilen tehlike modunun tüketici duruma geldiğini anlayabiliriz. O halde iyileşme için temel düzenek kişinin kendisine yatıştırıcı bir biçimde yardım edebilmesidir.
«İnsan mutsuzluğunun aşırı tıbbileştirilmesi» çözümü de zorlaştırmış görünüyor. Yani uzun süren ve ağır seyreden duygusal ve davranışsal durumların birer bozukluk, hastalık olarak ele alınıp iyileştirilmeye çalışılması birçok durumda işlemiyor olabilir. Bu perspektiften yaklaşarak transdiagnostik bir çerçevede ruhsal sorunlara yaklaşan, getirilen içerikten daha fazla kendin ile, belirti ve duygularla kurulan ilişki üzerine odaklanan BDT sonrası 3. Dalga bir terapidir.
ŞOT, mindfulness temelinde BDT ile benzerlikler gösterir ve hem bireysel hem grup terapi uygulaması olarak geliştirilmiştir. İyileşme sürecinde kendini kabul ve koşulsuz kabul, sevgi ve özen verebilme önemli bir anahtar olabilir. Farkındalık ile elde edilen boşluk ve kendine uzaktan bakabilme ayrışma sürecinde iyileşmeye giden yol onarıcı bir yaklaşım ile kendine iyi davranmaktan geçmektedir. Gilbert'in 2017'de şefkatli benlik geliştirme kavramı ile model olgun halini almıştır.

Bu kısa kursta kuramsal temel yanı sıra şefkat ve öz-şefkat becerilerine bir giriş niteliğinde benden tarama, şefkatle nefes aralığı, bir başkasına şefkat ve öz-şefkat, şefkatli arkadaş imgesi gibi uygulamalar çalışılmıştır.
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Tanısız danışanlarda BDT temelli farklı modellerinin kullanımı.

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Tanısı olmayan danışanlarda BDT, çeşitli sorunların ele alınmasında etkili olabilir. BDT, düşünce, duygu ve davranış arasındaki ilişkileri keşfetmeye ve değiştirmeye odaklanır. Tanısı olmayan danışanlarda BDT uygularken dikkate alınması gereken bazı önemli noktalar şunlardır:

1. Sorunların Belirlenmesi
- Danışan Anamnezi
- Hedef Belirleme.

2. Bilişsel Çarpıtmaların Tanımlanması
- Düşünce Kalıpları: Danışanın olumsuz düşünce kalıplarını ve bilişsel çarpıtmalarını tanımlamak önemlidir.
- Bilişsel Yeniden Yapılandırma: Bu çarpıtmaları daha gerçekçi ve olumlu düşüncelerle değiştirmek için teknikler uygulanabilir.

3. Davranışsal Stratejiler
- Davranışsal Aktivasyon
- Maruz Bırakma Teknikleri.

4. Farkındalık ve Duygu Düzenlemesi
- Mindfulness Teknikleri: Danışanın mevcut anı kabul etme ve farkındalık geliştirme becerilerini artırmak için kullanılabilir.
- Duygu Düzenlenmesi. Danışanın duygularını tanıma ve yönetme becerilerini geliştirmek için stratejiler uygulanabilir.

5. Esneklik ve Uyarlama
- Bireyselleştirilmiş Yaklaşım: Her danışanın ihtiyaçlarına ve özelliklerine göre terapinin uyarlanması önemlidir.
- Esneklik: Terapistin yöntem ve teknikleri, danışanın ilerlemesine ve geri bildirimlerine göre esnek bir şekilde uyarlaması gerekebilir.

7. Psiko-eğitim
- Bilgilendirme: Danışana bilişsel davranışçı terapi ve kullandıkları teknikler hakkında bilgi vermek, terapinin etkisini artırabilir.
- Kendi Kendine Yardım: Danışanın kendi başına kullanabileceği strateji ve teknikler öğretilmelidir.

Evaluating Individual Change in Psychotherapy: Single-Case Experimental Designs

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Assessing the effects of psychotherapy on individuals is essential for developing personalized approaches in clinical practice. Traditional methods, such as randomized controlled trials (RCTs), focus on group averages to assess general efficacy. However, RCTs have limitations, including high costs, the need for large sample sizes, and a lack of focus on individual variability in treatment responses. These limitations make it challenging to comprehensively assess individual treatment effects. At this point, Single-Case Experimental Designs (SCEDs) provide a valuable alternative by allowing for detailed, individualized analyses of therapeutic change.

SCEDs treat each individual as their own control, observing changes before and after interventions. In SCED types such as AB and ABAB designs, treatment phases are repeated to capture direct effects, enabling within-subject comparisons and causal inferences. Unlike group-based designs, SCEDs can be implemented at a lower cost and are adaptable for daily clinical use. Techniques like visual analysis allow for detailed, phase-by-phase examination of individual responses, making SCEDs ideal for studies with smaller samples and for understanding individual differences in treatment outcomes. Variants like multiple baseline designs further support flexible applications by addressing individual variability in intervention timing.

In Turkey, the greater adoption of SCEDs would be a critical step toward assessing individual treatment responses in psychotherapy research and advancing personalized treatment practices. This session will address the analytical advantages and applications of SCEDs in psychotherapy research, aiming to foster individualized evaluation in both clinical and research settings.

Çocuk ve Ergenlerde Nörogelişimsel Bozukluklarda Kabul ve Kararlılık Terapisi

Şeyma Coşkun
Çocuk ve Ergen Psikiyatristi

1980'li yıllarda geliştirilmeye başlanan Kabul Kararlılık Terapisi (ACT), bilimsel kanıt düzeyi yüksek 3. dalga psikoterapi yöntemlerinden bir tanesidir. ACT'in temel amacı; içsel yaşantılara (duygu, düşünce, dürtü, anı vs.) uygun yanıtlar oluşturabilme becerilerini desteklerken değer odaklı davranışlarla temasın arttırılmasıdır. Bu sayede kişinin psikolojik esnekliğinin geliştirilmesi amaçlanır. Bunun için de altıgen dediğimiz yapı üzerinde yer alan 6 farklı alanla ilgili (anla temas, duyguların kabulü, bilişsel ayrışma, değerlerle temas, değer odaklı davranışlar, bağlamsal benlik) bir takım müdahaleler yapılır.
Yetişkin popülasyona ait çeşitli psikopatolojilerde etkinliği gösterilmiş olan ACT'in çocuk ve ergen psikoterapilerinde kullanımına artan bir ilgi bulunmakta ve bu konuda araştırmalar yapılmaktadır. Bireysel, grup ve internet temelli ACT müdahalelerin değerlendirildiği bir dizi çalışmada; ACT'in içselleştirme ve dışsallaştırma semptomlarını azaltmanın yanı sıra çocuk ve adolesanlarda yaşam kalitesinde artışla ilişkili olduğu gösterilmiştir. Ayrıca çocuk ve ergen psikiyatri alanında önemli bir yer tutan nörogelişimsel bozukluklarda ACT uygulamaları günden güne artmakta ve bununla ilgili literatür zenginleşmektedir. ACT'in nörogelişimsel bozukluklarda psikolojik esneklik, kognitif işlevler, bilişsel ayrışma, yaşantısal kabul gibi alanlarda iyileşme sağladığı gösterilmiştir.

Çocuk ve Ergenlerde Nörogelişimsel Bozukluklarda Kabul ve Kararlılık Terapisi adlı bu sunumda;
1. DEHB, otizm, öğrenme güçlüğü gibi nörogelişimsel bozuklara sahip çocuklarla, ergenlerle ve onların bakım verenleriyle yapılan ACT çalışmaları
2. Nörogelişimsel bozuklara sahip çocuk ve ergenlerle tipik gelişen çocuk ve ergenlerdeki ACT müdahalelerinin ortak noktaları ve ayrışan noktalarının neler olduğu
3. Örnek vaka(lar) üzerinden nasıl bir değerlendirme yapılacağı ele alınacaktır.

Meeting with Expert / Title: Metacognitive (Metacognitive) Training, a New Cognitive Behavioural Method Developed

Speakers: Hakan Türkçapar & Selin Tutku Tabur
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Psychotic disorders are psychiatric disorders whose main symptoms are delusions and hallucinations, which seriously affect the life and functionality of the individual. Until recently, it was thought that medication could be the only method in terms of treatment, but in recent years, the idea that psychosocial treatments can make important contributions in addition to medication has come to the fore. In this direction, in addition to the known and used CBT approaches, Metacognitive (Metacognitive) Training, a new cognitive behavioural method developed in recent years, effectively complements the treatment of psychotic disorders. The Metacognitive (Metacognitive) Training programme (MBT) is based on the psychosis model of cognitive behavioural theory and its unique feature is that it focuses on the metacognitive domain in practice. Cognitive behavioural therapy methods used in the psychosocial treatment of schizophrenia base their applications on explanations at the level of perception, cognition and schema regarding the formation of psychosis. Developed in 2005 by Steffen Moritz and Todd S. Woodward, Metacognitive (Metacognitive) Training is a new method developed for the treatment of positive symptoms in psychosis, especially delusions. This training has been supported by research that psychotic individuals can contribute to gain insight. Metacognitive training is suitable for inpatient groups and outpatients. It can be applied in both individual and group format. Since the aim of the training is to enable the patient to see the negative consequences of cognitive biases, a large number of examples are used with the prepared materials.

In conclusion, it is expected that the role of metacognitive training in the treatment of psychotic disorders will increase in the future. Especially its integration into the treatment approaches provides a great advantage. The benefits and limitations of using metacognitive training together with cognitive-behavioural therapies and pharmacotherapy should be reviewed.

Metacognitive Approach in Undiagnosed Clients

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Abstract

In general, it is reported that there are factors that not only contribute to the occurrence of a particular disorder, but are also partially responsible for comorbidity between disorders. Such factors that transcend the specific nature of the disorders are referred to as transdiagnostic factors (Harvey ve ark. 2004, Ehring ve Watkins 2008).

Metacognition includes all types of information and cognitive processes that are related to the interpretation, monitoring, and control of cognitions. Case formulation, attention training techniques, detached mindfulness, postponing worry or rumination, and challenging positive and negative metacognitive beliefs are interventions that can be used when implementing MCT with undiagnosed clients (Capobianco ve ark. 2018, Callesen ve ark. 2019).

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Tekrarlayan Düşünmeler için İşlevsel Analiz Temelli Yaklaşım

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Tekrarlayan düşünme, bireyin kendisi ya da dünya hakkında uzun süreli, derinlemesine ve tekrar eden düşünme süreci olarak tanımlanmaktadır (Segerstrom vd., 2003). Tekrarlayıcı düşünme; ruminasyon, endişe, plan yapma, hayal kurma ve kendini eleştirme gibi çeşitli formlarda ortaya çıkabilir. Bu düşünme sürecinin hem adaptif hem de maladaptif olabileceği, dolayısıyla bireyin hayatında yıkıcı ya da yapıcı sonuçlar doğurabileceği vurgulanmaktadır. Klinik ortamda en sık rastlanan maladaptif tekrarlayıcı düşünme biçimlerinin endişe, ruminasyon ve kendini eleştirme olduğu belirtilmektedir. Araştırmalar, bu formların depresyon, anksiyete, uykusuzluk, yeme bozuklukları ve psikotik bozukluklar gibi çeşitli psikopatolojilerin gelişiminde ve sürdürülmesinde önemli rol oynadığını göstermektedir (Ehring ve Watkins, 2008; Harvey vd., 2004).

Bu oturumda, tekrarlayan olumsuz düşünme, radikal davranışçı geleneğe dayanan işlevsel bağlamsalcılık perspektifi çerçevesinde ele alınacaktır. Radikal davranışçılığa göre organizmanın yaptığı her şey, düşünme dahil olmak üzere, bir davranıştır. Düşünmek, bu bağlamda örtük bir davranış olarak kabul edilmektedir. İşlevsel bağlamsalcı yaklaşım ise bir davranışın tam anlamıyla anlaşılabilmesi için yalnızca o davranışın ne olduğuna değil, aynı zamanda hangi bağlamda gerçekleştiğine ve işlevine odaklanılması gerektiğini öne sürer. Bu doğrultuda, psikoterapi ortamında tekrarlayıcı olumsuz düşünmenin etkilenmesi ve değiştirilmesi, ancak bu davranışın ortaya çıktığı bağlamın anlaşılması ve işlevlerinin belirlenmesi ile mümkün olacaktır.

Oturumda, örnek vakalar üzerinden endişe, ruminasyon ve kendini eleştirme davranışları Skinner'ın geliştirdiği "Davranışın ABC Analizi" yöntemi ile analiz edilecektir. Ardından, bu analiz ışığında psikoterapide kullanılabilecek müdahale yöntemlerine değinilecektir.

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Functional Dysphonia with Clinical Features

Özlem Devrim Balaban
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Functional neurological symptom disorder (FND) is characterized by neurologic symptoms such as weakness, abnormal movements, or nonepileptic seizures, which involve abnormal nervous system functioning rather than structural disease. In addition, clinical findings on examination provide evidence of incompatibility between the symptoms and recognized neurologic disease. The diagnosis is frequently missed or delayed, which in part explains the generally poor prognosis.
FND meaning that the symptoms arise from abnormal nervous system functioning in the absence of structural pathology. In patients with neurologic symptoms that are not caused by recognized neurologic disease, the diagnosis of FND should be made after the physician has identified the typical, positive clinical findings that establish the diagnosis. FND is not a diagnosis of exclusion. In DSM-5-TR, as well as the ICD-11, clinicians can make the diagnosis of functional neurological symptom disorder without identifying psychological factors associated with the neurologic symptoms.
Assessment of patients presenting with possible FND includes a medical history, physical examination, and indicated laboratory tests, as well as a psychiatric history and mental status examination. It is essential to look for neurologic and other general medical conditions, particularly early-stage diseases. Successfully presenting the diagnosis of FND to patients is a fundamental aspect of treatment.
The prevalence of functional neurologic symptoms in neurologic settings ranges from 9 to 16 percent, making it one of the most common disorders. Multiple studies indicate that FND is more likely to occur in females than males. Many biological, psychological, and social factors have been found to be more common in patients with functional neurological symptom disorder than patients with comparable symptoms due to recognized disease. Different hypothetical models attempt to explain how FND symptoms develop; the models are not mutually exclusive. Symptoms persist or worsen in approximately 40 to 66 percent of patients.
In functional dysphonia there is a (usually) sudden or intermittent loss of volitional control over the initiation and maintenance of phonation despite normal structure and function as observed during laryngoscopy and clinical examination. Systematic reviews of randomised controlled trials exploring the efficacy of symptomatic voice therapy for ‘functional dysphonia’ report moderate-to-good evidence for the direct symptomatic and behavioural voice therapies, either alone, or in combination with indirect therapies that may involve education and vocal hygiene. Therefore, functional dysphonia is an interesting model for the diagnosis, evaluation and treatment of functional neurological disorders. As psychogenic dysphonia symptoms and psychological factors mutually affect each other, the combination of voice therapy and psychotherapy for symptoms seem to be the gol standard treatment for now. The gold standart pschotherapy is cognitive behavioral therapy.

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Olgu Örnekleriyle Metakognitif Terapinin Temel Teknikleri

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Metakognitif terapi (MKT), geleneksel bilişsel davranışçı terapi (BDT) ekolünden bazı yönleriyle farklılaşan, sağlam bir kuramsal arka plana sahip, ruhsal bozuklukların tedavisinde etkili olduğu gösterilmiş, kanıta dayalı bir psikoterapi yöntemidir. MKT'nin temel vurgusu bilişlerin içeriğinden ziyade bilişsel süreçler ve kişilerin bu süreçlere verdikleri tepkiler üzerinedir. Geleneksel BDT yaklaşımlarından temel farklılık noktası da zaten vurgusundaki bu farklılıkta yatmaktadır. MKT'de terapistin ana amacı ruhsal bozukluğun sürdürülmesinde rol oynadığı düşünülen bu bilişsel süreçlere odaklanmak ve kişinin bu süreçlere verdiği uyuma dönük olmayan tepkileri değiştirmeye aracılık etmektir. Nitekim MKT'nin geliştirilme sürecinde yapılan gözlemler ve bunları doğrulmak için yapılan klinik araştırmalardan elde edilen sonuçlar, ruhsal bozuklukların hem ortaya çıkmasında, hem de sürmesinde bilişlerin içeriğinden çok, bu bilişlerin hangi süreçleri etkilediğinin, bu süreçlerdeki bozulmaların bir sonucu olarak da kişilerin hangi uyuma dönük olmayan tepkileri gösterdiklerinin ve bu tepkileri kontrol altına alabilmek için devreye soktukları başa çıkma yöntemlerinin daha ön planda olduğunu öne sürmektedir. MKT, kişinin biliş ve davranışlarını kontrol altına alabilmek için üstbilişlere önem verir. Üstbilişler, bilişlerin işleyişini anlamada, kişinin neye dikkat ettiğini saptamada, düşünme ve davranışların düzenlenmesinde kullanılan stratejileri etkilemede görev alır. Burada bahsedilen tüm maddeler, bilişsel süreçlerin bir parçasına karşılık gelir. Bu yönüyle bakılacak olursa, üstbilişler, kişiyle ilgili bilişlerin seçilmesi, izlenmesi, yorumlanması ve kontrolünden sorumludur. Geleneksel BDT yaklaşımı, topografik açıdan bilişleri yüzeyden derine doğru otomatik düşünceler, ara inanışlar ve şemalar olarak konumlandırır. Üstbilişler bu şekildeki bir konumlandırmada, tüm bu bilişlerin de altında yer alan ve kişiye gelen içsel veya dışsal uyaranlara göre hangi bilişlerin seçilip devreye sokulacağını, hangi davranışsal tepkilerin verileceğini belirleyen, yürütücü güç gibi tahayyül edilebilir. Üstbilişler tüm bu üç biliş katmanı arasındaki etkileşime aracılık eden bir üst köprü gibi de düşünülebilir. Bu yerleşim farklılığının MKT'de uygulanan tekniklerin sıralamasının neden geleneksel BDT'den ayrı bir yol izlendiğini açıklayabilir. Ayrıca bu her üç katman arasında yayılan ve MKT'nin kuramsal arka planındaki dayanağı temsil eden kendini düzenleyen yürütücü işlevin (KDYİ) de anlaşılmasında bu topografik açıklama yardımcı olabilir. KDYİ, her biri birbiriyle etkileşim içinde olan üç katmanlı bir yapıya sahiptir. En alt katmanda otomatik bilgi işleme süreçleri (alt düzey işlem), ara katmanda bilinçli şekilde bilgi işleme süreçleri (bilişsel tarz), en üst katmanda ise üstbilişlerin depolandığı bir kütüphane (üst düzey işlem) yer alır. MKT'ye göre, ruhsal bozuklukların sürdürülmesi veya kontrol altına alınması, bu üç katmanda tepeden aşağıya doğru ilerleyen bir süreç aracılığıyla gerçekleşir. Uzun yıllar boyunca laboratuvarda, sonrasında da klinik ortamda KDYİ modeli test edilmiş ve bu modelin ruhsal bozuklukları açıklamakta geçerli olduğu sonucuna varılmıştır. Bu modelin merkezinde dört temel kavram yatmaktadır: (1) Bilişsel dikkat sendromu (BDS), (2) Üstbilişsel inanışlar, (3) Dikkat ve yürütücü işlevlerin kontrolü, (4) Zihinsel modlar. KDYİ modeli, MKT'de ruhsal bozuklukları açıklamak için özetle bu dört temel kavramı kullanmaktadır. Farklı ruhsal bozukluklarda bu kavramların farklı oranlarda bir araya gelmesi söz konusudur. Yine de MKT, özü itibarıyla transdiyagnostik bir yaklaşım gibi düşünülebilir. Zira MKT'deki tüm müdahaleler birtakım ortak ilkelerden hareket etmektedir. Bu ortak ilkelerin ışığında, ruhsal bozuklukları açıklamada şu patolojik sürecin işlediği söylenebilir. İlk aşamada kişide bir tehdit / tehlike algısı olur. Kişi bu algıyı nesne modunda değerlendirir. Bu sayede BDS etkinleşir ve işe yaramayan başa çıkma stratejilerinin de devreye girmesiyle ruhsal sıkıntı oluşur. Psikopatolojinin bu jenerik üstbilişsel açıklaması aynı zamanda MKT'nin neden transdiyagnostik bir yaklaşım olarak görülebileceğini de

gösterir. Nitekim MKT'yi geleneksel BDT'den ayıran en önemli nokta, aynı zamanda transdiyagnostik olarak da kullanılabilecek olgu kavramsallaştırmasıdır. Bu kavramsallaştırmaya göre bir biliş ya da duygudan teşekküllü tetikleyici durum, bilişlerin aracılığı ile duygusal ya da davranışsal sonuçlara yol açar. Bu modeldeki farklılık, aradaki bilişler noktasının BDS ve üstbilişsel inanışlar tarafından kontrol ediliyor olmasıdır. Özetle, MKT'nin kuramsal dayanağı oldukça kuvvetli, kanıta dayalı, kendine has birtakım müdahale teknikleri olan bir psikoterapi yaklaşımı olduğu söylenebilir.

Anahtar Sözcükler: metakognitif terapi, psikoterapi, üstbiliş, bilişsel davranışçı terapi

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Geçmişten Geleceğe Annelik Sürecine Bilişsel Bakış
Annelik mi Anne Olmamak mı?

Uzm. Dr. Özlem Baş Uluyol
Sancaktepe Şehit Prof Dr. İlhan Varank EAH

Kadın kimliği tarihsel olarak çocuk doğurmak ve anneliğe dair semboller etrafında inşa edilmiştir. Bu ataerkil toplumsal düzenlemede kadın için doğal ve istenir olduğu kabul edilen anneliğin, anne olan ve olmayan tüm kadınlar açısından disipline edici ve kadın olmanın bir koşulu olduğu inancı dikkate alınmaktadır. Bu bilişler ile anne olan kadınlar anneliklerinin niteliği hakkında sürekli sorgu altında yaşarken, anne olmayan kadınlar, kadın olmanın gereğini yerine getirmedikleri iddiasıyla norm dışı kabul edilip kendileri ile ilgili olumsuz bilişlere sahip olabilirler.Tüm bunlar feminist literatürde anneliği ataerkil toplumsal düzenlemenin kadını sınırlayan, baskı altına alan bir kurumu olarak gören yaklaşımla ilgili tartışmalar devam ederken 1970'lerden, ağırlıklı olarak da 1990'lardan itibaren annelik tartışmaları kadar yaygın olmasa da anne olmamak da feminist literatürde kendine yer bulan bir konu olmuştur. Literatürde biyolojik olarak çocuk sahibi olamayan bireyler için "çocuğu olmayan-childless", çocuk sahibi olmak istemediği için yapmayan bireyler için "çocuk yapmayan-childfree" ya da "gönüllü çocuksuzluk-voluntary childlessness" kelimeleri kullanılmaktadır .
Çocuk sahibi olmak istediği halde biyolojik engellerle karşılaşan kadınlar için çevre baskısı, sosyal rol eksikliği ile birlikte değersizlik ve yetersizlik şemaları aktive ruhsal sorunlar ortaya çıkmakta, yaşam kalitesi ve benlik saygısı önemli ölçüde düşmektedir. Özellikle ilkokul mezunu, işsiz, sosyal güvencesi olmayan ve gelir durumu kötü olan veya geliri olmayan kadınların infertiliteden daha çok etkilendiği; depresyon ve anksiyete oranlarında artma olduğu yapılan çalışmalarda gösterilmiştir.
Çocuk sahibi olmak istemediği için çocuk yapmayan (gönüllü çocuksuzluğu seçenler) ve bunu ifade edebilen kadınlar da toplum baskısına, sosyal dışlanmaya ve yargılanmaya maruz kalmaktadır. Özellikle Kuzey Amerika ve Batı Avrupa'da kadınlar arasında gönüllü çocuksuz kadın sayısının arttığı görülmektedir.Tipik olarak yüksek eğitimli,kariyer odaklı, ekonomik özgürlüğü olan,ve beyaz kadınlar arasında gönüllü çocuksuz sayısı daha fazladır. Bu durumun eğitim düzeyinin ve evlilik yaşının yükselmesi, ücretli işgücüne katılımın artması, doğum kontrolünün yaygınlaşması gibi yaşam biçimlerini etkileyen toplumsal değişimlerle ilişkili olduğu belirtilmektedir.Son yıllarda elde edilen sonuçlara göre artan eğitim durumu ve iş hayatına katılım sonucunda çocuk sahibi olmak isteyen kadınların sayısında azalma yada ileri yaşlarda çocuk sahibi olma yönünde eğilim görülmekte olup ABD, Kanada, İngiltere'de olduğu gibi ülkemizde de ilk doğum yaşı ileri yaşlara doğru kaymaktadır.

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Travmada anlamı yakalamak: ACT perspektifinden travma ve değer müdahaleleri
TSSB'de Değerleri Keşfetmek

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Kanıta Dayalı TSSB Terapilerine Değer Müdahalesinin Eklenmesi
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Kabul ve Kararlılık Terapisi (ACT), değerleri terapötik sürecin rehberi olarak kullanan bir psikoterapi yaklaşımıdır. Davranışçı geleneklere dayanan ACT, işlevsel bağlamsalcılık ve İlişkisel Çerçeve Teorisi (RFT) zemininde geliştirilmiştir. Travma sonrası stres bozukluğu dahil olmak üzere birçok psikopatolojide ACT'in etkinliğini gösteren randomize kontrollü çalışma bulunmaktadır. ACT psikopatoloji modeli, 'psikolojik katılık' olarak tanımlanırken, işlevsellik modeli ise psikolojik esneklik olarak ifade edilmektedir. ACT'nin amacı, kişinin psikolojik esneklik becerilerini geliştirerek işlevselliğini artırmaktır. Semptomları azaltmaktan ziyade, ACT, bireyin davranışlarının kendi değerleri tarafından yönlendirilmesini sağlamayı hedeflemektedir.

Değerler, eylemin arzulanan nitelikleri olarak tanımlanmaktadır. Kişinin nasıl biri olmak istediği ve bu doğrultuda nasıl davranmayı istediğiyle ilgilidir. Değerler, davranışlar için bir rehber ve motivasyon kaynağıdır. Travmatik olay sonrasında kişinin değerleri ile teması azalabilir. Değerler travmatik olay sonrası geleceği inşa etmede bir pusula işlevi görmektedir. Değerlerle temas arttırılarak "travma sonrası büyüme" sağlanması hedeflenir.

Travma ve değerlerin konu edileceği ve yaşantısal tekniklerin kullanılacağı bu kurs ile katılımcıların;

1. Psikolojik esneklik altıgeninin bir boyutu olan değerleri öğrenmesi,
2. ACT'te kullanılan değer müdahale tekniklerini tecrübe edebilmeleri,
3. Değer müdahalelerini farklı psikoterapi modellerinde de uygulayabilmeleri hedeflenmektedir.

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Ergenlikten Beliren Yetişkinliğe OSB-Autism Spectrum Disorder from Adolescence to Emerging Adulthood

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Autism Spectrum Disorder (ASD) presents a unique set of challenges that evolve as individuals transition from adolescence into emerging adulthood. During these developmental stages, the complexities surrounding both diagnosis and daily living increase, necessitating a nuanced understanding of the experiences faced by individuals with ASD. Adolescence is a critical period characterized by significant physical, emotional, and social changes. For individuals with ASD, these changes often come with additional difficulties. Puberty can heighten sensory sensitivities, lead to increased anxiety, and intensify behavioral issues such as irritability and aggression. The social demands of adolescence, including forming friendships, navigating peer relationships, and interpreting social cues, become more challenging. Many adolescents with ASD struggle with social communication and may face exclusion or bullying, further impacting their mental health and self-esteem.

The presence of comorbid conditions such as anxiety, depression, and Attention Deficit Hyperactivity Disorder (ADHD) is more prevalent during adolescence among those with ASD. These comorbidities can complicate the diagnostic process, making it challenging for clinicians to differentiate whether certain symptoms are attributable to ASD or another condition. This complexity underscores the need for a comprehensive, multidisciplinary approach to diagnosis and treatment during adolescence.

Emerging adulthood, typically defined as the period from ages 18 to 25, introduces new roles and responsibilities that can be particularly daunting for individuals with ASD. This phase involves significant life transitions, such as graduating from high school, pursuing higher education or vocational training, entering the workforce, and developing independent living skills. These changes require not only adaptive functioning but also robust executive functioning skills—areas where many individuals with ASD often face difficulties.

During this period, challenges often include managing time, maintaining organizational skills, and fostering social relationships in more independent settings. The lack of structured support that is typically available in high school settings further exacerbates these issues, leading to an increased risk of unemployment, social isolation, and mental health problems. The transition from pediatric to adult healthcare systems can also pose significant challenges, as adult providers may have less experience with ASD and its complexities.

The journey from adolescence to emerging adulthood for individuals with ASD is marked by unique challenges that require thoughtful consideration and tailored support. Addressing the diagnostic complexities and the difficulties in social adaptation and daily functioning can significantly impact outcomes. By understanding these challenges and providing appropriate support, clinicians, educators, and families can better guide individuals with ASD through this critical transition, helping them achieve a more fulfilling and independent adulthood.

ASD presentation in adults

Yasemin Hoşgören Alıcı
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Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterised by retardation in social and language development, communication and social interaction problems, restricted interests and repetitive behaviours. In adulthood, unlike in childhood, the picture may appear different with the comorbidities added or the comorbidities may hide the underlying main disease. Therefore, knowing the possible clinical pictures and differential diagnoses is of great importance for treatment planning. In recent multicentre studies conducted in our country, attention deficit and hyperactivity disorder, mental retardation and behavioural disorders were considered as the most common comorbidities. In our study in which patients without mental retardation were included, it was observed that anxiety disorder was diagnosed most frequently. In our talk, we will discuss the profile of high-functioning autism patients in our clinic and in our research and clues for differential diagnosis.

CBT strategies for femal sexual disorders

Bengü Yücens
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Diagnostic and Statistical Manual of Mental Disorders-5 criteria classified female sexual disorders into female sexual interest/arousal disorder, female orgasmic disorder and genito-pelvic pain/penetration disorder. These disorders negatively impact quality of life for many women. It is important to identify habits that may impair sexual functioning such as alcohol abuse, excessive exercise, smoking, sleep disorders, obesity, as well as cardiovascular diseases, endocrine diseases, etc. As much as the physical condition is important for sexual functioning, the psychological condition is just as important. CBT adopts a holistic approach for the understanding and treatment of sexual dysfunctions. Low self-esteem, negative body image, low sexual self-confidence and performance anxiety, spectatoring, inappropriate and unrealistic cognitions, attention problems or excessive mental occupation, poor body awareness, sexual inexperience, lack of self-satisfaction skills and negative beliefs about masturbation, history of physical or sexual abuse are psychological factors that can cause sexual dysfunction. In addition, relational factors may also significantly affect couple sexuality. Improving psychosexual skills and cooperation of couples, eliminating deficiencies in emotional intimacy, resolving relationship conflicts, ensuring regular sexuality, creating alternative sexual scenarios are among the strategies to solve relationship problems. CBT offers specific treatment strategies that address all these factors. CBT may help women with sexual dysfunctions to identify which factors enhance and which factors generate sexual limitations, as well as to restructure maladaptive thoughts about their sexuality, and reduce the tendency to avoid certain sexual behaviors. Although the central objective of CBT in these dysfunctions is an improvement in sexual function and sexual satisfaction, there are specific aspects to be addressed in each form of female sexual dysfunction. CBT aims to focus on the awareness of the physiological sensations present during sexual arousal, as well as reducing the negative anticipation of sexual experiences. In order to achieve these objectives, techniques such as psychoeducation, cognitive restructuring, pelvic muscle training, sensate focus exercises, minfullness trainig, masturbation exercises or dilator therapy are used.

4th International Congress of Cognitive Behavioral Psychotherapies
In-Congress Workshop Abstract

Title: Process-Oriented CBT for Anxiety Rationale, Formulation and Intervention Strategies

Presenter: David A. Clark, *University of New Brunswick, CANADA*

CBT is a well-established, evidence-based treatment for the anxiety disorders. In recent years outcome studies and meta-analyses on very large samples have shown that CBT produces large effect sizes in clinical practice, with treatment gains maintained through follow-up periods. However, 30-40% of participants do not show significant improvement, and many individuals find standard CBT draining and difficult. Clearly, CBT is an effective treatment for anxiety but there is considerable room for improvement. In their seminal book *Process-Based CBT* (2018), Hayes and Hofmann offer a perspective that focuses on the core clinical competencies of CBT used to create change in key biopsychosocial processes that characterize an individual's emotional distress. This workshop presents a process-oriented approach to CBT for anxiety based on the Hayes and Hofmann perspective. Thirteen critical processes are identified that define the experience of excessive and disturbing anxiety. In this workshop participants will learn how to adopt a process-oriented approach to case formulation and treatment planning. Specific cognitive and behavioral interventions are described that target each process, along with case illustrations and worksheets. Practitioners with experience in CBT will readily see how the process-oriented framework offered in this workshop can bolster their effectiveness in treating anxiety and its disorders.

Philosophical Origins of Cognitive Behavioral Therapy

Telli Kıraç Kuru
Ankara Bilkent Şehir Hastanesi

Cognitive Behavioural Therapy (CBT) is a modern psychotherapy method that examines how individuals' thoughts and feelings affect their behaviour. The ideas of CBT pioneers such as Albert Ellis and Aaron Beck were inspired by philosophy as well as psychology, especially the ancient Stoics (Epictetus and Marcus Aurelius).

Cognitive Behavioural Therapy (CBT) overlaps with the Stoics‘ statement that “individuals” emotional reactions are shaped not by events, but by their reactions to events’. Ellis defines the meanings we give to events as negative automatic thoughts and argues that when these thoughts cause emotional distress in the individual, healthier emotional reactions can be developed by recognising and restructuring these thoughts. Thus, both CBT and Stoicism recognise the strong influence of thoughts on emotions.

In Rational Emotional Therapy (RDT), Ellis, in parallel with Stoicism, aims for long term pleasures, i.e. eudaimonia (Greek for happiness or ‘good life’), instead of short term pleasures. This idea argues that individuals should aim for long-term happiness rather than immediate gratification. Both Ellis and Stoics believe that lasting happiness can only be achieved through rational thought and emotional balance.

Another similarity is between the ‘Stoic Conditional Mode’ and the concept of rational choice in Ellis' theory of Rational Emotive Therapy (RDT). The conditional mode is an understanding that advocates considering all kinds of possibilities in terms of consequences, accepting the existence of elements that are not under one's control, and emphasising the part that one can control is the most important. This concept encourages the individual to find emotional balance by focusing on his/her own rational choices and actions, rather than focusing on the elements beyond his/her control.

The Stoic understanding of ‘life in accordance with nature’ is parallel to Beck's cognitive therapy. Stoics advocate individuals to live in harmony with natural and rational thoughts. Beck also addresses the thought processes of individuals in the therapy process in the context of common sense-based approach. Beck argues that when individuals develop irrational beliefs, these distorted thought processes lead to misperceptions about external reality and cause emotional disorders. Paul Dubois, as one of the pioneers of cognitive therapy, developed parallel ideas about the concept of ethics, which the Stoics defined as ethos, about 50 years before Ellis and Beck. According to Dubois, for the Stoics, what is ethical is what contributes to one's happiness and well-being. Dubois started his therapy with a psychoeducation with this concept.

Another name that influenced the antecedents of cognitive therapy was Coué, whom Ellis worked on for a while. Focusing on how individuals' positive or negative suggestions towards themselves affect their cognitive processes, Coué took the foundations of this approach from Pitagoras and Aristotle, that is, again from ancient philosophy.

Cognitive Behavioural Therapy (CBT) has its philosophical roots in ancient philosophy in general and Stoic philosophers in particular. In addition, thinkers such as Spinoza, Russell and Kant have also made important contributions to CBT, inspired by the Stoic tradition. The cognitive and emotional suggestions developed by all these thinkers have played a role in shaping the theoretical structure of modern CB.

Kabul ve Kararlılık Terapisi'nin Felsefi Kaynakları

Merve Terzioğlu
Serbest Hekim

Kabul ve Kararlılık Terapisi (Acceptance and Commitment Therapy-ACT), uzun süreli bir araştırma ve entelektüel gelişim programının bir sonucu olarak ortaya çıkmıştır. Felsefi ve kuramsal temeli ile uygulama ayağı bir bütün olarak tutarlılık sergileyen ACT'in ontolojik ve epistemolojik duruşuna dayanak sağlayan felsefi temeli İşlevsel Bağlamsalcılık (Functional Conetxtualism-İB), teorik ve ampirik çalışmalara rehberlik ederken; kuramsal dayanağı olan İlişkisel Çerçeve Kuramı (Relational Frame Theory-İÇK), insan dili ve bilişine dair kapsamlı ve tutarlı bir açıklama sunarak uygulamaları yönlendirir.

Pepper'ın (1942) felsefi dünya görüşü, bir kök metafor ve doğruluk ölçütü etrafında şekillenir. Bir dünya görüşü, kök metafor ve ona bağlı olan doğruluk ölçütlerini içerir. Kök metafor, varlık ve varoluş hakkında ontolojik varsayımlar sunarken; doğruluk ölçütü bilgi iddialarını değerlendirmek için kullanılan epistemolojik görüşleri yansıtır. Pepper, formizm, mekanizm, organisizm ve bağlamsalcılık olmak üzere dört dünya görüşü tanımlamıştır. Bağlamsalcılığın kök metaforu *bağlamdaki-eylem* ikeni doğruluk ölçütü *başarılı işlerlikdir*. Bu bağlamda İB, temel varsayımlarını felsefi pragmatizmden ve bağlamsalcılıktan alan bir felsefi yaklaşımdır. Bir davranışı değerlendirirken ontolojik özelliklerin değil işlevin referans alınması gerektiğini öneren İB, organizmanın içinde bulunduğu tarihsel ve durumsal bağlamla etkileşim halinde olduğunu ve dolayısıyla bir davranışın işlevinin anlaşılmasının ancak bu etkileşime odaklanılarak mümkün olabileceğini öne sürer.

Bağlamsal Davranışçı Bilimler (BDB, Contextual Behavioral Science) ise İB zemininde geliştirilmiş bir bilimsel disiplindir ve insan davranışlarını anlamayı, öngörmeyi ve etkilemeyi amaçlar. Bu amaç doğrultusunda, davranış içinde bulunduğu bağlam ile birlikte değerlendirilir; zira bir davranışın işlevini anlamak için ortaya çıktığı bağlamdaki değişkenlerin bilinmesi gerekir. Tarihsel olarak davranışçılık ve davranış analizi ekollerinin içinde yer alan BDB, B.F.Skinner"in radikal davranışçı yaklaşım prensiplerini benimsemektedir. Bu yaklaşım; düşünce, duygu gibi içsel yaşantıları da birer davranış olarak ele almakta ve dolayısıyla bu içsel davranışları etkileyen faktörleri de öngörmeyi, anlamayı ve etkilemeyi amaçlamaktadır. Bu doğrultuda yürütülen araştırmalar sonucunda insan dili ve düşüncesine dair kapsamlı bir kuram olan İlişkisel Çerçeve Kuramı (Relational Frame Theory, RFT) geliştirilmiştir. İÇK, insan dili ve bilişinin temelini keyfi-uygulanabilir ilişkisel yanıtlama olarak adlandırılan davranışın oluşturduğunu öne sürer ve temel uyaran işlevlerinin sözel süreçler ve ilişkiler tarafından nasıl değiştirilebileceğini açıklar.

Bu oturumda, katılımcıların ACT'in felsefi ve kuramsal temellerine dair genel bir bilgi sahibi olması ve ACT'in yaşantısal kaçınma, bilişsel birleşme, ayrışma ve değerler gibi temel süreçlerinin felsefi ve kuramsal temeller ile ilişkisine değinilmesi hedeflenmektedir.

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Traditional psychological and psychiatric research has primarily relied on standardized self-report tools. While these instruments offer certain benefits, they also present notable limitations, such as recall bias, where participants may inaccurately remember past experiences. Moreover, these methods often fail to capture the complexity and dynamic nature of human experiences as they occur. These shortcomings have led to growing interest in intensive longitudinal approaches like the Experience Sampling Method (ESM). ESM is defined as a technique for assessing individuals' internal experiences—such as emotions, thoughts, bodily sensations, symptoms- and contextual factors in real-time and within their everyday life. By collecting data from participants multiple times a day in their natural settings, ESM enables researchers to track real-time changes in psychological states.

One key benefit of the Experience Sampling Method (ESM) is its ability to mitigate recall bias, as participants report their experiences shortly after they happen, minimizing the need to rely on memory. ESM also allows researchers to explore within-person variability, offering insights into how an individual's experiences fluctuate over time and across different contexts. By assessing psychological constructs, such as emotions, multiple times during the day, ESM provides a clearer understanding of their temporal dynamics and how they are shaped by various factors. This method can reveal patterns in emotional regulation, responses to daily stressors, and other dynamic processes that might be overlooked by traditional measurement techniques. ESM also sheds light on individual differences in psychological experiences, both within person and between persons, helping researchers grasping the complexity of human behavior and mental health. Beyond its research applications, ESM can be a valuable tool in therapeutic settings. When integrated into therapy, ESM enriches the therapeutic process by deepening the understanding of clients' experiences and fostering more personalized and context-specific interventions, ultimately enhancing treatment outcomes.

This workshop provides a fundamental overview of the Experience Sampling Method (ESM) and its potential to enhance research and clinical practice in psychology and psychiatry. Attendees will learn how ESM can overcome the limitations of traditional measurement approaches, offering a deeper understanding of human behavior and experiences. The knowledge gained from this workshop will contribute to advancing both scientific research and therapeutic practices.

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Neurobiological and Psychosocial Foundations of Behavioral Addictions

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Behavioral addictions are excessive, uncontrollable, repetitive behaviors that cause significant harm or distress(1). Gambling, online gaming, shopping, and sexual behaviors can become compulsive pursuits for some individuals. Many of these behaviors are easily reinforced online, especially through activities such as gaming, shopping, social media, and pornography, which are facilitated by smartphones and other mobile devices.

Neurobiological Foundations of Behavioral Addictions

It has been shown that psychiatric disorders are fundamentally neurobiological disorders that affect certain brain circuits, leading to cognitive, emotional, and behavioral symptoms. Illuminating the neurobiological mechanisms underlying these repetitive and maladaptive behaviors is of great importance(2).
Dopamine has long been known to be a major factor in reinforcement and reward regulation. The mesolimbic pathway, extending from the ventral tegmental area to the nucleus accumbens, is crucial for reward. Substance abuse, in particular, can lead to explosive dopamine release in the mesolimbic pathway, influencing behavior. The activation caused by substance use leads to changes in the reward pathway, creating a vicious cycle of intense mental engagement, craving, addiction, and withdrawal. This conceptualization is also applicable to behavioral addictions such as gambling addiction, internet addiction, and shopping addiction(3).

Psychosocial Foundations of Behavioral Addictions

In addition to neurobiological mechanisms, there are also psychosocial foundations of addiction. Psychosocial foundations play a critical role in understanding behavioral addictions. This text will address the psychosocial foundations of behavioral addictions and their effects on addictive behaviors.
Stressful life events can lead individuals to seek ways of relaxation and escape. Identity development and self-perception also play an important role in behavioral addictions. Individuals may turn to these addictions to strengthen their self-perception or in search of an identity. Especially among adolescents, social media addiction is associated with the formation of self-perception and the search for social acceptance(4). Family dynamics and childhood experiences can also influence the development of behavioral addictions(5). Social environment and support systems play a significant role in the formation and maintenance of behavioral addictions. An individual's social environment, particularly peer groups, can be influential in the initiation and continuation of these addictive behaviors(6).

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Cognıtıve Behavıoral Theory And Behavıoral Addıctıon

Cansu Çoban
Ankara Etlik Cıty Hospıtal

Recently, behavioral addictions that have similar characteristics to substance addictions and some of which are included in current diagnostic systems have been identified. Internet Gaming Disorder and Gambling Disorder are behavioral addictions that are now included in the diagnostic systems. In addition, research is ongoing on many behavioral addictions such as sex, porn, the internet, exercise and shopping.

Cognitive behavioral therapy is one of the most important treatment approaches that has been shown to be effective in the treatment of behavioral addictions. The ABC model of Cognitive Behavioral Therapy is also applicable to both behavioral and substance addictions. Internal stimuli such as anxiety, depression, pain or external stimuli such as people, places and times related to addictive behavior trigger thoughts and beliefs related to addiction. Cognitive processes are categorized into three types: core beliefs, addiction-related thoughts/beliefs and automatic thoughts. Core beliefs are principles, ideas or values central to an individual's identity regarding self, the world, the future, others and relationships. Negative core beliefs can include helplessness or hopelessness which can lead to failure to control addictive behaviors and relapse. Addiction-related thoughts and beliefs are those associated with addiction behaviors, such as "If I continue gambling, I will recover all my losses". Automatic thoughts are transient words, phrases or images that enter and exit a person’s consciousness rapidly, without deliberate design or reasoning. Imagined scenes and sounds from a casino can trigger intense urges and cravings in a gambler. Additionally, specific cognitive processes related to addiction behaviors, such as self-efficacy and outcome expectancies, have been identified. Self-efficacy includes individuals' beliefs about their ability to achieve recovery or engage in non-substance-related activities. Individuals who believe they lack effective coping skills are at higher risk of relapse. Outcome expectancies are beliefs about the results associated with specific addiction behaviors. Positive outcome expectancies include core beliefs and automatic thoughts about the good or desired outcomes resulting from engaging in addiction behaviors, such as "Gambling provides me with enjoyable experiences," which increase the likelihood of engaging in addiction behaviors. Negative outcome expectancies include beliefs about problematic or undesirable consequences resulting from addiction behaviors, such as "If I continue gambling, I will lose my family" which reduce the likelihood of engaging in addiction behaviors. The primary role of cognitive-behavioral therapy is to help patients identify and address these thoughts and beliefs.

Another component of the ABC model is behaviors. Behaviors are actions or activities performed to achieve a goal or obtain a result. The pleasurable effects of addictive behaviors serve as positive reinforcement, while withdrawal symptoms are considered negative reinforcement. Addictive behaviors aim to increase comfort and reduce discomfort. As these behaviors are repeated, they become habitual. The automatization and habituation of behaviors are significant mechanisms in addictive behaviors.

According to the cognitive-behavioral ABC model triggers, thoughts, perceptions and interpretations, emotions and behaviors are interrelated. The cognitive-behavioral treatment of behavioral addiction aims to identify triggers, recognize cognitive processes arising from these triggers, correct cognitive errors and implement behaviors that break the addiction cycle.

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Davranışsal Bağımlılık Tedavisinde Bilişsel Davranışçı Terapi Müdahaleleri

Başak Şahin
Ankara Etlik Şehir Hastanesi

Cognitive-behavioral therapy aims to change the dysfunctional thoughts that affect a person's emotions and behaviors with more realistic and adaptive alternative thoughts. When people learn to evaluate thoughts in a more realistic and adaptive way, improvement is achieved on emotions and behavior (1).
The behavioral addictions where cognitive-behavioral therapy methods are most commonly experienced are gambling addiction and internet addiction. The positive effect of the cognitive-behavioral approach in the treatment of internet addiction has been emphasized many times (2,3). In addition to the cognitive-behavioral approach in the treatment of internet addiction, “motivational enhancement” techniques, in which the client and therapist work together to create a treatment plan and set achievable goals, also make important contributions (4). It is thought that dysfunctional automatic thoughts, intermediate beliefs and core beliefs contribute to the development of Internet addiction. Automatic thoughts are cognitions that accompany moments of emotional distress and occur instantaneously specific to the environment and situation. They are often unrecognized; they are associated with certain emotions according to their content and meaning (5). In cognitive behavioral therapy, cognitive treatment aims to focus on automatic thoughts and reduce the belief in these thoughts.

In the CBT (cognitive behavioral therapy) program of Young and et al. cognitive behavioral therapy for internet addiction consists of 12 structured sessions on average (6). Individualized formulations are made by learning the spread of internet use over the days of the week, hours of the day, total daily use time, the place where the internet is used, the purpose of use, the characteristics of the environment used, the conditions affecting the desire to use the internet and if there is resistance to internet use (6). In order to control the time to be connected to the Internet, a weekly schedule about Internet use is created. In order to facilitate the controlled use of the internet and to create a sense of control, internet access is planned at frequent intervals but for short and limited periods (6). Behavioral interventions such as taking a break and setting an alarm may be beneficial (6). Behavioral exercises for uncontrolled use, behavioral practice, 'coaching', desensitization, relaxation techniques, self-control or acquiring new social skills are the main techniques used (7).

When treatment studies are examined, it is seen that cognitive behavioral approaches and motivational interviewing techniques provide positive results in the treatment of gambling addiction (8,9). Cognitive behavioral approach considers pathological gambling as a learned maladaptive behavior and aims to change this behavior based on learning principles (10). CBT techniques include therapeutic approaches such as avoidance therapy, systematic desensitization, exposure, imaginary relaxation and stimulus control (11). Reinforcement technique, which is one of the CBT techniques, is frequently used in CBT therapies for gambling as reinforcing non-gambling activities and improving this behavior with homework in order to eliminate gambling behavior in the treatment of gambling disorder (12).

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Davranışsal Bağımlılık Tedavisine Şema Terapi Perspektifi

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Conclusion:
Behavioral addiction is a recent concept in psychiatry and psychotherapy. Its consist of food addiction, gambling disorder, internet addiction. All of these addictions, however, are associated with a pattern of emotional dysregulation and cognitive distortions, which are typical of behaviors that people use to seek immediate gratification. Some studies have investigated the relationship between Behavioral Therapy and early maladaptive schemas. According to the Shematherapy model, psychiatric disorders result from the development of Early Maladaptive Schemas in response to unmet emotional needs in childhood. 18 Early maladaptive Schemas are grouped into four domains:

1. Disconnection and rejection
2. Impaired autonomy and performance
3. Excessive responsibility and standarts
4. Impaired limits

The domain Disconnection and Rejection (which includes the schemas abandonment, emotional deprivation, defectiveness, mistrust and abuse, social isolation) is the most strongly related domain across all behavioural addiction. Individuals with high scores in these schemas often develop several coping mechanisms to reduce psychological distress and emotional pain, including maladaptive self-soothing strategies such as compulsive pornography use, binge eating, gambling, problematic social media use and risky sexual behaviours.
Impaired Limits, are second higher schema domain associated with behavioural addiction, is related to problems with setting both personal and interpersonal boundaries. Individuals with high scores in this schema domain are vulnerable to struggle in regulating their emotions, managing their impulsesm and engaging in goal-oriented behaviours. The most strongly related early maladaptive schema in this domain is Insufficient Self-Control, which is characterized by impaired emotional tolerance and self-discipline. This schema is accosiated with short term gratification and with a lack of consequential thinking.
The pain of Early Maladaptive Schemas formed by the frustration of core needs leads to the development of addictive protector modes. These protector modes serve as one of three points in a Triple Mode Cycle which is present at the core of all addictive disorders. Specifically, this TMC is comprised of a Child Mode, an Addictive Protector mode and an Internalized Critic mode.

Exploratory Review of eHealth Interventions for Anxiety Management in Young Children and Adolescents

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The World Health Organization estimates that around 20% of the world's children and adolescents have a mental health condition, a rate that is almost double compared to the general population. Anxiety disorders in children and adolescents are associated with substantial burdens and an increased risk for other mental disorders which often tend to persist in adulthood. Cognitive behavioral therapy (CBT) is generally regarded as the treatment of choice for depression and anxiety in youth. There is growing interest in providing psychological treatments via the Internet to increase access to evidence-based therapies. This is particularly salient for child anxiety disorders as most children who would benefit do not access treatment. The relevance of leveraging digital mental health solutions has further increased because of the COVID-19 pandemic leading to the increased prevalence of mental illness and the growing demand for telemedicine services.

However, up to 80% of children and adolescents with mental health needs receive no treatment. The reasons include not only a lack of treatment availability, but also a reluctance to seek help because of the perceived stigma associated with mental illness, discomfort discussing mental health problems, and a preference for self-help.

Using Internet-based mental health measures to provide CBT may overcome some limitations of traditional treatment services. Advantages of internet-based CBT (iCBT) include availability, anonymity, accessibility at any time and place, flexibility in self-direction and self-pacing, and reduced travel time and costs for both participants and clinicians. Given the digital dominancy of younger generations, these advantages might be even more relevant for youths than adults. On the other hand, ethical concerns have been raised about the effectiveness, clinical validation, user-centered design, and data privacy vulnerabilities of current iCBT products in youngsters. This age group is particularly vulnerable and susceptible to manipulation, especially through digital devices and methods. Consequently, the use of digital technologies for mental health treatment among adolescents and children presents both benefits and ethical issues. Therefore, deploying digital solutions that can reliably monitor and identify mental health needs during the early phases of psychological development is an inherently ethical task. These technologies hold promise for alleviating the burden of mental illness, reducing the risk that critical health needs during this sensitive time of child development remain undetected, providing novel assistive and therapeutic resources for young people in need, and improving practical aspects of mental healthcare delivery.

We will discuss the recent findings of systematic searches in bibliographical databases (Pubmed, Cochrane Controlled Trial Register, PsychInfo) regarding iCBT interventions for anxiety Management targeting young children and adolescents covering the last ten years in the field of CBT.

Çocuklarda Anksiyete Tedavisinde Sanal Gerçeklik (VR): Güncel Yaklaşımlar ve Gelecek Yönelimler

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Anksiyete bozuklukları, çocuk ve ergenlerde en sık görülen psikiyatrik bozukluklar arasında yer alır ve dünya genelinde çocukların %7'sini etkiler. Tedavi edilmediğinde anksiyete bozuklukları çocukların sosyal, akademik ve mesleki yaşamlarını olumsuz etkiler. Anksiyete bozukluklarının tedavisinde en yaygın kullanılan yöntem bilişsel davranışçı terapi (BDT) ve bu terapinin bir parçası olan maruz bırakma terapisidir. Maruz bırakma terapisi, korkulan uyaranlara kontrollü bir şekilde maruz kalmayı içerir. Ancak, bu tedavi yönteminde bazı zorluklar yaşanabilir; örneğin, çocuklar terapi seansları arasında verilen ev ödevlerini yapmada zorlanabilir veya kaçınma davranışları gösterebilir. Bu noktada, sanal gerçeklik (VR) maruz bırakma terapisinde alternatif bir yöntem olarak dikkat çekmektedir.
Sanal gerçeklik (VR), dijital olarak oluşturulmuş 3 boyutlu ortamların, fiziksel dünyayı simüle ederek kullanıcının bu ortamda bulunuyormuş gibi hissetmesini sağlayan bir teknolojidir. VR, özellikle anksiyete bozukluklarının tedavisinde, bireyleri korktukları durumlarla güvenli bir ortamda karşılaştırma imkânı sunduğu için oldukça umut verici bir araçtır. Teknolojideki gelişmeler sayesinde, VR daha erişilebilir ve uygun maliyetli hale gelmiş, eğitimden sağlığa pek çok alanda kullanılmaya başlanmıştır. VR, özellikle çocuklarda maruz bırakma terapisini daha etkili kılmak için kullanılabilecek yenilikçi bir çözüm olarak öne çıkmaktadır.

VR'nin Anksiyete Tedavisinde Kullanımı

Sanal gerçeklik, anksiyete bozukluklarının tedavisinde canlı maruziyete göre çeşitli avantajlar sunar. Canlı maruziyet, hastaların korktukları durumlarla gerçek hayatta yüzleşmelerini gerektirirken, VR kullanarak bu durumlar sanal bir ortamda simüle edilebilir. Bu yöntem, çocukların terapiye daha kolay uyum sağlamasına yardımcı olabilir ve maruziyetlerin daha az kaynak gerektirmesi tedavi sürecini hızlandırabilir. Ayrıca, terapistler VR ortamında uygulamayı kontrol ederek hastalarına kişiye özel bir tedavi sunabilirler. Örneğin, sosyal fobisi olan bir çocuk, bir VR ortamında topluluk önünde konuşma pratiği yaparak kaygısıyla güvenli bir şekilde yüzleşebilir.
VR uygulamaları, farklı yaş gruplarındaki çocuklar için de çeşitli faydalar sunar. Sharar ve ark. araştırmasına göre, çocuklar VR deneyimlerini yetişkinlere kıyasla daha canlı ve gerçekçi olarak algılamaktadır. Bu, çocukların korktukları durumlara karşı verdiği tepkilerin daha doğru bir şekilde gözlemlenmesini ve tedavinin daha etkili olmasını sağlar. Ayrıca, VR terapilerinde kullanılan sensörler, çocukların tedaviye verdikleri yanıtları objektif olarak ölçerek terapiste daha net geri bildirimler sağlayabilir.
VR, maruziyet temelli tedavilerde çocukların hayal gücünü kullanmakta zorlandığı durumlarda daha yüksek bir immersiyon derecesi sunar. Ayrıca, çok duyulu uyaranlar sağlayarak hastaların tedaviye daha derinlemesine katılımını sağlar. Canlı maruziyete kıyasla daha az kaynak gerektirdiği için, VR terapileri daha geniş bir hasta kitlesine ulaştırılabilir. Ancak, VR kullanımının bazı dezavantajları da mevcuttur. Bazı hastalar baş dönmesi, mide bulantısı gibi yan etkiler yaşayabilir. Ayrıca, tüm hastanelerde bu teknolojinin kullanılması için gerekli altyapı ve mali kaynaklar mevcut olmayabilir.

Sonuç ve Gelecek Yönelimler

VR teknolojisi, çocuklarda anksiyete tedavisinde gelecek vaat eden bir araç olarak kabul edilmektedir. Özellikle spesifik fobiler, sosyal anksiyete gibi bozuklukların tedavisinde VR'nin etkili olduğu görülmüştür. Ancak, bu teknolojinin panik bozukluğu ve TSSB gibi diğer anksiyete bozukluklarında kullanımına dair daha fazla araştırma yapılması gerekmektedir. VR'nin anksiyete tedavisindeki potansiyelini anlamak için uzun vadeli randomize kontrollü çalışmalara ihtiyaç vardır. Teknolojinin gelişmesiyle birlikte, VR'nin tedavi süreçlerine entegrasyonu yaygınlaşacak ve çocukların kaygı ile başa çıkmalarında önemli bir rol oynayacaktır.

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Anksiyete Bozukluğu Tanısı Alan Çocuklar İçin Dijital ve Oyunlaştırılmış Bilişsel Davranışçı Terapi (BDT)

Uzm. Dr. Yusuf Selman Çelik[1]
Etlik Şehir Hastanesi, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları[1]

Son yıllarda dijital bağımlılıkların artışı, gençler için olumlu etkiler sağlayabilecek dijital alternatiflerin geliştirilmesi gerekliliğini gündeme getirmiştir. Oyunlaştırılmış Bilişsel Davranışçı Terapi (BDT), geleneksel BDT tekniklerinin oyun mekanikleriyle birleştirilerek sunulmasıyla bu ihtiyaca yanıt verebilecek bir yöntem olarak öne çıkmaktadır. Dijital ve oyunlaştırılmış BDT'nin, erişim kolaylığı, zaman ve mekan esnekliği, kullanıcı verileriyle özelleşebilme, düşük maliyet, ölçülebilir ilerleme ve gerçek zamanlı geri bildirim gibi özellikleri, terapi sürecinin işlevselliğini artırabilir. Özellikle çocuk ve ergenlerde motivasyonu artırmaya yönelik ödüller, seviyeler ve puanlar gibi oyun unsurları, terapiye devamlılığı olumlu yönde etkileyebilir.

Ancak, çocuk ve ergenlere yönelik oyunlaştırılmış BDT uygulamalarının sayısı, yetişkin popülasyonuna göre oldukça sınırlıdır. Literatürde, oyunlaştırılmış BDT'nin etkinliğini gösteren çalışmalar bulunsa da, daha geniş örneklemli, metodolojik açıdan güçlü ve randomize kontrollü çalışmaların gerekliliği vurgulanmaktadır. 2024 yılında yapılan bir meta-analizde, 18 dijital BDT uygulamasını kullanan 1290 genç değerlendirildiğinde, ergenlerin kendi geri bildirimlerine dayalı ölçeklerde etki boyutu düşük olmasına rağmen, anksiyete skorlarında istatistiksel olarak anlamlı bir düzelme gözlemlenmiştir. Ayrıca, Lancet'te yayınlanan 2024 tarihli bir çalışmada, standart tedaviyle dijital BDT karşılaştırılmış ve dijital BDT'nin, standart BDT'ye benzer bir işlevselliğe sahip olduğu, tedaviye devamlılığın ise dijital grupta daha yüksek olduğu belirtilmiştir.

Geleceğe yönelik olarak yapay zeka (AI) ve makine öğrenimi algoritmalarının terapilerin kişiselleştirilmesinde önemli bir rol oynayabileceği düşünülmektedir. AI, her bireyin gelişimsel ve kişisel ihtiyaçlarına göre özelleşmiş müdahaleler sunarak çocuklar ve ergenler için terapinin daha etkili hale getirilmesini sağlayabilir. Artırılmış Gerçeklik (AR) ve Sanal Gerçeklik (VR) entegrasyonu ile çocukların korkularıyla sanal ortamda yüzleşmeleri, özellikle anksiyete bozuklukları ve travma sonrası stres bozukluğu (TSSB) tedavisinde etkili olabilir. Giyilebilir cihazlar aracılığıyla biyolojik verilerin (kalp atış hızı, solunum gibi) takip edilmesi ve bu verilere dayalı anlık geri bildirim sağlanması da terapi sürecini hızlandırabilir.

Sonuç olarak, dijital ve oyunlaştırılmış BDT'nin gelecekte çocuklar ve ergenler için daha motive edici, eğlenceli ve etkili bir terapi yöntemi haline gelmesi muhtemeldir. Puan toplama, seviyeleri geçme, ödüller ve sosyal destek sistemleri gibi unsurlar, terapiye katılımı artırabilirken, oyun içi sosyal etkileşimler ve işbirlikçi oyunlar, sosyal becerilerin gelişimine katkı sağlayabilir.

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Çocuk ve Ergen Psikiyatrisine Yapay Zekayı Entegre Etmek: Etik ve Pratik Düşünceler

Uzm. Dr. Hande Günal Okumuş
Uşak Eğitim ve Araştırma Hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kliniği

Yapay zeka terimi resmi anlamında ilk kez 1956 yılında ortaya konmuş olup temelde insan zekasına özgü olan yapma ve karar verme gibi yüksek bilişsel fonksiyonları veya otonom davranışları sergilemesi beklenen yapay bir işletim sistemidir. Günümüzde ekonomi, sağlık ve teknoloji gibi hayatın birçok alanında yapay zeka uygulamalarına rastlanmaktadır. Klinik psikoloji ve psikiyatride yapay zeka sistemlerinin, tanı doğruluğunun artırılması, ruh sağlığı sorunlarının erken tespiti ve bireyselleştirilmiş tedavi planlarının oluşturulması gibi alanlarda önemli katkılar sunduğu ve bu nedenle giderek daha fazla önem kazandığı görülmektedir [1]. Diğer taraftan özellikle psikiyatri alanında yapay zekanın sorumlu ve etik bir şekilde kullanımı hususunda önemli endişeler bulunmaktadır. Tıp bilimi, sunduğu yenilikleri insan onuru ve haklarını merkeze alarak değerlendirmeli ve insanlık ile gelecek nesiller adına en uygun olan uygulamaları hayata geçirmelidir. Ancak, bilimsel ve teknolojik ilerlemelerin sunduğu tüm yeniliklerin hızla uygulanması gerektiği yönündeki yaygın anlayış ve bu yeni alanlarda yerleşik kuralların eksikliği, her olanaklı yeniliğin uygulanması gerektiği varsayımına zemin hazırlamaktadır [2]. Henüz güvenilir olup olmadığı bilinmeyen teknolojilerin geliştirilmesi ve kullanılması sonucunda çok çeşitli biyoetik ikilemler ortaya çıkmaktadır. Bunlar, gizlilik, veri güvenliği, şeffaflık, hesap verilebilirlik, ilgili teknolojilere eşit ve adil erişimin nasıl sağlanacağı, örselenebilir kişi ve grupların nasıl korunacağı veya insan faktörünün azaltılması gibi konular olarak ele alınabilir. Söz konusu bilgi iletişim teknolojilerinin özellikle nöroloji ve psikiyatri alanlarında kullanımı konusu ise diğer alanlara kıyasla daha fazla etik sorun alanı içermektedir [3]. Bu sunumda, çocuk ve ergen ruh sağlığı alanındaki yapay zeka uygulamalarının getirdiği etik ve pratik sorunlara değinilmeye çalışılacaktır.

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Annelik Duvarının Kadının Annelik Sürecine Etkileri

Kumru Şenyaşar Meterelliyoz
Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi

Toplumsal ve çalışma hayatındaki cinsiyet eşitsizliği kadınların annelik sürecini etkilediği ve toplumların doğurganlık hızında düşüşe sebep olduğu belirtilmektedir. Kadınlar doğum ve sonrası dönemde hayatının nasıl değişeceğini öngörerek ve toplumsal eşitliği artırabilmek amacıyla bilinçli olarak doğurganlığı azaltmayı seçtikleri gösterilmiştir. Yapılan çalışmalarda üniversite mezunu kadınların kariyer ilerlemesine öncelik verdiği, anneliği otuzlu yaşlarına kadar erteledikleri gösterilmiştir. Japonya'da yapılan çalışmada kadın cerrahların %38'i anne olduktan sonra çocuklarına bakım verebilmek amacıyla çalışma planlarını değiştirdiği, %11'inin de işinden istifa ettiği görülmüştür. İş-aile-yaşam üçgeninde kadınların tüm rollerde aynı anda başarılı olabilmek amacıyla yoğun bir baskı altında hissettikleri gösterilmiştir. Gelişmiş ülkelerde bile çocuk bakımı konusundaki politikalar değişen sosyal ve toplumsal yapıya uyum sağlayamamaktadır. Amerika, İngiltere ve Kanada gibi ülkelerde bile çocuk bakımı bireysel sorumluluklara bırakılmıştır. Kadınların iş hayatına dönebilmesini sağlayan güvenilir, erişebilir kreş imkânlarının yetersiz kalmaktadır. ABD'de yapılan çalışmada çocuğu olan cerrahlar incelendiğinde; kadın cerrahların çocuk bakımı ve ev işlerinde erkek cerrahlara göre daha büyük bir pay üstlendiğini bildirdi. Annelik, ev işleri ve iş hayatının getirdiği zorluklar olsa bile yapılan çalışmalar anneliğin kadınların işe dönme motivasyonun ve iş hayatındaki yeteneğini azaltmadığını göstermektedir. İş hayatında tanımlanan ve yıllardır cinsiyet eşitsizliği için çalışılan cam tavan sendromunun yanı sıra William tarafından annelik duvarı tanımlanmıştır. Çocuk sahibi olmanın kadının kariyerini önemli ölçüde etkilediği ve işyerinde önemli dezavantajlara maruz kaldıkları gösterilmiştir. Çocuk sahibi olan kadınların hayatının aynı döneminde olan erkeklere göre daha az kadrolu çalıştıkları, yöneticilik pozisyonundan çok yardımcı pozisyonlarda görevlendirildikleri ve çok daha az kazandıkları gösterilmiştir. İşe alımlarda hamilelik ve hamilelik planlarının kadınlar için dezavantaj oluşturabildiği, çocuk sahibi olan kadınların iş hayatlarında çok yoğun, fazla çalışmak ve terfi almak istemeyen kişiler olarak görüldüğü belirtilmektedir.

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CBT Practices in Neurodevelopmental Disorders
CBT Interventions in the Treatment of ADHD in Adulthood

Leman Deniz Tarlacık
Ağrı Patnos Devlet Hastanesi

The prevalence of ADHD in adulthood is estimated to be 1% to 5%. In general, ADHD symptoms in adulthood are similar to those in children, with problems in distractibility, hyperactivity and impulsivity. Adult ADHD may be associated with impairments in employment, education, economic and social functioning. Although pharmacotherapy is the treatment modality for adult ADHD, some individuals may not tolerate medication or may not respond adequately to medication. Therefore, psychosocial interventions along with medication are important for the optimal treatment of adult ADHD. CBT techniques are effective in the treatment of adult ADHD and are associated with improvement in symptoms and increased functioning. In CBT for adult ADHD, cognitive components include thoughts and beliefs that may exacerbate ADHD symptoms. For example, when faced with a situation that feels overwhelming, a person may turn their attention elsewhere or think things like “I can't do this”, “I don't want to do this” or “I will do this later”. These thoughts contribute to negative emotions that can prevent successful completion of the task. Part of the treatment involves restructuring maladaptive thoughts. Behavioral components are behaviors that can exacerbate ADHD symptoms. Existing behaviors can include things like avoiding doing what needs to be done, not maintaining an organizational system, etc. CBT aims to recognize dysfunctional behaviors and help the person identify and implement more effective behaviors that target a problem area. Repeated practice of both cognitive and behavioral strategies at home is essential to create long-lasting changes.

The treatment program includes three basic modules:

1. Psychoeducation/organization and planning
2. Coping with distraction
3. Cognitive restructuring

The first part of the treatment involves organization and planning skills. This includes skills such as the following:

- Learning to effectively and consistently use a calendar
- Learning to effectively and consistently use a task list
- Working on effective problem- solving skills, including breaking down tasks into steps and choosing a best solution for a problem when no solution is ideal
- Developing a triage system for mail and papers
- Developing organizational systems for papers, electronic files, and other items

The second part of treatment involves managing distractibility. Skills include the following:

- Determining a reasonable length of time that one can expect to focus on a boring or difficult task and breaking tasks down into chunks that match this length of time
- Using a timer, cues, and other techniques (e.g., distractibility delay)

The third part of treatment involves learning to think about problems and stressors in the most adaptive way possible. Skills include the following:

- Positive “self-coaching”
- Learning how to identify and dispute negative, overly positive, and/ or unhelpful thoughts

- Learning how to look at situations rationally, and therefore make rational choices about the best possible solutions

In addition to these 3 main modules, procrastination and information sessions with family member/spouse/partner can be planned. In the effective treatment of adult ADHD, it is important to target improvements in areas of functioning by considering these approaches.

Layered Model with Data: Research Findings and Clinical Applications

Alp Karaosmanoğlu
Serbest Hekim

Early Maladaptive Schemas (EMS), as outlined in schema theory, develop during childhood and adolescence. These schemas form repetitive, personality-like patterns stemming from unmet emotional needs in early life. Schema theory identifies 18 core schemas, including emotional deprivation, defectiveness/shame, mistrust/abuse, abandonment/instability, social isolation/alienation, failure, self-sacrifice, dependency/incompetence, entitlement, unrelenting standards, vulnerability, enmeshment, subjugation, emotional inhibition, insufficient self-control, negativity/pessimism, approval-seeking, and self-punitiveness.

In schema therapy, these EMS are central to understanding the client's psychological patterns. While research has consistently supported the existence of these 18 schemas, there has been less clarity regarding their higher-order structure. Clinical practice further highlights that not all schemas hold the same importance or urgency in treatment. Our recent study, which involved data from 3,310 psychotherapy patients, has clarified the hierarchical structure of schemas.

Additionally, our exploration of coping mechanisms and modes revealed notable parallels with the polyvagal theory's description of surrender, fight/flight, and social engagement systems. This finding suggests a close relationship between schemas, coping responses, and physiological modes of operation.

By synthesizing these insights, we developed the Layered Model, which combined schema and mode concepts into a unified framework. In this model, schemas are not isolated constructs but part of a dynamic, layered system involving vulnerability, reflexive responses, control mechanisms, and secondary (reflective) responses. This layered perspective allows for a more nuanced understanding of the interaction between schemas and coping mechanisms.

The layered model theory proposes a hierarchy of schemas based on unmet needs, where specific core schemas guide the evaluation and interpretation of other schemas. This integrated model will provide new depth in schema therapy and offer enhanced clinical tools for addressing complex emotional and behavioral patterns.

"Generic Cognitive Model" and the Layered Model: Analysis from a CBT Perspective

Fatih Yığman
Private Practice, Ankara

The generic cognitive model (GCM) was proposed by Beck to clarify some concepts that are difficult to explain with the traditional cognitive model. It has several important innovations to the
cognitive model. Continuity between adaptation and maladaptation, the concept of schema activation, dual processing, protoschemas, primal schemas are some of these newly added concepts (1). It also offers new explanations for some clinical conditions (e.g. endogenous depression and mania) that are difficult to explain with the traditional model.
According to the GCM, triggering events are initially processed by protoschemas through the automatic system. Protoschemas evaluate data from the external environment and subjective experiences that may be vital. Protoschemas classify triggering events according to their importance and activate emotional and behavioral systems. The final stage of processing is carried
out by the reflective system. The reflective system involves more complex schemas than the automatic system, subjecting the situation to a more detailed evaluation process. Supported by attentional processes, the reflective system refines or corrects the meaning or product of the protoschemas.
When a match is made between a triggering event and a protoschema, schema activation begins
and beliefs are activated on the basis of the schema. Emotional, motivational and behavioral systems are activated and act in accordance with the schema.
GCM also develops and introduces the concept of modes. Modes refer to a network of cognitive,
emotional, motivational and behavioral components. Modes represent beliefs and expectations embedded in the schema. Together, these components function as an integrated organization.
The layered model suggests a hierarchical structure among early maladaptive schemas (EMS). It
suggests that some schemas are foundational, while others are involved in making sense of and
organizing triggers. This model presents the concepts of schema and mode in a unified framework.
In this way, it emphasizes the interaction between schemas and coping mechanisms.
Together with the concept of protoschema, primal schemas and modes, the GCM can be considered to be similar to the layered model we have proposed. Investigating the conceptual overlap and divergence of these two models may add richness to the cognitive model.

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Workshop 3 Oct 09.00-17.00/ Professor Hans Nordahl

Title: Treatment of Borderline personality problems with Metacognitive therapy

Content: The workshop will introduce the MCT model and treatment principles for borderline personality problems, covering 6 steps. The MCT model describes the cognitive attentional syndrome and maladaptive coping strategies which are typical for these patients. Rather than changing beliefs about themselves and their relationships, the treatment emphasise working on increasing the patient's self-regulation by learning to disengage from distressing thoughts and angry ruminations. The workshop will illustrate the steps used to treat borderline personality problems and provide some exercises and demonstrations of techniques, which are found useful to engage the patient in the therapy!

Psikoterapide Terapötik İlişki

Hakan Türkçapar
Ankara Sosyal Bilimler Üniversitesi

Psikoterapi ekollerinin ve psikoterapi süreci ile ilgilenen araştırmacıların en sık cevap aradıkları sorulardan bir tanesi; psikoterapinin etkisinin kaynağıdır. Psikoterapi' nin nasıl işe yaradığına ilişkin sorulan bu soruya ilişkin çok çeşitli cevaplar verilmekle beraber günümüzde bu soruyla ilgili tartışma halen devam etmektedir. Terapinin etkisiyle ilgili çalışmalara bakıldığında araştırmacıların etkililiğin ortak özelliklere (empati, sahicilik, ilgi ve sıcaklık gibi) bağlı olduğunu düşünenler ve özgül özelliklere olduğunu düşünenler olarak iki grupta toplandığını görmek mümkündür. Bir grup araştırmacı tüm psikoterapi türlerinde ortak bazı etkenlerin olduğunu ve değişimin esasını bu etkenlerin oluşturduğunu savunurken diğer grup, psikoterapide esas olanın o terapiye özgü özellikler olduğunu ve terapi türlerinin buna göre etkinlik açısından farklı olduğunu savunmaktadır. Terapideki etkinin ortak etkenlere bağlı olup terapilerin etki açısından birbirinden ayrılmadığını savunanlar Alice Harikalar diyarında kitabında anlatılan "herkes kazandı, herkes birinci" hikayesinden yola çıkarak bu durumu ifade eden "Dodo Kuşu kararı" deyimini de literatüre kazandırmışlardır (Luborsky ve ark., 2002).
Ortak etken varsayımına karşı çıkanlar ise psikoterapilerin etkileri açısından eşit olmadığını ve bütün iyileşmenin ortak etkenlere bağlı olmadığını savunmuşlardır. Tüm psikoterapiler ilişki temellidir bu bağlamda psikoterapinin etkisinde iyi ilişki mutlak önem taşıyan bir anlamda olmazsa olmaz ögedir. Psikoterapi ilişki üstünden yürüdüğü için bu ilişki kurulmadan terapi yürütülemez, iyi ilişki terapi için gerekli şarttır. Bu gerekli şart karşılandıktan sonra bunun üzerine o psikoterapiye özgü yöntemler devreye girer.
Toplam etki de ilişki ve kullanılan payın ne olduğu konusunda pek çok meta analiz yapılsa da bu meta analizlerin desenleri nedeniyle tam bir sonuç vermeyeceği kesin sonuç ancak bu durumu anlamaya dönük kontrollü etkinlik çalışmalarıyla açığa çıkarılmasını bekleyebiliriz.

Bilişsel Davranışçı Terapide Terapötik İlişkinin Önemi

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Bilişsel Davranışçı Terapi (BDT);

Doğuşundan itibaren deneyci bir yaklaşıma sahip olduğu ve bilişsel değişikliğe önem verdiği için terapötik ilişki üzerinde çok fazla durmadığı düşünülmüştür. Rasyonel Duygusal Davranışçı Terapi (REBT)'nin kurucusu olarak Albert Ellis, terapötik ilişkiye o güne dek egemen olan yaklaşımlardan yaklaşımlarından farklı bir perspektifle yaklaşmıştır. O terapötik ilişkinin amacının danışanın işlevsiz inançlarını ve düşünce kalıplarını değiştirmek için bir çerçeve sunmak olduğunu savunur. Terapötik ilişki; danışanın güvenli bir ortamda kendini ifade edebilmesi ve irrasyonel inançlarını sorgulayabilmesi için gereklidir. Terapistin danışanı koşulsuz kabul etmesinin gerekliliğine vurgu yaparken, empatinin olmasını onaylar ancak aşırı empatinin de değişime engel olabileceğini söyler. Bu doğrultuda Ellis'in terapötik ilişkiye yaklaşımı, uygun dozda empati ve sıcaklığın yanı sıra yönlendirici, yapılandırılmış ve işlevsel bir odak içerir. BDT'nin kurucularından Aaron Beck'e göreyse; terapötik ilişki terapinin gerekli unsurlardan biridir, ancak tek başına yeterli değildir. Terapinin başarılı olması için yapısal ve hedefe yönelik müdahaleler gereklidir. Yani terapötik ilişki; gerekli şarttır ancak yeterli şart değildir. BDT'ye göre terapötik ilişkinin kurulmasını sağlayacak en önemli etken terapistin terapi sürecini danışana yararlı olabilecek şekilde sürdürebilmesidir. Terapötik ilişkinin temel gerekliliklerinden sahicilik ve sahiplenici olmayan bir sıcaklık, BDT'nin de temelidir. BDT, danışana ve onun duygu-düşüncelerine önem verir. Danışanın her türlü düşüncesinin ve davranışının bugünden veya geçmişinden gelen bir gerekçesi olduğunu bilir, anlamaya çalışır ve değer verir. BDT terapisti öncelikle empati yapar ve hastanın düşşünce duygu istek ve niyetini valide eder, ardından da hastanın istek ve hedeflerine dönük alternatif düşünce ve davranışları onunla birlikte araştırır. Bu danışanı terapi sürecine aktif bir şekilde katılmaya teşvik eder. Terapistler danışanları hakkında ahlaki bir yargıya varmamayı olmazsa olmaz bir koşul olarak görürler. BDT terapistlerinin yetkinliğini değerlendirirken de terapötik ilişkiyi birinci öncelikli olarak dikkate alır. Kullanılan Bilişsel Terapist Değerlendirme Ölçeği (CTRS)'in ilk 5 maddesi ilişkiye ayrılmıştır. Terapi ilişkisinde psikodinamik literatürde en çok üzerinde durulan aktarım ve karşı aktarım kavramlarını ise BDT, bilişsel kuramdaki şema kavramıyla ele alır. BDT'nin yapısı, olumsuz bir aktarım ve karşı aktarım gelişmesini olabildiğince azaltacak birçok özelliğe sahiptir. Özet olarak;

- BDT, terapist-danışan ilişkisini değişim için tek araç olarak görmez;
- İyi bir terapötik ilişki, değişim için gerekli ancak yeterli bir koşul değildir;
- İlişkinin kalitesi terapiye yardımcı olabilir ya da terapiyi engelleyebilir.
- Terapiye müdahale etmediği sürece ilişki doğrudan ele alınmaz.
- "Aktarım size dokunmadıkça ona dokunmayın."

3. Dalga BDT'lerde Terapötik İlişkinin Önemi ve Kullanımı

Seher Cömertoğlu Yalçın
Cansağlığı Vakfi

Davranışçılık, zaman içerisinde evrilerek üç ana dalgaya ayrılmıştır. İlk dalga, 1940 ile 1960 yılları arasında ortaya çıkmış olup, bu dönemde davranışın nasıl şekillendiği ve öğrenildiği üzerine yoğunlaşılmıştır. Bu dönemin temel yöntemleri arasında klasik koşullanma, edimsel koşullanma, maruz bırakma ve tepki önleme teknikleri yer almıştır.
1960 ile 1980 yılları arasında, davranışçılığın ikinci dalgası ortaya çıkmıştır. Bu dönemde artık sadece davranışlar değil, bilişsel süreçlerin de davranışı etkilediği düşünülmeye başlanmıştır. Bu yaklaşımda, bireyin zihinsel süreçlerini anlama ve değiştirme üzerine odaklanılmıştır. Bilişsel yeniden çerçeveleme ve sokratik sorgulama gibi teknikler, bu dönemin öne çıkan araçları olmuştur.
1980 yılından itibaren ise davranışçılığın üçüncü dalgası olarak adlandırılan yeni bir dönem başlamıştır. Bu dönemde, başta Kabul ve Kararlılık Terapisi (ACT), Diyalektik Davranış Terapisi (DBT), Kendindelik Temelli Bilişsel Terapi (MBCT) ve Fonksiyonel Analitik Terapi (FAP) gibi terapiler ortaya çıkmıştır. Üçüncü dalga terapiler, bireyin kabul ve farkındalık kavramlarını kullanarak yaşadığı zorluklarla başa çıkmasını amaçlar. Kendilik, kabul ve bilişsel ayrışma gibi unsurlar, bu dalganın temel taşları arasında yer almaktadır.
Terapötik ilişki bağlamında kabul, danışanın söylediklerini ve yaptıklarını tam anlamıyla dinlemek, bu deneyimleri keşfetmek ve anlamak, danışanın getirdiği tüm duygu ve düşüncelere açık olmak, onun deneyimlerine bir bütün olarak yer açmak anlamına gelir. Üçüncü dalga davranışçı terapilerin önemli özellikleri arasında transdiagnostik yaklaşım, yaşantısal olma, sendromdan ziyade insan acısına yönelme ve terapisti de sürece dahil etme sayılabilir. Bu terapiler, bağlamı merkeze alır ve birey ile çevresi arasındaki dinamikleri anlamaya çalışır. Danışanın bağlamının anlaşılması, terapötik ilişkiyi güçlendiren bir unsurdur.
Bu yaklaşımlar, psikoterapi odasını "acı çeken iki insanın karşılaştığı bir alan" olarak görür, böylece danışan ve terapist arasında hiyerarşik bir ilişki kurulmaz. İyi bir terapötik ilişki, terapistin danışanı ve çevresini fark etmesi, bağlama ve ihtiyaca göre esnek davranabilmesiyle mümkündür. Üçüncü dalga terapilerdeki ilişki, "gerçek" bir ilişki olma özelliği taşır. Terapist, bağlama ve işlevlere dikkat ederek seans sürecinde zaman zaman danışanla kendi deneyimlerini paylaşabilir, bu da ilişkinin doğrudan ve samimi olmasına katkı sağlar.
Bu kapsamda, üçüncü dalga BDT'lerde terapötik ilişki, yalnızca teknik bir unsur değil, aynı zamanda terapistin danışanla eşit bir zeminde ve gerçek bir ilişki içerisinde olmasına olanak tanıyan önemli bir faktördür.

Çocuk Ve Ergenlerde Kabul Ve Kararlılık Terapisi

Fatma Benk Durmuş
29 Mayıs Üniveristesi

Üçüncü dalga psikoterapilerden biri olan kabul ve kararlılık terapisinde (KKT), bilinçli bir insan olarak şimdiki anla tam olarak temas kurma ve seçilen değerlerin hizmetinde davranışı sürdürme veya değiştirme süreci olarak tanımlanan ve mental sağlık ve dayanıklılık için önemi gittikçe anlaşılan psikolojik esnekliği geliştirmeye çalışılmaktadır. KKT, kişisel deneyimlerin veya olayların biçimini veya sıklığını değiştirmeyi değil, bunların davranışsal etkilerini azaltmak ve değer merkezli eylemlere giden yolu açmak için bireysel deneyimlerin işlevini değiştirmeyi amaçlamaktadır. KKT'nin pek çok terapi yönteminden farkı semptomların azaltılmasından ziyade olumsuz düşünce, duygu veya fiziksel hislere sahipken de etkili bir şekilde değer temelli davranışların geliştirilmesine odaklanmasıdır.
Çocuk ve ergenlerde ruhsal bozuklukların önlenmesi, psikolojik esnekliği arttırarak stresle baş etme becerilerinin geliştirilmesi ve var olan psikiyatrik bozukluğun tedavisinde KKT'nin etkili olduğuna dair kanıtlar giderek artan çalışmalarda gösterilmektedir.
Bazı çalışmalar, çocukların ve ergenlerin yetişkinlerden farklı olarak uzun süredir oluşturdukları köklü deneyimsel kaçınma örüntüsüne sahip olmadıklarını ortaya koymaktadır. Yine çocukluktan erişkinliğe geçiş periyodu olan ergenlik dönemi bireylerin psikolojik esneklik ve yaşam değerlerini geliştirmeleri için bir fırsat olarak görülmektedir. Bu nedenle, KKT'nin çocuk ve ergenlerde uygulanması, daha sonra ortaya çıkabilecek negatif davranışları, deneyimsel kaçınma ve bilişsel birleşme gibi psikolojik katılığı önleyebilecek öneme sahiptir.
KKT, çocuk ve ergenlerin farklı durumlara tepki olarak düşüncelerini ve davranışlarını uyarlama yeteneğini geliştirmelerine yardımcı olmakta, zor duyguları ve deneyimleri bastırmak veya kaçınmak yerine onlara kabul geliştirmeye yardımcı olmaktadır. KKT ile çocuk ve ergenler duygularını güvenli ve yargılayıcı olmayan bir ortamda tanımaya ve ifade etmeye teşvik edilir, bu da duygusal farkındalığı ve öz şefkati arttırmaktadır. KKT, çocuk ve ergenlerin kendilerine yardımcı olmayan düşüncelerden ve inançlardan uzaklaştırmalarına yardımcı olmak için defüzyon teknikleri öğretir. Çocuk ve ergenlerin düşüncelerine kapılmadan onları gözlemlemeyi öğrenerek, olumsuz düşünce kalıplarının etkisini azaltarak zihinsel süreçleri üzerinde bir kontrol duygusu kazanmalarını hedeflemektedir.
Bu sunumda, çocuk ve ergenlerde KKT teknikleri, erişkin uygulamalarından farkları ve klinik pratikte kullanım alanları güncel literatür ışığında ele alınacaktır.

Schema Therapy Approach in Undiagnosed Clients

Dr. Fatih Yığman
Private Practice, Ankara

Schema Therapy is a therapy method designed for psychological disorders that are difficult to change and have clear roots in childhood and adolescence. It originates from cognitive-behavioral therapies and differs from them in that it places more emphasis on experiential interventions and the therapeutic relationship.
According to schema theory, early maladaptive schemas develop during childhood or adolescence. They are considered as recurring patterns throughout the person's life (1). It can be said that schemas develop through interactions between temperament and early childhood experiences and reveal personality-like models in the long term.
Recent studies classify 18 early maladaptive schemas (EMS) into 4 main domains, each representing unmet needs. These domains are defined as "Disconnection & Rejection," "Impaired Autonomy & Performance," "Excessive Responsibility & Standards," and "Impaired Limits" (2).
Undiagnosed clients are those who experience mental difficulties but whose complaints do not meet the criteria for any “disorder”. With the increase in the knowledge of mental health professionals, it can be said that many clients can be considered in this group. Reasons for application include complaints such as coping with life stress and difficulties, relationship problems, emotional difficulties, decision-making difficulties, self-confidence problems, trauma or negative experiences from the past, search for identity and meaning. These complaints are often related to our personality traits and are persistent.
In the schema therapy approach, while evaluating the current problems of undiagnosed clients, more attention is paid to whether these problems have the characteristics of a pattern. When recurrent problems are detected, their relationship with our personality traits (schemas) is tried to be determined. If these problems point to schemas, in addition to cognitive and behavioral techniques, experiential techniques are used with the client.
Schemas act as a lens in the way we perceive life. When we evaluate other people, ourselves and events, we make an evaluation influenced by our schemas. For this reason, people's schemas can be reflected in many areas of their lives. As a reflection of our personality patterns, it can be said that schema therapy can play an effective role in changing the complaints of undiagnosed clients.

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Otizm Tanılı Erişkinlerde BDT Uygulamaları

Esra Gökçeoğlu
Bandırma Eğitim ve Araştırma Hastanesi

The prevalence of autism spectrum disorder is estimated at 1.8%. Although it is primarily studied as a childhood disorder, as with most neurodevelopmental disorders, 85% of individuals diagnosed with autism in childhood also meet the criteria for autism in adulthood. Although only 2% of autism-related studies focus on adults, adults diagnosed with autism experience many mental disorders, including depression and anxiety disorders. Although research is limited in the presence of additional diagnoses, psychotherapy methods are promising. The focus of the success of specific interventions and techniques in therapy is on nonspecific elements such as a good therapeutic relationship and the development of empathy capacity. Some clients benefit greatly from adapting to standard therapeutic approaches; this benefit can be general, such as changes in speech mode and speed, or it can be quite individual and specific, such as adaptation to certain sensory and information processing patterns. Adaptations should be made in therapy for the neurodevelopmental diversity in these individuals. Flexible session duration, realistic goals, including a relative in therapy, clearly defining homework, frequent use of role plays during sessions, and supporting behaviors aimed at reducing psychological distress caused by autism-specific differences. Cognitive interventions in therapy are aimed at examining evidence, functionality of thought, identifying and testing cognitive rigidity that causes intolerance to uncertainty, and negative thinking bias. Behavioral interventions are increasing the ability to understand emotions, increasing coping capacity, eliminating behaviors that maintain psychological distress, and supporting autism-specific behaviors that maintain psychological well-being. Regardless of the reason for referring or starting therapy, increasing psychological resilience against stressful situations is one of the most important goals of therapy.

Massimo Tarsia, PhD
Date: 05th October, Saturday
Time: 08:30 – 09:45 / 10:15 – 11:30
Session: In-Congress Workshop

Workshop details

Title: Interpersonal developmental case formulation in Cognitive Behavioral Analysis System of Psychotherapy (CBASP).

Description: The workshop will present a framework for the development of a clinical case formulation in Cognitive Behavioral Analysis System of Psychotherapy (CBASP).
CBASP is an evidence-based psychotherapy underpinned by contemporary developmental, interpersonal, and learning theories.
The workshop will provide a brief outline of the CBASP model before introducing the elements that construct the case formulation. Each component is grounded in the person's developmental history. A particular emphasis is given to learning from key relationships in the individual's interpersonal environment and the resulting patient's relational style in therapy.
The CBASP case formulation offers a framework for conceptualising the origin of a person's presenting problems from a trauma-informed, interpersonal developmental perspective.
It provides a focus for personalised therapeutic goals and mechanisms of change based on the patient's developmental needs. It also informs the therapist on how to adopt an optimal relational stance in order to handle difficulties that may arise during the course of treatment. The outcome is a conceptual and process-based integrative map that guides the therapist's intervention.

4. BDPD Kongresi 2024

Clinical and Cognitive Properties in Erectile Dysfunction

Canan Bayram Efe
Serbest Hekim

Erectile dysfunction (ED) is defined as a disorder in initiating and maintaining an erection sufficient for sexual activity. The DSM-5 diagnostic criteria of the American Psychiatric Association is the inability to achieve and maintain an erection or inadequate erection until sexual activity is concluded in all or almost all sexual intercourse for at least 6 months. This disorder should cause significant distress or difficulties in interpersonal relationships. According to a study conducted in Turkey, ED is seen in 69.2% of people over the age of 40. The causes are divided into 2 as organic and psychological origin. Diabetes, hypertension, hyperlipidaemia, metabolic syndrome, some neurological diseases, endocrinological diseases, drug use are the main organic causes. Psychogenic causes include depression, anxiety disorders, alcohol and substance abuse, psychotic disorders and personality disorders. When ED is diagnosed, organic psychogenic differentiation must be made. Psychogenic causes of erectile dysfunction are classified as preparatory, initiating and sustaining. Lack of sexual knowledge, sexual myths, personality traits, traumatic experiences, lifestyle are some of the predisposing factors for erectile dysfunction. Physical diseases, mental diseases, drug use, unrealistic performance expectations, ageing, relationship problems between partners can be considered as initiating factors. Diseases, sexual misinformation and myths, performance anxiety, not seeking treatment, negative automatic thoughts can be listed as maintaining factors. ED treatment is organised according to the cause. Drug treatments and psychotherapies are treatment options. Cognitive and behavioural interventions are especially important in sexual therapies. The treatment is arranged with psychoeducation sessions in which sexual anatomy, physiology and sexual functions are explained to sexual knowledge deficiencies, sessions in which interventions are made by discussing myths such as men are always ready for sexuality, sexuality cannot be experienced without sexual intercourse, men do not have sexual problems, and psychotherapy sessions in which behavioural assignments such as sensate focus are planned. A regular and reinforcing partner contributes positively to the treatment.

References:

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CBT strategies for erectile dysfunction

Bengü Yücens
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Erektil disfonksiyonun tedavisinde en önemli basamak diğer cinsel işlev bozukluklarında olduğu gibi terapistin bireysel psikolojik, ilişkisel, cinsel öykü bilgileri toplamasıdır. Bu bilgiler cinsel sorunun ortaya çıkmasına neden olan faktörlerin belirlenmesini sağlar. Uygulanacak tedavi stratejileri de bu nedenleri hedef alacak niteliktedir. Öncelikle vaka formülasyonu yapılır ve sonrasında terapist çifte geribildirim verir, BDT rasyonelini anlatır ve tedavi planını görüşür. Tedavi sürecinde uygulanan temel müdahele teknikleri: 1. duyumsal odaklanma 2. uyaran kontrolü 3. psikoseksüel beceri eğitimi 4. bilişsel yeniden yapılandırma. Duyumsal odaklanma, cinsel eylemlerde duyulan anksiyeteye, olumsuz duyguduruma çifti duyarsızlaştırır, performans kaygısını azaltır, dikkati performansa değil cinsel hazza odaklamalarını sağlar. Kademeli olarak maruz kalma kullanılır. Uyaran kontrolü cinsel eylemlerle hoşa gidecek ve rahat bir ortamın birleşmesi prosedürüdür. Psikoseksüel beceri eğitiminde utanma, rahat hissedememe, iletişimsizlik, suçluluk gibi hisler nedeniyle daha önce çiftin hiç denemedikleri ideal senaryoları, cinsel uyaranları ve cinsel davranışları içeren daha esnek ve daha az kısıtlayıcı cinsel senaryolara ve cinsel davranışlara dönüştürülür. Pelvik kas egzersizi eğitimi de psikoseksüel beceri eğitiminin önemli bir parçasıdır. Psikoseksüel beceri eğitimi cinsel sorunun çiftin sorunu olduğunun anlaşılmasını sağlar, karşılıklı güven oluşturur ve çiftin cinsel yaşamını dengeler. Bireylerin utanmasını azaltmak, cinsel eğitim sunmak ve terapötik bir plan çizmek, erkeğin (ve partnerinin) umutsuzluğuna karşı koyar. Cinsel ve ilişkisel sorunların bilişsel, davranışsal ve emosyonel yönlerinin tanımlanması cinsellikten haz almanın engellerini açığa çıkarır. Subjektif bilişler ve duygular arasındaki karşılıklı bağlantıları ve bunların davranışsal etkileşim paternlerini anlamak, çeşitli müdahale noktalarını belirleyebilir. İşlevsel olmayan inançlar ve cinsel inanışlara yönelik kullanılabilecek teknikler arasında cinsel eğitim, cinsel inanışların avantajları ve dezavantajlarının değerlendirilmesi, kanıt inceleme, davranış deneyleri, alternatif düşünce geliştirme yer alır. Cinsel eğitim çarpıtılmış ve maladaptif inançlara farkındalık sağlamaları için ilk basamak cinsel yanıtın psikofizyolojik süreci ile ilgili temel bilgilerin verilmesidir. Cinsel mitler böylelikle aşılabilir.

The most important step in the treatment of erectile dysfunction is to get the individual psychological, relational, and sexual history information as in other sexual dysfunctions. This information enables the determination of the factors that cause the emergence of sexual problems. The treatment strategies to be applied will target these causes. Firstly, the case formulation is done and then the therapist gives feedback to the couple, explains the CBT rationale, and discusses the treatment plan. The main intervention techniques applied in the treatment process are: 1. Sensate focus exercises 2. stimulus control 3. psychosexual skills training 4. cognitive restructuring. Sensate focus exercises desensitise the couple to anxiety and negative mood during sexual activity, reduce performance anxiety, and allow them to focus attention on sexual pleasure, not performance. Gradual exposure is used. Stimulus control is the procedure of combining sexual acts with a pleasant and comfortable environment. In psychosexual skills training, ideal scenarios that the couple has never tried before due to feelings of embarrassment, discomfort, miscommunication, guilt, etc. are transformed into more flexible and less restrictive sexual scenarios and sexual behaviors involving sexual stimuli

and sexual behaviors. Pelvic muscle training is also an important part of psychosexual skills training. Psychosexual skills training ensures the understanding that the sexual problem is the couple's problem, builds mutual trust, and balances the couple's sexual life. Reducing embarrassment, providing sexual education, and drawing up a therapeutic plan counteracts the man's (and his partner's) hopelessness. Identifying the cognitive, behavioral, and emotional aspects of sexual and relational problems reveals barriers to sexual pleasure. Understanding the interconnections between cognitions and emotions and their behavioral interaction patterns can identify various intervention points. Techniques that can be used to address dysfunctional beliefs and sexual beliefs include sexual education, evaluation of the advantages and disadvantages of sexual beliefs, evidence review, behavioral experiments, and alternative thought development. The first step for sexual education to provide awareness of distorted and maladaptive beliefs is to provide basic information about the psychophysiological process of sexual response. Sexual myths can thus be overcome. Given the strong influence that negative cognitions have on the individual’s emotional well-being (e.g., anxiety, depression) and behavior (e.g., excessive reassurance-seeking, and withdrawal from the partner), assessing and modifying them is an important component of CBT.

Evaluation and Interventions in Erectile Dysfunction in Partner Relationships

Didem Sücüllüoğlu Dikici
Serbest Hekim

Erectile dysfunction is defined as the inability to achieve or maintain penile erection sufficient for sexual intercourse. It is among the most commonly encountered sexual dysfunctions. It is often not linked to a single cause. In addition to physical factors such as hormonal, neurological, vascular diseases, and medication use, psychological and interpersonal factors like sexual myths, lack of sexual knowledge, pressures within the family, childhood traumatic experiences, issues in the dynamics of the couple's relationship, conflicts, and communication problems can also cause erectile dysfunction. Even if there are organic causes for the emergence of sexual problems, the psychological factors that are influenced by them can contribute to the persistence of the issue.

Among sexual dysfunctions, erectile dysfunction has a more frequent organic etiology, but psychiatric disorders and partner relationship issues are also very common (40%). Relationship problems can be both an initiating and maintaining cause. Therefore, even if erectile dysfunction has an organic cause, it should be approached holistically, considering that every organic issue will likely have psychological components.

A good and healthy sexual relationship defines a process where harmony and satisfaction are experienced between partners, and both physical and mental health are prioritized. In this process, it is important for partners to know each other's expectations, not to be coercive about sexual desires, and to respect each other's thoughts and desires regarding sexuality.

How each partner perceives the sexual problem and the impact of this problem on the relationship are evaluated. For couples with significant areas of conflict in their relationship, couples therapy may be needed before or alongside sexual therapy.

This text discusses the effects of conflict resolution skills, lack of intimacy, and general relationship distress on couples experiencing sexual dysfunction and how these issues can be addressed.

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Memory Consolidation and Reconsolidation Processes in Therapy through the Layered Model

Canan Bayram Efe
Serbest Hekim

This presentation explores memory consolidation and reconsolidation processes within the framework of the layered model in schema therapy. Memory consolidation refers to the process by which individuals solidify their past experiences into long-term memory, which is especially crucial in therapeutic processes involving traumatic memories. Reconsolidation, on the other hand, involves the reactivation of these past memories and their updating with new information and emotional contexts. In therapy, reconsolidation allows the restructuring of an individual's dysfunctional cognitive and emotional schemas.

The layered model deepens the impact of therapeutic interventions, supporting these restructuring processes. This model provides a multi-layered approach, enabling clients to work at cognitive, emotional, and behavioral levels. Throughout the therapeutic process, memory consolidation and reconsolidation play a key role in modifying the dysfunctional schemas developed during early life and in building healthy coping mechanisms.

The presentation will detail how memory consolidation and reconsolidation are integrated into therapy, their role in restructuring the client's schemas, and their contribution to long-term recovery. Additionally, the advantages of schema therapy in addressing these processes and its practical applications in clinical settings will be discussed.

Finally, the presentation will highlight the effects of schema therapy techniques on reprocessing traumatic memories, enhancing emotional regulation skills, and replacing dysfunctional schema structures with healthy ones.

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PANEL-15 Transdiagnostic Cognitive Behaviral Group Therapies

Fatma Ezgi Görgülüer
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Group therapies began in the 1900s as providing healthy living advice to tuberculosis patients. Later, their potential benefits for mental disorders were recognized, leading psychoanalytic theorists of the time to experiment with them. Especially Irvin D. Yalom worked on this way and provided benefit for many theoretical and structural studies related to group psychotherapy. By the late 20th century, group psychotherapy began to focus on more specific groups. Interest in group therapies increased by the time, because of their cost and time efficiency and the lack of significant differences in effectiveness compared to individual and group-format psychotherapies. Additionally, group learning offers advantages such as the feeling of not being alone, optimism about recovery, modeling and opportunities to improve interpersonal relationships

Cognitive Behavioral Group Therapy (CBGT) is recognized as the most prominent approach in group psychoteraphies. CBGT bases the changes in group members on cognitive-behavioral processes. During therapy, Socratic questioning and guided discovery are used.

The existence of patients who show sub-threshold symptoms or frequently receive similar diagnoses but do not fit into existing diagnostic classification systems has suggested the possibility of underlying similar psychopathologies. This has led to the emergence of a transdiagnostic approach. CBGT combines the advantages of both group and transdiagnostic approach with established protocols.

Transdşagnostic Metacognitive Group Therapy

Merve Çelik Korkmaz
Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastenesi

Transdiagnostic approach suggests that common psychopathological processes underlie various mental disorders. The presence of subthreshold symptoms in clients seeking help from mental health professionals, high rates of comorbidity, changes of diagnosis over time and clinical presentations among individuals with the same diagnosis all support the idea of shared underlying common psychopathological processes. Metacognitive theory suggests that irrational beliefs and schemas, which are the cause of psychopathologies, are influenced by metacognitions. Unlike traditional cognitive behavioural therapy, metacognitive therapy recommends that changing metacognitions are essential rather than questioning validity of beliefs and cognitions. The model of Self-Regulatory Executive Function (S-REF) suggests that mental disorders are controlled top-down. It is also suggested that problems in Self-Regulatory Executive Function (S-REF) model are due to the Cognitive Attentional Syndrome (CAS), which is considered primary cause of psychiatric disorders. In metacognitive therapy, several strategies for preventing CAS are employed. This part of the panel, we will be discussed about 8-session transdiagnostic metacognitive group therapy program and clinical experiences will be shared.

Dıagnosıs-Specıfic And Transdıagnostıc Cognıtıve Behavoral Group Therapıes
Cognitive Behavioral Group Therapy for Clients Diagnosed with Panic Disorder

Erkil Çetinel
Sağlık Bilimleri Üniversitesi Ankara Etlik Şehir Hastanesi, Turkey

Abstract
Panic Disorder is a psychopathology that includes catastrophic cognitions in which the person believes that their bodily sensations will lead to catastrophic consequences, behaviors of avoiding symptoms and situations that they think will cause symptoms, and behaviors of seeking security to create the feeling of being safe against the symptoms that occur, leading to a decrease in the person's functionality. For our clients who apply to our clinic with a diagnosis of panic disorder, we will provide cognitive behavioral group therapies consisting of groups of maximum 8 people, consisting of 5 sessions, where the consequences of avoidance and safety-seeking behaviors are discussed and catastrophic cognitions are addressed. We aim to reinforce what the clients have learned by providing mutual interaction in the group. We aim to adapt the first experiential experiments conducted in a group environment to the client while adapting them to his own life, while also allowing him to experience different difficulties experienced by other clients that he has not experienced until then.
In this part of the panel, we will discuss cognitive behavioral group therapy for panic disorder.
Keywords
CBT, Group Therapy, Panic Disorder

Dıagnosıs-Specıfıc And Transdıagnostıc Cognıtıve Behavoral Group Therapıes Cognitive Behavioral Group Therapy for Tinnitus Patients

Gökçe Saygı Uysal
Sağlık Bilimleri Üniversitesi Ankara Etlik Şehir Hastanesi

Tinnitus is defined as "the conscious awareness of a tonal or complex noise without an identifiable external acoustic source" and is associated with emotional distress, cognitive impairment, and/or autonomic arousal, which can lead to behavioral changes and functional disabilities. The impact of tinnitus on daily life is also related to individuals' past psychological experiences, and stress related to tinnitus may contribute to the chronicity of the condition. Additionally, it may be associated with other functional auditory disorders (e.g., hyperacusis), anxiety and depression cycles, difficulties with sleep or concentration, cognitive challenges, or mood swings.

While patients may attribute their emotional distress to tinnitus, pre-existing psychological issues can lead to the tinnitus-related sound being perceived as more threatening. It is noted that in the presence of tinnitus, the limbic system and networks related to attention are more active, which might explain the relationship between persistent tinnitus and mental fatigue.

In etiology, cochlear dysfunction triggering abnormal central neuroplastic responses, neural ‘firing’ disorders leading to altered activity in limbic, autonomic, and reticular systems, damage and loss of outer and inner hair cells or stereocilia in the cochlea, synaptopathy between inner hair cells and spiral ganglion, and basilar membrane damage are highlighted. Additionally, non-auditory pathways (intracochlear glutamate metabolism, prefrontal cortex, cerebellum) have also been reported to play a role in the development of tinnitus.

Tinnitus treatment includes medications (ginkgo biloba, antidepressants, anxiolytics, and sedatives), auditory methods (tinnitus retraining therapy, sound therapy), psychological strategies (counseling and cognitive behavioral therapy), and other methods (biofeedback, breathing exercises, and electromagnetic stimulation). Short-term psychoeducational counseling is also suggested as a valid alternative to different tinnitus treatment programs.

Cognitive Behavioral Therapy (CBT) is a type of psychotherapy used for a wide range of psychiatric conditions, including anxiety, depression, and distress associated with tinnitus. CBT aims to modulate negative thoughts associated with maladaptive behavior through reframing and uses techniques like the development of positive coping skills, distraction, and relaxation.

To date, CBT is the most strongly recommended intervention for tinnitus in clinical practice guidelines, though its benefits may be limited to managing tinnitus-related distress. While CBT is effective in improving patients' negative interpretations of tinnitus, its impact on anxiety or health-related quality of life may be less pronounced than audiological care, and evidence of long-term outcomes is lacking. A 2020 Cochrane review found that compared to waiting or receiving no treatment for tinnitus, CBT significantly improved tinnitus severity (THI score) and, to a lesser extent, quality of life, anxiety, and depression measures.

In this section of panel we discuss about group therapy to tinnitus that applied 7 sessions to 5 patients.

Uzmanla Buluşma – 10
Mizofoni Hakkında Her Şey
Cognitive Behavioral Therapy for Misophonia

Ali Ercan ALTINÖZ,
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Misophonia is a disorder characterized by extreme emotional reactions—typically anger, disgust, or anxiety—triggered by specific sounds, such as chewing, breathing, or tapping. Although relatively under-researched, Cognitive Behavioral Therapy (CBT) has shown promise as a treatment for misophonia by targeting the maladaptive thought patterns and behavioral responses that exacerbate the emotional distress associated with trigger sounds.

In CBT for misophonia, the goal is to help individuals identify and challenge negative automatic thoughts about the sounds, such as catastrophic thinking or perceived personal attacks. For example, patients often interpret these sounds as intentional or disrespectful, amplifying their emotional reaction. By reframing these thoughts and teaching patients more adaptive responses, CBT aims to reduce the emotional intensity of their reactions.

Exposure therapy is another critical component of CBT for misophonia. By gradually and systematically exposing patients to trigger sounds in controlled environments, they learn to tolerate the sounds without escalating their emotional responses. Relaxation techniques and mindfulness are also employed to help patients manage the physical symptoms of their emotional reactions, such as increased heart rate or muscle tension.

This presentation will explore the efficacy of CBT in treating misophonia, focusing on the reduction of distress and avoidance behaviors. Case studies and clinical trials have shown promising results, with many patients experiencing reduced symptoms and improved quality of life. Attendees will gain insight into the therapeutic techniques that can be employed to help patients manage their misophonia more effectively.

4th International Congress of Cognitive Behavioral Psychotherapies

Keynote Address Abstract

Title: When in Doubt: A CBT Approach to Excessive Doubt
Presenter: David A. Clark, University of New Brunswick, CANADA

Doubt is a normal mental state known to all. Whenever we are confronted with the unknown consequences of a past action or decision, the uncertainty of decision-making, or troubling questions about long cherished beliefs and values, we doubt. Excessive doubt is an overlooked process that can be a significant contributor to anxiety, worry, and depression and, of course, obsessive-compulsive disorder (OCD). This keynote address examines the problem of excessive doubt, beginning with an analysis of the nature of doubt that highlights the distinction between healthy and unhealthy variants of the mental state. We then consider five psychological processes that undermine its adaptability and result in the excessive and distressing doubt often seen in the emotional disorders. The presentation concludes by offering several interventions for pathological forms of doubt. Although rarely targeted for treatment in standard CBT, for many individuals excessive doubt can blunt an effective response to treatment. It is recommended that CBT practitioners include individual's experience with doubt in their assessment, case formulation, and treatment plans.

Biblioterapinin Depresyon ve Anksiyete Bozukluklarında Etkisi

Doç Dr Alişan Burak Yaşar
İstanbul Gelişim Üniversitesi

Biblioterapi, bireylerin kendi hızlarında uygulayabileceği, minimum düzeyde profesyonel destek gerektiren bir yöntemdir. Çeşitli meta-analizler ve randomize kontrollü çalışmalar, bu yöntemin özellikle depresyon tedavisinde etkili olduğunu göstermektedir. Özellikle Feeling Good kitabı gibi eserlerin, depresif belirtileri azaltmada başarılı olduğu kanıtlanmıştır. Biblioterapi, erişim zorlukları yaşayan bireyler için etkili bir alternatif sunarken, bazı çalışmalar bu yöntemin uzun vadeli depresyon yönetiminde tek başına yeterli olmayabileceğini de ortaya koymaktadır. Buna rağmen aksi yönde görüşler de mevcuttur. Araştırmalar sür ektedir. Terapist rehberliği ile sunulduğunda daha güçlü sonuçlar elde edilebilir .

Bizim yaptığımız araştırmada, bilişsel davranışçı terapi temelli kendine yardım kitaplarının depresif belirtiler üzerindeki etkileri, plasebo kitap ve kitap önerilmeyen kontrol grubu ile karşılaştırılmıştır. Randomize kontrollü araştırmamızda, kitapların depresif semptomları azaltmada anlamlı bir etki yarattığı görülmüştür. Sonuçlar, biblioterapinin özellikle yetişkinlerde depresyon ve anksiyete bozukluklarında etkili ve uygun maliyetli bir müdahale olduğunu desteklemektedir.

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Cognitive Behavioural Therapy for Psychosis

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Schizophrenia is a mental disorder characterized by hallucinations, delusions, disorganized thinking and behavior, often as a result of cognitive impairments linked to neurobiological defects. More intensive forms of some cognitive errors that can be present in all individuals are seen. Due to the nature of the schizophrenia, individuals is often completely lacking in insight. While about half of the patients continue to use oral medication in the first year after discharge, this rate drops to 30% in the second year. This will trigger recurrent psychotic episodes. For these reasons, current schizophrenia treatment guidelines recommend psychotherapeutic approaches (psychoeducation, family interventions, cognitive-behavioural therapy and psychosocial rehabilitation) in addition to antipsychotic drug treatment.
Cognitive Behavioural Therapy (CBT) studies in pschosis started in 1952 when A.T.Beck examined the delusions of a chronic schizophrenia patient. In the normal population, a 5 per cent rate of delusion was found. Non-psychotic individuals are not disturbed because they perceive hallucinations as originating internally. However, psychotic patients perceive hallucinations as external, dangerous and uncontrollable. The CBT of schizophrenia is mainly based on the the vulnerability–stress model. The vulnerability–stress hypothesis of schizophrenia simply states that vulnerabilities and stresses combine to produce the symptoms characteristic of the disorder.
CBT, has specific treatment goals for individuals with psychosis. These goals include reducing distress, improving insight into psychotic experiences, improving coping skills, reducing the disstres associated with hallucinations and delusions, and maintaining progress. The therapy process involves various steps, beginning with assessment and setting treatment goals, followed by psychoeducation to provide information about the disorder and reduce stigma. Skill development focuses on problem solving and coping strategies for symptoms, while interventions target specific symptoms such as delusions and auditory hallucinations. Finally, relapse prevention involves creating a self-management plan. It's important to note that the aim of CBT is not to cure psychosis, but to alleviate distress and improve coping mechanisms. Therefore, CBT can also be used in delusions resistant to antipsychotic treatment. Individuals with psychotic disorders, even if they believe that they do not have any disorder, will generally have improved treatment compliance and medication adherence when the clinician provides a motivation that is important to their lives.

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Psikotik Bozukluklarda Kabul ve Kararlılık Terapisi

Merve Terzioğlu
Serbest Hekim

Psikoz; emosyon, algı, düşünce ve davranış bozukluklarını içeren birtakım semptomları tanımlayan geniş bir terimdir. Psikotik semptomlar başta şizofreni olmak üzere birçok psikiyatrik bozuklukta görülebilir. Psikotik bozukluklara sahip bireylerde düzenli ilaç kullanımına rağmen semptomlarda sınırlı bir iyileşme olması ve işlevsellikte belirgin bir düzelme olmaması ve ilaçların faydalarının yanı sıra önemli yan etkilerinin bulunması psikotik bozukluklarda etkili psikoterapötik müdahalelere ihtiyacı belirginleştirmiştir. Son yıllarda psikoz tedavisinde psikoterapinin etkililiğine ilişkin çalışmalar artmakta, güncel kılavuzlar psikoz tedavisinde farmakolojik tedavilerle birlikte psikososyal müdahaleleri de önermekte psikoza yönelik psikolojik müdahaleler arasında bilişsel davranışçı terapiler (BDT) altın standart olarak kabul edilmektedir.

Kabul ve Kararlılık Terapisi (ACT), davranış değişim stratejileri ile psikolojik esneklik sağlamak için çeşitli şekillerde harmanlanmış kabul ve farkındalık stratejilerini kullanan kanıta dayalı psikolojik müdahale yöntemleri bütünüdür. Üçüncü dalga bilişsel davranışçı terapiler arasında değerlendirilen bu terapi seksenlerin sonunda Hayes ve Strosahl tarafından geliştirilmiş, psikotik bozukluklar dahil birçok psikiyatrik bozuklukta etkili olduğu klinik çalışmalarla gösterilmiştir. Psikolojik esnekliği merkeze alan bu yaklaşım, psikotik semptomları azaltmak ya da kontrol etmek yerine kişinin bu semptomlarla ilişkisini değiştirmeyi amaçlar. Psikoz psikopatolojisinde etkili olduğu bilinen yaşantısal kaçınma, bilişsel birleşme ve perspektif alma süreçlerini hedefleyerek kişinin daha esnek bir kendilik algısı oluşturmasına ve istenmeyen içsel yaşantıların varlığında anlamlı, dolu dolu bir hayat sürdürmesine yardımcı olur. Psikotik bozukluklarda Kabul ve Kararlılık Terapisi (ACTp)'ne ilişkin yapılan çalışmalar ACTp'in psikotik belirtilerde ve hastane yatışlarında azalma ve duygudurum belirtilerinde iyileşme ile ilişkili olduğunu ortaya koymuş olup, halihazırda ACTp orta düzeyde kanıt düzeyine sahiptir. Bu oturumda katılımcıların Kabul ve Kararlılık Terapisi (ACT) 'nin temel ilkeleri ve psikoza yaklaşımı hakkında genel bir bilgi sahibi olması, ACTp'un hangi açılardan farklılaştığını öğrenmesi hedeflenmektedir.

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CBT Practices in Neurodevelopmental Disorders
CBT Interventions İn The Treatment Of ADHD İn Adolescence

Büşra Durmuş
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Neurodevelopmental disorders typically manifest in early childhood, often due to unidentified etiologies. These disorders are characterized by impairments in personal, academic, social, and occupational functioning. The co-occurrence of multiple neurodevelopmental disorders is common, and the severity and distribution of symptoms can vary significantly. Intervention programs should be planned to the psychopathological profile and current needs of the individual.

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity. The prevalence of ADHD in adolescents is reported to be 5-10%. According to research, 50-80% of individuals diagnosed with ADHD in childhood continue to exhibit symptoms during adolescence and adulthood. Psychosocial interventions are increasingly being used in addition to pharmacological treatments for managing ADHD.

Research has shown that cognitive behavioral therapy is an effective psychosocial intervention for adolescents with ADHD. Symptoms such as distractibility, disorganization, difficulty completing tasks, and impulsivity can prevent individuals with ADHD from learning and using effective coping skills. The lack of these skills can lead to underachievement and failures. Underachievement and failures can result in negative thoughts and beliefs. These negative thoughts and beliefs can contribute to mood problems and increase avoidance and distractibility. Cognitive behavioral therapy practices for adolescents with ADHD include psychoeducation about ADHD, development organizational and planning skills, management of distraction, cognitive restructuring related to negative thoughts and beliefs, and strategies for managing procrastination. Parent sessions, whether involving adolescents or not, facilitate the review of parental behaviors, reinforcement of the adolescent's skills, and the inclusion of parents in the therapy process. It is important that the strategies and skills learned during therapy continue to be practiced regularly in order to maintain gains.

Case formulation in panic disorder

Bengü Yücens
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Cognitive behavioral therapy is implemented based on case formulations that aim to represent the predisposing, triggering, and maintenance factors involved in individual disorders. Case formulation provides the therapist with a guide to what to modify in therapy, and consequently, the most useful approaches will be those that reveal the factors involved in the etiology and maintenance of anxiety disorders. Panic attack is a distinct period or episode of intense fear or discomfort that builds suddenly, peaks briefly, and is characterized by unwanted and inexplicable physical sensations and frightening cognitions. After repeated panic attacks the core fear may crystallize as a fear of having another panic attack. The fear or worry of having a panic attack persists over weeks or months and often leads to behavioral changes involving avoidance of places or activities thought to increase the risk of panic attacks. The catastrophic thinking most common in panic is fear of dying, losing control, and fear of having more frequent, intense, and uncontrolled panic attacks. At the very heart of the cognitive behavior treatment of panic is the assertion that it's the catastrophic misinterpretation of bodily sensations that is the core problem in repeated panic attacks. Daily self-monitoring and direct behavioral observation are important assessment strategies that should be a regular feature of any assessment and case formulation of panic disorder. Both strategies are critical for determining the nature of immediate fear activation. A cognitive case conceptualization of a panic attack must begin with a thorough assessment of the situations, experiences, and cues that trigger anxiety. It is important to know the intensity of anxiety felt in each situation since the therapist should have a range of situations or triggers that elicit mild to severe anxiety states. The therapist must determine how often the person experiences an anxiety-provoking situation and the duration of his or her exposure to the situation. The cognitive therapist should also obtain information on the extent to each situation is associated with escape or avoidance. The therapist obtains an accurate assessment of the client's first apprehensive thoughts in a variety of anxiety-provoking situations to determine the underlying threat schema responsible for the anxious state. The nature, function, and interpretation of physiological hyperarousal and other bodily sensations must be defined as part of any case formulation for anxiety. An important part of any cognitive assessment of anxiety is to identify these fear-inhibiting responses. Yet, their detection can be difficult because they are so automatic, with the individual having little conscious awareness of their presence. It is important to identify the primary intentional safety-seeking behaviors. Assessing the nature, frequency, and function of worry and other cognitive control responses is another aspect of the case formulation of the persistence of panic attacks. The primary focus of case conceptualization and change is the content of catastrophic misinterpretation and the factors that contribute to the maintenance of belief in the validity of such appraisals. The cognitive approach has proven to be highly effective in panic disorder.

Cognıtıve Behavıoral Therapy For A Case Of Generalızed Anxıety Dısorder

Ayşegül Kervancıoğlu
Serbest Hekim

The case is 21 years old, female patient. She is a 3rd year of university student. Current problems are worried about exams and the future, difficulty of relaxing herself, feeling constant pain, muscle tension, teeth clenching and jaw pain, difficulty falling asleep, difficulty concentrating, heart palpitations, nausea, trembling hands during times of increased stress (pre-exams). Also avoidance of social activities, avoidance of studying, decline in academic performance. First, she started to worry about her exams and over time, physical symptoms were added to her anxiety. She had difficulty concentrating while studying and during the exam and she would think "it is impossible to study, I will not be able to complete my subjects, I will fail" and she would stop studying. She felt inadequate to find a job and build a career, and thought things would get worse. She states that when she goes to bed, her negative thoughts do not stop. In time , she also started to avoid social situations. "Even when I go out with my friends, I always feel restless and I don't want them to notice my restless state," she says. Now she has difficulty in doing even simple daily tasks and feels tired and exhausted at once. The point of beck anxiety scale is 30, hamilton anxiety scale is 25, beck depression scale is 11. As a result of psychiatric examination and tests, the patient was diagnosed with DSM-5 Generalized Anxiety Disorder. We can determine treatment goals as reducing physical symptoms of anxiety and worries, reducing the negative automatic thoughts, eliminating the avoidance of social situations, increasing the academic performance, becoming interested in hobbies again. Automatic thoughts are “I will fail”, “Bad things will happen to me”, “I won't be able to cope with them.” Maladaptive assumptions are “I have to control my anxiety in any time.”, “I should not be anxious.”. Core beliefs are “ I am weak, I am a helpless person.” Cognitive behavioral therapy steps are psychoeducation (GAD, CBT and physiology of anxiety), examination of cognitive distortions (catastrophizing), working with the core belief of 'I am inadequate', overcoming avoidance (avoiding studying; avoiding friendships), practicing problem solving skills and alternative strategies and relaxation training. After psychoeducation and teaching ABC formulation we apply worry time in the 3rd-5th sessions. We limit worry with a specific time and place. It should be applied for 30 minutes at home after work. The goal is to make the worry times more controlled and solution-focused. While working with the cognitive distortion of catastrophizing (I will get bad grades on exams, I will have difficulty to finish school.) we can use cost- benefit analysis, weighing the evidence for and against a thought, vertical descent, pie technique and double standards tecniques. Relaxation is a skill through which the patient can learn to gain more control over their bodily responses. It can be applied through relaxation techniques involving 12 muscle groups, 8 muscle groups, or breathing exercises. We can work with core beliefs and maladaptive assumptions in the further sessions.

Bir Mobil Telefon Uygulaması Kültürel Uyarlama Süreci

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Koronavirüs salgını (COVID-19) hâlihazırda psikolojik zorluk deneyimleyen kişilerin mevcut belirtilerini şiddetlendiren ya da pandemi öncesi belirti göstermeyen kişilerin bir takım psikolojik sıkıntılar yaşamasını tetikleyen bir yaşam olayı olarak kişilerin psikolojik desteğe olan ihtiyacını arttırmıştır. Bu ihtiyacın karşısında ise gerek bireysel gerekse toplumsal düzeyde uygulanan önlemler kapsamında klinik ortamda gerçekleştirilen, geleneksel yüz yüze destek imkânını ise neredeyse tümüyle ortadan kaldırmıştır. Geleneksel psikolojik destek yöntemlerine alternatif arayışı sonucunda mobil telefon teknolojilerinin günlük hayatın her alanına girmesi bu teknolojilerin psikolojik sağaltıma yardımcı kullanımını da mümkün kılmıştır. Mevcut panelde yer alan bu sunumda Bilişsel Davranışçı Terapi ilkelerine göre oluşturulmuş obsesif-kompulsif belirtileri ve COVID-19 ile ilişkili psikolojik zorlukları hedef alan mobil uygulamaların Türkiye örneklemine uyarlama süreci ele alınacaktır.

Üniversite Öğrencileri İçin İnternet Tabanlı Müdahaleler ve Ötetanısal Bir Örnek

Ömer Özer
Anadolu Üniversitesi

Psychological problems are quite common among university students, but help-seeking behavior is limited and access to qualified sources of help is often inadequate. This makes it difficult for students to cope with their psychological problems. At this point, tarnsdiagnostic CBT and internet-based interventions offer effective solutions.

Transdiagnostic CBT interventions aim to provide more inclusive, flexible and adaptive support by targeting common mechanisms across different psychological disorders. These approaches enable more efficient use of resources and reach a wider audience. Internet-based interventions, which are a widely used tool in the field of mental health with the development of technology, can be defined as the delivery of psychotherapeutic interventions with scientifically validated efficacy in order to prevent and treat psychological problems/disorders or to increase the well-being and coping skills of users, through online web pages, mobile applications or computer software in a way that the user can use with a guide, usually a mental health professional, or completely on their own. Internet-based interventions stand out with the advantages of accessibility, low cost and anonymity. The ability of users to progress at their own pace and access psychotherapeutic interventions online contributes to the effectiveness and sustainability of such approaches.

The aim of this study is to introduce UNIPDES, an internet-based transdiagnostic intervention program to help university students cope with their psychological symptoms. UNIPDES aims to increase university students' well-being and reduce the prevalence of psychological problems. The method of the study was designed with a study group consisting of students selected from five different universities. The study is a randomized controlled experimental research. Participants are selected according to set criteria and evaluated at three different times: pre-test, post-test and follow-up after the program is completed. The effectiveness of the program is measured through forms and questionnaires filled in by the users themselves.
The UNIPDES program consists of six modules: goal setting, psychoeducation, recognizing emotions, changing behaviors, recognizing thoughts and planning for the future. Each module is supported by interactive forms and animations, aiming to provide an experience tailored to the personal needs of the users.
This project is being carried out with the support of TUBITAK within the scope of 3501 Career Development Program, 123K895 numbered named Unipdes - Internet-Based Euthetical Intervention Program for Psychological Symptoms of University Students: Development, Usability and Effectiveness Evaluation.

Panel - 3

Bilişsel Davranışçı Temelli Kilo Kontrolü Mobil Uygulaması: Bi'Kilo
Cognitive Behavioral Therapy-Based Weight Control Mobile Application: Bi'Kilo

Ali Ercan Altınöz
Eskişehir Osmangazi University, Department of Psychiatry, Turkey

In recent years, mHealth applications have emerged as an innovative approach to overcoming barriers to treatment accessibility, especially in the realm of weight management. These applications offer cost-effective and scalable solutions, providing users with tools to manage their health and psychological well-being. One such application, Bi'Kilo, is a Cognitive Behavioral Therapy (CBT)-based mobile platform aimed at supporting weight control in individuals struggling with overweight and obesity. This presentation will introduce the Bi'Kilo application and discuss the results of a pilot study that tested its effectiveness across several key areas related to obesity.

The project, supported by TUBITAK 1001 - The Scientific and Technological Research Projects Funding Program (project number 122S049), aimed to explore the psychological and behavioral facets of overweight and obesity by offering an innovative tool grounded in CBT principles. Bi'Kilo combines psychoeducation, self-monitoring, and interactive features to promote healthier eating habits, mindful eating, and sustainable lifestyle changes.

Bi'Kilo's Features and Structure

The Bi'Kilo application includes various CBT-based components, such as animated video content for psychoeducation, self-monitoring tools, and exercises designed to reinforce learned behaviors. Key features include the "Eating Records" to track food intake, "Mindful Eating" exercises, and "Thought Cards," which guide users in challenging maladaptive thought patterns related to eating. Psychoeducation focuses on healthy eating, portion control, and lifestyle modifications, while the interactive features encourage users to apply these skills in real-life contexts.

Participants in the study were randomized into two groups: the study group had access to all components of Bi'Kilo, while the control group could only access the psychoeducation content. Anthropometric (weight, BMI, waist-to-hip ratio, body fat percentage, visceral adiposity index) and biochemical measurements (glucose, insulin, HOMA-IR, leptin, ghrelin) were collected. In addition, psychometric assessments related to eating behaviors and attitudes (EEQ, mYFAS 2.0, MEQ) and cognitive tests (CANTAB-CGT, RVP, SWM, SST, MOT) were conducted at baseline, 6 weeks, and 10 weeks.

Findings of the Pilot Study

The study began with 77 participants, of whom 38 completed at least two rounds of measurements. The average participant age was 40.3, with 57.9% of the study group identifying as female. There were no significant demographic differences between the study and control groups in terms of age, gender, BMI, or relationship status.

During the follow-up period, the study group demonstrated significant improvements in BMI, weight, and specific aspects of mindful eating, including the **MEQ-Awareness** and **MEQ-Mindfulness** subscales. These changes were observed when comparing the study group to the control group. However, no significant differences emerged between the groups concerning biochemical parameters or cognitive tests.

One of the most notable findings was a significant reduction in emotional eating among participants in the study group compared to the control group. This finding is significant as emotional eating is a common challenge for individuals with obesity, and its reduction can contribute to long-term success in weight management.

Conclusion and Future Directions

Bi'Kilo represents the first CBT-based weight control mobile application developed in Turkey, and its effectiveness was evaluated through a randomized controlled pilot study. The findings suggest that Bi'Kilo is effective in promoting weight loss, reducing emotional eating, and increasing mindfulness around eating behaviors. While no significant changes were observed in biochemical measurements or cognitive functions, the study provides a promising foundation for further research.

Given the increasing prevalence of obesity and the need for accessible, scalable interventions, Bi'Kilo's development marks an essential step in leveraging digital tools for health behavior change. Future studies with larger sample sizes will be crucial to validate its effectiveness further and explore additional outcomes related to cognitive and metabolic health. The authors thank TUBITAK for their support.

Meeting with Expert / Title: Metacognitive (Metacognitive) Training, a New Cognitive Behavioural Method Developed

Speakers: Hakan Türkçapar & Selin Tutku Tabur
Ankara Sosyal Bilimler Üniversitesi

Psychotic disorders are psychiatric disorders whose main symptoms are delusions and hallucinations, which seriously affect the life and functionality of the individual. Until recently, it was thought that medication could be the only method in terms of treatment, but in recent years, the idea that psychosocial treatments can make important contributions in addition to medication has come to the fore. In this direction, in addition to the known and used CBT approaches, Metacognitive (Metacognitive) Training, a new cognitive behavioural method developed in recent years, effectively complements the treatment of psychotic disorders. The Metacognitive (Metacognitive) Training programme (MBT) is based on the psychosis model of cognitive behavioural theory and its unique feature is that it focuses on the metacognitive domain in practice. Cognitive behavioural therapy methods used in the psychosocial treatment of schizophrenia base their applications on explanations at the level of perception, cognition and schema regarding the formation of psychosis. Developed in 2005 by Steffen Moritz and Todd S. Woodward, Metacognitive (Metacognitive) Training is a new method developed for the treatment of positive symptoms in psychosis, especially delusions. This training has been supported by research that psychotic individuals can contribute to gain insight. Metacognitive training is suitable for inpatient groups and outpatients. It can be applied in both individual and group format. Since the aim of the training is to enable the patient to see the negative consequences of cognitive biases, a large number of examples are used with the prepared materials.

In conclusion, it is expected that the role of metacognitive training in the treatment of psychotic disorders will increase in the future. Especially its integration into the treatment approaches provides a great advantage. The benefits and limitations of using metacognitive training together with cognitive-behavioural therapies and pharmacotherapy should be reviewed.

Intolerance of Uncertainty

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The concept of intolerance of uncertainty (IU) was initially developed on the basis of anxiety-related psychopathologies. It was later shown to be effective in many other mental disorders and was proposed as a transdiagnostic factor.
IU emerges as negative beliefs and reactions to unpredictable situations (1). IU is conceptualized under four subheadings; desire for predictability, paralysis of uncertainty, distress in the face of uncertainty and rigid uncertainty beliefs. Emotional distress in response to uncertainty represents the affective aspect. Dysfunctional beliefs about uncertainty are linked to both cognitive and metacognitive thought processes. From this perspective, IU emerges as a concept that evaluates metacognitive beliefs, cognitions, emotions and behaviors (2).
Research on IU has approached the subject from two main perspectives. The first one is prospective IU and inhibitory IU. Prospective IU refers to cognitive appraisals and is related to future uncertainties. In this sense, it can be said that the concept has a cognitive component. On the other hand, inhibitory IU is the behavioral part of the construct and defines attitudes such as avoidance behavior related to uncertainty (3).
The other stage of research can be defined as trait IU, which is related to personal characteristics, and situation-specific IU, which is more specific to the condition. The concept of trait IU is at the forefront in conditions such as obsessive-compulsive disorder and generalized anxiety disorder. Mental disorders such as social anxiety disorder and panic disorder are more closely associated with situation-specific IU.
From a cognitive behavioral perspective, negative beliefs about uncertainty initiate biased information processing after triggering events. They also causes attention to be more focused on issues related to uncertainty. Emotionally, anxiety and distress arise. On the behavioral side, people tend to engage in safety-providing behaviors and avoidance behaviors. While these behavioral strategies provide short-term relief, in the long term they work as negative reinforcers on uncertainty beliefs.
Initially developed through research on generalized anxiety disorder, IU was later found to be associated with many mental disorders such as social anxiety disorder, obsessive-compulsive disorder, post-traumatic stress symptoms and disorder, depression, agoraphobia and panic disorder, and eating disorders.
In conclusion, IU has an important place as a transdiagnostic factor in the evaluation and treatment of mental disorders. It can be said that treatment protocols that target IU cognitively and include behavioral practices will have an important place in psychotherapy processes.

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Anxiety Sensitivity

Başak Şahin
Ankara Etlik Şehir Hastanesi

Anxiety sensitivity has been defined as a trait that reflects the tendency to fear the consequences of anxiety. Anxiety sensitivity has been classified into three sub-dimensions: physical, social and cognitive (1). The concept of anxiety sensitivity was initially considered to be one-dimensional, but as a result of factor analyzes, it was considered as a concept with three sub-dimensions (2). *Physical sub-type of anxiety sensitivity,* which is one of these three sub-factors, has been described as being concerned about the consequences of the physical symptoms of anxiety (2). While *cognitive anxiety sensitivity*, which is another sub-factor, has been described as the state of being worried about the loss of cognitive control due to anxiety, the last sub-factor, *social anxiety sensitivity*, has been conceptualized as worrying about the unfavorable social consequences of observing anxiety symptoms by others (8). Previous studies have revealed that anxiety sensitivity is a transdiagnostic factor by associating it with numerous mental illnesses. (3,4).
This is thought that individuals with high anxiety sensitivity may be more likely to interpret events as catastrophic and increase their anxiety and depression scores, since anxiety sensitivity is related to the anxiety caused by experiencing their symptoms. Considering all these findings, specific interventions for anxiety sensitivity would help treat symptoms regardless of the diagnosis. Previous studies show that mindfulness-based exercises, meditation and physical activity can improve symptoms of anxiety and sensitization (5).Cognitive behavioral therapy interventions to reduce increased anxiety sensitivity (e.g., interoceptive exposure interventions) are thought to be effective in reducing anxiety scores (6).

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Repetıtıve Negatıve Thınkıng

Ayşegül Kervancıoğlu
Serbest Hekim

Repetitive negative thinking (RNT) is a transdiagnostic process that involves the person dwelling on feelings of sadness (rumination), worrying about the future, and post-event evaluations following stressful events. RNT is repetitive negative thought that is passive, self-focused, and difficult to control. The main features of RNT are repetitive, negative, intrusive, unshakable, uncontrollable, abstract and passive. RNT can be associated with emotions such as depression, anxiety, guilt, resentment, and shame. It particularly highlights thinking about unmet goals and the difficulties in coping with the emotional burden caused by this. Each of the underlying theories (metacognitive model, self-regulation model, integrative theoretical model) has different focal points. The metacognitive model focuses on positive and negative metacognitions as the main triggers and maintainers of rumination or worry, while the self-regulation model emphasizes goal salience and cognitive control. Based on self-regulatory and metacognitive models of rumination, Tamm, Koster, and Hoorelbeke (2024) modeled the interrelationships between rumination, depression, effortful control, promotion focus, promotion goal failure, perfectionism, (lack of) cognitive confidence, cognitive self-consciousness, need for control of thoughts, and positive and negative beliefs about rumination. Rumination was directly related to positive beliefs about rumination, cognitive self-consciousness, effort control, negative beliefs about uncontrollability, perfectionism, lack of cognitive confidence and depression. Positive beliefs about worry are directly linked to worry, and negative beliefs about worry also influence anxiety, the need for control, and cognitive self-consciousness.

Perfectionism:

Esengül Ekici
Yüksek İhtisas Üniversitesi Tıp Fakültesi

Perfectionism is a transdiagnostic factor for psychological disorders. Clinical perfectionism is self-esteem underpinned by striving to achieve standards despite negative consequences (Shafran, Cooper, & Fairburn, 2002). Perfectionistic concerns have a positive relationship with psychopathology, such as depression, anxiety, and obsessive-compulsive disorder (OCD) (Limburg, Watson, Hagger, & Egan, 2017). Perfectionism can be measured with the Multidimensional Perfectionism Scales. Factor analyses have shown a consistent two-factor model of perfectionistic strivings, striving towards standards and perfectionistic concerns, worrying over mistakes, and believing others expect perfection (Smith & Saklofske, 2017). The definition of clinical perfectionism has a significant role in treatment with cognitive behavioral therapy (CBT) for perfectionism, which has been found to be efficient psychotherapy in diminishing symptoms of depression, anxiety, and eating disorders (Galloway, Watson, Greene, Shafran, & Egan, 2022). Understanding perfectionism could be helpful to intervene with perfectionistic concerns in psychopathology, without necessarily reducing striving to meet standards as a transdiagnostic process.

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Culturally Sensitive Cognitive Behavioural Therapy: Applications in the Migration Context

Duygu Koçer, *Universitat Ramon Llull*

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Culturally sensitive psychotherapy is an approach that takes into account an individual's cultural background, values, and experiences during the therapeutic process. Integrating different cultural perspectives with Cognitive-Behavioural Therapy requires therapists to learn about the common experiences of individuals with various cultural backgrounds because common experiences do not encompass the full spectrum of experiences within any group. Therapists should also be open to each patient's individual experiences and life contexts.

A culturally sensitive approach to Cognitive Behavioural Therapy begins before therapists establish a therapeutic relationship with their patients. The first step at this stage is recognizing areas where therapists may have biases due to inexperience or a lack of knowledge. In situations where there is a lack of knowledge or experience about a specific group, we often unconsciously use dominant cultural messages to generalize and draw conclusions about specific group members. However, once we become aware of these biases, we can actively work to replace our false beliefs and assumptions with reality-based information. This work is personal and cannot be accomplished with just a few cross-cultural encounters. It is a lifelong process that can be developed through various activities that explore the cultural influences on a person's beliefs, behaviours, and identity. For example, acquiring cultural knowledge from culture-specific sources (e.g., news published by ethnic and other minority communities), participating in cultural celebrations and other public events, seeking guidance from someone knowledgeable about and belonging to a minority culture, reading multicultural counselling research in the literature, communicating with different professional groups from diverse cultures, and developing relationships with people from various cultures. Learning through these channels facilitates the development of cognitive schemas or templates that help acquire and internalize culture-specific information. It is the responsibility of the therapist to develop this cultural schema. Therefore, it is not expected that clients should teach the therapist about the broader social and cultural meanings of their identities. However, the therapist should obtain knowledge from patients that includes the unique personal experiences of their culture.

Migration is one of the fundamental determinants of a multicultural life. Communication difficulties stemming from language and cultural differences, negative experiences before, during, and after migration, traditional beliefs, culturally distinctive coping models, family socioeconomic status, and negative family dynamics are the main reasons for the difficulties experienced by patients during the migration process. Therapists should systematically examine the entire process of migration, including social, professional, and family functionality, cultural background, socioeconomic status, and the comparison of pre-migration and post-migration situations. This will help in understanding and identifying the challenges of adapting to a new society.

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Kurs
Depresyonun Kapsamlı Bilişsel Davranışçı Terapisi
Treatment of Depression with Metacognitive Therapy

Ali Ercan Altınöz,
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Metacognitive Therapy (MCT) has emerged as a powerful approach to treating depression by targeting maladaptive thought processes rather than the content of thoughts. Unlike traditional Cognitive Behavioral Therapy (CBT), which focuses on altering negative beliefs and cognitive distortions, MCT primarily works by addressing metacognitive beliefs—the thoughts about one's thinking processes that sustain emotional distress.
Depression is often maintained by cycles of rumination, where patients repeatedly dwell on their problems, negative emotions, and self-critical thoughts. This repetitive negative thinking traps individuals in a cycle of mood deterioration. MCT intervenes by helping patients recognize that rumination is not an effective problem-solving strategy and teaching them to detach from these patterns.
The key components of MCT for depression include modifying beliefs about the uncontrollability and danger of thoughts, reducing extended worry or rumination, and promoting flexible attention. MCT helps patients break free from habitual thinking patterns by teaching them how to direct their attention away from distressing thoughts and toward more neutral or positive aspects of their experiences.
Studies have shown that MCT is highly effective in reducing symptoms of depression, with sustained long-term effects. The treatment typically requires fewer sessions compared to CBT and has been demonstrated to prevent relapse by encouraging patients to develop a healthier relationship with their thoughts. This presentation will highlight the mechanisms behind MCT’s success, practical techniques employed in sessions, and case studies showcasing patient outcomes.

Uzmanla Buluşma 6
Bilişsel Davranıçı Perspektiften Ergenlikten Erişkinliğe Yüksek İşlevli Otizm Spektrumu
Cognitive Behavioral Therapies İn Autism Spectrum Disorder

Ali Ercan Altınöz,
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Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that affects social communication, behavior, and flexibility in thinking. Cognitive Behavioral Therapy (CBT) has been adapted to meet the unique needs of individuals with ASD, particularly in treating comorbid conditions such as anxiety, depression, and obsessive-compulsive tendencies.
Children and adults with ASD often experience heightened anxiety due to difficulties in interpreting social cues, sensory sensitivities, and rigid thinking patterns. CBT, as modified for ASD, emphasizes the development of coping skills, emotional regulation, and flexibility in thinking. It uses structured, visual-based approaches to accommodate the processing style typical of many individuals on the spectrum.
This presentation will explore the core adaptations made to CBT for treating anxiety in individuals with ASD. For example, therapists use concrete, visual aids and highly structured sessions to improve communication. Social stories, role-playing, and gradual exposure to anxiety-provoking situations are also integral components of this tailored CBT approach. Parental involvement is often crucial, especially for younger individuals, to reinforce strategies in daily life.
Research has demonstrated that CBT can significantly reduce anxiety and improve social functioning in individuals with ASD. The focus on teaching practical coping mechanisms and challenging rigid thought patterns aligns with the cognitive-behavioral framework, making it an effective intervention. We will review clinical outcomes, key strategies, and discuss future directions for enhancing CBT's efficacy for individuals with A

Cognitive Behavioral Therapy in Functional Dysphonia; A Case Report

Sevilay Umut Kılınç
Bakırköy Ruh Ve Sinir Hastalıkları Hastanesi

Functional dysphonia (FD) is a vocal disorder characterized by variable vocal sound, pitch, and intensity that cannot be explained by defined organic or neurological causes and in which vocal effort increases (1,2). Psychiatric and psychological features may include anxiety in the foreground, increased attention to physical symptoms, difficulty in coping skills, inadequacies in self-definition, and difficulty in defining, expressing, and regulating emotions. At this point, cognitive behavioral therapy (CBT) stands out as a practical approach to treating FD. It successfully improves voice quality and addresses underlying psychological factors when integrated with traditional voice therapy. Studies show the positive effects of CBT in the short and long term (2,3,4).

The cognitive behavioral therapy process for FD starts with assessment. Physiological, psychological, and behavioral factors, life history, interpersonal relationships, and coping skills are addressed in the assessment process. The therapy process proceeds in an individualized manner. Psychoeducation for the application of CBT and the physiology of anxiety are studied in the initial sessions. Motivational interviewing, disease-oriented psychoeducation, and a strong psychotherapeutic relationship are essential for FD patients. In particular, the fact that FD is a "disease" and that psychotherapy is involved in its treatment due to its psychological causes is one of the points to be addressed in psychoeducation about the disease. In the following sessions, negative thoughts identification, cognitive restructuring, reshaping beliefs about voice use, and progressive muscle relaxation exercises are given. It aims to recognize automatic thoughts, recognize the characteristics of thoughts, and change the ones that are not in accordance with reality. Skills in recognizing and expressing their emotions are worked on with both cross-sectional formulations and behavioral experiments. In this process, a multidisciplinary approach, including psychotherapists and voice therapists, should be adopted to combine vocal hygiene training with cognitive techniques. In the following sessions, coping skills, behavioral patterns, communication skills, and social skills should be worked on, longitudinal formulation and schemas should be worked on, and self-definition should be redefined. For patients who are worried that they will experience hoarseness again, it is crucial to work on coping skills and tolerance of uncertainty. The new skills are reviewed in the finalization sessions, and how to use these skills in new situations is worked on.

Case Report

A 25-year-old female patient who was admitted to our outpatient clinic with hoarseness of voice for about one year was taking escitalopram 10 mg/day and pyridostigmine 60 mg/day. After a psychiatric examination and review of old medical records, the patient was diagnosed with FD. After the assessment interviews, 22 CBT sessions were administered over six months. During the CBT process, psychoeducation, cognitive restructuring, recognizing emotions, using them in communication, coping skills, and self-compassion were practiced. After the fourth session, her voice started to improve. The patient's medication was gradually discontinued. The patient kept both thought and hoarseness records. Voice changes were recorded during the session and evaluated together with the patient. As of the 14th session, schemas were started to be studied. Self-definition was made. The therapy process was finalized with the patient, who no longer experienced hoarseness and was able to use CBT techniques outside the session.

The use of CBT in the treatment of functional dysphonia will continue to play an essential role in improving patients' psychological resilience and quality of life while providing a holistic approach to voice disorders. In the future, studies on standardizing treatment protocols and developing customized approaches for different patient subgroups are thought to provide more effective treatment algorithms for this disease.

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“Çünkü ben Bipolarım…” Bipolar Bozuklukta Benlik Algısı ve Etiketlere ACT Perspektifinden Yaklaşım
Etiketler Bize Ne Söyler? Davranışları Etkilemedeki Rolü

Enver Denizhan RAMAKAN
Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi

Etiketlerle Çalışmada Benlik Müdahaleleri

Sevinç Ulusoy
Serbest Hekim

Kabul ve Kararlılık Terapisi’nde (ACT) tanımlanan 3 benlik algısı vardır. Bunlar kavramsal benlik, fark eden benlik ve bağlamsal benliktir. Kavramsal benlik “Siz kimsiniz?” sorusuna verdiğimiz cevaplar olarak tanımlanabilir. Bu cevaplarda kişinin hayatındaki davranışlarını, tutumlarını etkileyen birtakım etiketler görürüz. Bu benlik kavramlarına/etiketlere katı bir şekilde bağlanmak ve sadece belirli bir kısmıyla hareket etmek kişilerin hayatını ve davranış repertuarını kısıtlamaktadır. Bu benlik kavramlarını fark etme süreci fark eden benlik; kavramları ve fark etme eyleminin de farkında olunduğu, sürekli, sabit ve değişmeyen, hepsinin hiyerarşik olarak üstünde, hepsini gözlemleyen noktaya ise bağlamsal benlik denmektedir.
Bipolar bozuklukta benlik kavramının nasıl etkilendiğine dair farklı görüşler bulunmaktadır. En sık karşılaşılan durumlardan birisi kişinin kendisi ile patolojiyi ayırt etmede yaşadığı zorluktur. Benlik algısı ile hastalık arasındaki sınırlar bulanıklaşabilir ve kişi kendisini tanısal bir etiketten ibaret görebilir. “Ben bipolarım” etiketi ile birleşme; kişinin sorunlarını, kişilik özelliklerini, düşünce süreçlerini, davranışlarını aşırı ve uygunsuz bir şekilde bipolar bozukluğa atfetmesine neden olabilir. “Ben bipolarım” gibi etiketlerin dışında görebildiğimiz “ben hastayım”, “dengesizim”, “yetersizim” gibi etiketler ile katı bir şekilde bağlanma kişinin tutumlarının nedeniymiş gibi görünebildiği gibi, kişilerin hayatlarında arzu ettikleri doğrultuda hareket almalarını kısıtlamaktadır. Bu etiketlere katı bir şekilde bağlandıkça kişilerin mesleki, kişiler arası ve gündelik hayatta işlevsellikleri bozulmaktadır.
Bir diğer görüş ise bipolar bozuklukta benlik algısının bipolar bozukluk dönemlerinden etkilenebilmesi ve değişkenlik göstermesidir. “Ben kimim?” veya “Nasıl biriyim?” sorularına verilen yanıtlar, duygudurum dönemine bağlı olarak büyük ölçüde değişebilir. Bir kişi manik dönemdeyken «Güçlüyüm», «Yaratıcıyım» gibi etiketlere sahipken aynı kişi depresif dönemde “acizim”, “beceriksizim”, “yetersizim” gibi etiketlere sahip olabilir. Bu da benlik kavramında sürekliliğin ve tutarlılığın olmaması ile sonuçlanır. Tutarlılık gelecekle ilgili tahminlerde bulunma, hedef belirleme, uzun vadeli davranış planlama ve bu davranışları sürdürme ile ilişkili bir kavramdır. Bipolar bozuklukta benlik algısında ortaya çıkabilen bu tutarsızlık kişiler arası ilişkiler, kariyer ve eğitim gibi uzun vadeli planlama gerektiren görevler gibi alanlarda zorluklar yaratabilir.

Bu oturumda;

1. Bipolar bozuklukla ve benlik algısı ile ilgili literatür bilgisinin paylaşımı,
2. Bu alandaki tecrübelerin aktarımı,

3. Terapi sürecinde yaşanan zorlukları ve bu zorlukları aşmanın yollarını çalışmak hedeflenmiştir.

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Bilişsel Davranışçı Terapilerde Vaka Formülasyonun Önemi
The Importance of Case Formulation in Cognitive Behavioral Therapies

Şengül Tosun Altınöz
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Case formulation is a critical component of Cognitive Behavioral Therapy (CBT), serving as a roadmap that guides the therapeutic process. It provides a comprehensive framework for understanding the patient's unique problems, the underlying cognitive and behavioral patterns contributing to their distress, and the most effective strategies for intervention. In essence, case formulation individualizes the therapeutic approach, ensuring that interventions are tailored to each patient's specific needs.

At its core, case formulation in CBT involves identifying and integrating information from several sources, including the patient's history, presenting symptoms, and the cognitive-behavioral patterns that maintain these symptoms. The therapist works collaboratively with the patient to explore how their thoughts, behaviors, and emotions are interconnected and how these elements contribute to their psychological difficulties.

A well-constructed case formulation typically includes a detailed understanding of the patient's core beliefs, automatic thoughts, and behavior patterns. It examines how these factors interact in a way that sustains their emotional distress, whether it be anxiety, depression, or other psychological issues. For example, in a patient with social anxiety, the case formulation might reveal how automatic negative thoughts about social rejection lead to avoidance behaviors, which in turn reinforce the belief that social situations are dangerous.

The case formulation process also enables therapists to select the most appropriate interventions. It informs the decision-making process, allowing therapists to prioritize specific techniques, such as cognitive restructuring, exposure, or behavioral activation, based on the patient's individual needs. Moreover, the dynamic nature of case formulation allows it to be revised as therapy progresses, ensuring that the approach remains flexible and responsive to the patient's evolving experiences.

In this presentation, we will delve into the significance of case formulation in CBT and how it enhances the effectiveness of therapy. We will explore its role in creating a shared understanding between the therapist and the patient, essential for building a solid therapeutic alliance. Case formulation not only helps in identifying key treatment targets but also fosters collaboration, as patients feel more engaged in the process when they understand how their thoughts and behaviors are being addressed.

A key aspect of case formulation is its ability to explain setbacks and relapses, providing a framework for patients to understand why certain behaviors persist despite their best efforts. By revisiting and refining the formulation throughout therapy, both therapist and patient can adapt their strategies to overcome new challenges, ultimately improving the long-term efficacy of treatment.

We will also examine real-life case studies to demonstrate how case formulation has been successfully applied across a variety of psychological disorders, including anxiety, depression, and obsessive-compulsive disorder. These examples will highlight how a well-crafted case formulation can serve as a powerful tool not only for guiding the therapeutic process but also for empowering patients to understand their patterns of thinking and behavior.

In conclusion, case formulation is indispensable in CBT as it transforms general therapeutic principles into a personalized action plan. It bridges the gap between theory and practice,

ensuring that therapy is targeted and flexible. Through detailed case formulation, therapists can enhance patient outcomes, facilitate meaningful change, and foster long-term resilience. This presentation will provide attendees with a thorough understanding of how to construct effective case formulations and incorporate them into their therapeutic practice to optimize the results of CBT interventions.

Schema Therapy of Generalised Anxiety Disorder

Canan Bayram Efe
Serbest Hekim

Generalised anxiety disorder (GAD) is a persistent and common disorder, in which the patient has unfocused worry and anxiety that is not connected to recent stressful events, although it can be aggravated by certain situations. Generalised anxiety disorder is characterised by feelings of threat, restlessness, irritability, sleep disturbance, and tension, and symptoms such as palpitations, dry mouth, and sweating. About 1%-5% of the general population report having generalised anxiety disorder. Less than half of people have full remission after 5 years. Despite these high prevalence rates and loss of function, generalised anxiety disorder is not sufficiently recognised. This seems to negatively affect the course of the disease.

Its chronic course and high risk to recurrence make GAD seem like a personality level rather than an acute mental disorder. For this reason, schema therapy, which is known to be effective in pathologies showing pattern characteristics, can be seen as a good option in treatment. Schema therapy is a therapy approach developed by Jeffrey Young integrating relational, cognitive, experiential and behavioral techniques. Early maladaptive schemas (EMS) which is one of the fundamental concepts of schema therapy. They are self-destructive emotional and cognitive patterns that begin in early childhood, develop during childhood/adolescence and elaborate and repeat throughout lifetime. Early maladaptive schemas (EMS) play an important role in substance use, depression, and anxiety disorders.

Vulnerability to harm, pessimism, abandonment, mistrust, self-sacrifice, punitiveness and unrelenting standards schemas are seen to be related to GAD. These schemas and the dysfunctional coping that occurs when these schemas are triggered need to be worked with. Cognitive and behavioural interventions can be made in these areas. Schema therapy also uses experiential techniques extensively in treatment. Especially imagery rescripting and chair techniques are important emotional/experiential techniques.

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"Daha nasıl anlatayım?" Psikoterapide Danışanın Metaforuyla Çalışmak

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Metafor, bir kavramı ya da durumu başka bir kavram ya da durumla benzetme yoluyla anlatan bir dilsel araçtır(1). Bu haliyle metafor insan dilinin kullanıldığı her ilişkide kendine yer bulmaktadır. Aslında gündelik konuşma dilinde metaforlara sıkça rastlarız.
İnsan dil ve bilişini açıklamak için oluşturulmuş "ilişkisel çerçeveleme teorisi" metaforların ne olduğu ve nasıl çalıştığı ile ilgili önemli açıklamalar sunmaktadır. Bu teoriye göre, insan zihni/dili fenomenleri birbiri ile ilişkilendirmekte ve bu şekilde fonksiyon göstermektedir. Bir deneyim yaşadığımızda, insan dili/zihni bu deneyimin parçalarını belirli şekillerde ilişkilendirilip, bir ilişkisel çerçeve oluşturmaktadır. Dil becerimiz fenomenleri birbileri ile ilişkilendirmemize imkan sağladığı gibi ilişkisel çerçeveleri de birbirleri ile ilişkilendirebilmemizi sağlar. Metaforlar bu şekilde kullanışlı hale gelir(2). Bir örnek verecek olursak; bir çok zorlukla baş etmeye çalışan ve bu süreçte ne yapacağını bilemeyen ancak çabalayıp duran bir danışan, yaşadığı durumu "fırtınalı ve dalgalı bir denizde gemisini yüzdüren kaptan gibiyim" şeklinde tarif edebilir. Burada kişi son zamanlarda yaşadığı durum ile (ve aslında bu deneyimlerine ait ilişkisel çerçevelerle) fırtınalı ve dalgalı bir denizde gemisini yüzdüren kaptanının yaşadığı durum (bu örnekteki parçalardan oluşan ilişkisel çerçeve) arasında benzerlik kurmaktadır. Böylelikle metafor üzerine yapılan bir değerlendirme/müdahale, kişinin kendi deneyimine de aktarılabilir(3).
Terapide metafor kullanımı, terapistin getireceği bir metafor üzerinden veya danışanın seansta kullandığı bir metafor üzerinden de gerçekleştirilebilir. Danışan, kendisinin kullandığı metaforu, deneyimi ile daha kolay ilişkilendirebilir. Bu da, iki ilişkisel çerçeve arasında kurulacak olan benzerlik ilişkisinin daha güçlü olmasına sağlayabilir. Danışanın deneyimine gerçekten temas edebilmek için -özellikle danışanın sunduğu- metaforlar bize önemli kolaylık sağlamaktadır.
Seanslar metafor kullanımı kabul kararlılık terapisinde ön plana çıksa da terapide metafor kullanımı hehangi bir terapi ekollü ile sınırlı değildir. Danışan ile etkili bir iletişim için metaforik dili kullanmak çoğu zaman fayda sağlayacaktır. Yine de terapist seans içinde psikolojik esneklik becelerilerini sergilemeli, her davranışı gibi metafor kullanımını da işlevsel olup olmadığına göre değerlendirmelidir.

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SÖZEL BİLDİRİLER

SB1- The Role of Positive and Negative Attributions on the Acceptability of Psychiatric Diagnoses

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Objective: Receiving a psychiatric diagnosis can lead to various social and emotional outcomes for individuals. These outcomes may be associated with negative characteristics/disadvantages related to personal and societal stigma, or positive characteristics/benefits such as reduced guilt and responsibility for having a psychiatric diagnosis and feelings of sympathy. Although stigma related to psychiatric disorders is generally widespread, some diagnoses may be perceived as more acceptable due to their association with more positive characteristics/benefits. In contrast, diagnoses like Attention Deficit Hyperactivity Disorder (ADHD) and mood disorders are more likely to be internalized positively, as they are associated with favorable characteristics. This study aims to determine the impact of individuals' positive and negative attributions regarding psychiatric disorders on the acceptance of these disorders.

Method: The research data was collected through a Google Forms survey. Participants were asked to rank 10 listed psychiatric disorder diagnoses from the most acceptable (score 1) to the most distressing (score 10), assuming they had each diagnoses. Additionally, they selected reasons for the most acceptable and distressing diagnoses from a list of possible views. The most acceptable or distressing diagnoses were determined by calculating the average score assigned by the participants for each diagnosis. The distribution of reasons for the acceptability of the diagnoses was compared using the Chi-square test.

Results: The participants consisted of 133 women and 72 men, with a mean age of 34.58 ± 11.03 years. Across the entire group, depression, ADHD, and anxiety disorders (AD) were the most commonly accepted diagnoses, respectively. For men, the most acceptable diagnoses were depression, eating disorders, and ADHD, while for women, the most acceptable were depression, ADHD, and AD. Schizophrenia, dementia, and alcohol/substance use disorders (ASUD) were found to be the most distressing diagnoses for both genders and the whole group. The reasons for acceptability selected for each diagnosis were compared between participants who ranked that disorder among the top five most acceptable and those who did not. The results were statistically significant for depression ("I know more about this disorder.") and ADHD ("It might be cool to have this disorder.") ($p = 0.044$, $p = 0.039$). No option was found to be significant for AD. When examining the reasons for selecting the most distressing diagnoses, significant differences were found for schizophrenia and dementia ("I might draw less attention because of this disorder.") ($p < 0.001$, $p = 0.012$) and for dementia and ASUD ("I think having this disorder is more harmful than others.") ($p = 0.006$, $p = 0.001$).

Conclusion: The preference for "being cool" for ADHD, one of the most acceptable diagnoses, and "being less attractive" for schizophrenia and dementia, the most distressing diagnoses, suggests that certain positive attributions, in addition to some negative ones, may have different effects regarding certain psychiatric diagnoses. This may shed light on why some individuals are more accepting of certain psychiatric diagnoses while holding more negative views toward others.

SB3 - Investigation of metacognitions and credibility/expectancy of treatment in patients with substance use disorder

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Objective: Metacognitions can be defined as all of individuals' own cognitive and inner processes and cope strategies that affect them (Wells & Matthews, 1996)**.** Metacognitions have been studied in many psychopathology, especially depression and generalized anxiety disorder, but studies are still needed in the field of substance use disorder (Papageorgiou & Wells, 2003; Wells & Carter, 2001). Expectancy and credibility for treatment are important beyond the specificity of any therapy method (Devilly & Borkovec, 2000). Although these treatment variables have been investigated in various substance use disorders, especially for tobacco use, the number of work in the literature is limited. In this study, we aim to investigate how the control group and individuals with substance use disorder differ in metacognition. In addition, we aim to examine the treatment credibility/expectation levels in inpatient and outpatient patient groups.

Method: In this cross-sectional study, 104 patients (inpatient=50, outpatient=54) with substance use disorder (SUD) who applied to the Alcohol and Drug Addiction Treatment and Education Center and 102 healthy volunteers without a history of diagnosis and treatment of SUD were included. The study participants were literate, aged 18-65, and could give informed consent. Sociodemographic Information Form, Metacognitions Scale-30, and Credibility/Expectancy Scale were applied to the participants. The approval of the Ethics Committee required for the study was taken from the Ankara Training and Research Hospital Ethics Committee (date: 08/05/2024 no: E-24-99).

Results: The mean age of the patient group (n=104) was 35.13 ± 10.03, and the control group (n=102) was 35.20 ± 6.87. 93.3 % of the patient group were male (n = 97); 78.4% of the control group was male (n=80). When the metacognitions were examined between the groups, positive beliefs and uncontrollability and danger of worry sub-dimensions were significantly higher in the patient group ($p < 0.05$). As a result of the analysis between inpatient and outpatient groups, there was no significant difference in credibility/expectation scores and metacognitions, except for the "need to control thoughts." Correlation analysis showed a significant relationship was found between only between positive beliefs and credibility for treatment in the outpatient patient group ($p<0.05$).

Conclusion: In our study, we found that, in accordance with the literature, there were different metacognitions in individuals with SUD (Spada et al., 2007). Positive metacognitions, such as positive beliefs about worry and uncontrollability and danger of worry, stand out, especially during the substance use and post-use stages (Spada et al., 2013). In our study, the levels of credibility/expectancy for treatment between the inpatient and outpatient groups were similar. The high rates of recurrent hospitalizations in the outpatient group may explain this result. In the inpatient group, the significantly higher need for control of thoughts compared to outpatient patients can be interpreted as indicating a belief in the effectiveness of treatment control (individual therapy, SAMBA (TADATP), observation). In the future, it is recommended to conduct more detailed research on treatment opportunities with samples from a broader and more specific diagnostic group.

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SB4 - Psychometric Properties of the Turkish Version of the Mental Health Quality of Life Questionnaire

Eda Altınöz, Dilek Avcı

Objective: Although there is increasing interest in the assessment of quality of life in mental health services, there is no measurement tool specific to mental disorders, and generic scales, such as the World Health Organization Quality of Life Scale, the SF-36 Quality of Life Questionnaire, the EuroQoL-5D General Quality of Life Questionnaire, are generally used. This study aimed to determine the psychometric properties of the Turkish version of the Mental Health Quality of Life Questionnaire.

Materials and Methods: This methodological research was conducted with 310 patients who presented to the psychiatric outpatient clinics of two state hospitals between October 2022 and June 2023. The data of the study were collected using a Personal Information Form, the Mental Health Quality of Life Questionnaire, EuroQol-5D General Quality of Life Scale, and Brief Symptom Inventory. Descriptive statistics, validity and reliability analyses were used in the evaluation of the data.

Results: The Mental Health Quality of Life Questionnaire consists of a descriptive system including seven items that cover seven dimensions (self-image, independence, mood, relationships, daily activities, physical health, and future) and a visual analog scale assessing general psychological well-being. In this study, the Turkish version of the Mental Health Quality of Life Questionnaire showed a single-factor structure consisting of seven items and that the factor loadings of the items varied between 0.426 and 0.727. Goodness-of-fit indexes of the scale were calculated as $\chi 2/df = 1.212$, SRMR = 0.026, RMSEA = 0.026, GFI = 0.985, AGFI = 0.969, CFI = 0.995, IFI = 0.995, and TLI = 0.991. Cronbach's alpha reliability coefficient of the scale was 0.792. Item-total score correlation coefficients ranged between 0.378 and 0.609.

Conclusion: The Turkish version of the Mental Health Quality of Life Questionnaire is a valid and reliable tool for evaluating quality of life in people with mental health problems.

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SB5 - Earthquake and the Digital World: Analyzing Social Media Use, Emotional Reactions, Coping Strategies, Psychological Symptoms, and Helping Behaviors During the February 6 Disaster

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Introduction: The major earthquake that struck ten provinces in Turkey on February 6, 2023, profoundly impacted the entire country, particularly those who directly experienced it. Many people preferred to use social media (SM) channels to follow news and receive information. Depending on how they followed it, this helped reduce uncertainty for some, while for others, it increased feelings of anxiety and fear.

Objective: This study aims to evaluate adults' use of SM after the earthquake, the coping strategies they used to manage the effects, the emotional reactions that emerged, psychological symptoms, and help-seeking behaviors.

Method: A total of 1,117 adults aged 18-74 years (M = 33.25, SD = 13.71) participated in the study, with 60.4% being women. Of the participants, 12.8% reported directly experiencing the earthquake, and 10.4% experienced the loss of a loved one. In addition to a Socio-Demographic Information Form, participants completed the Brief Symptom Inventory, Brief COPE Inventory, Pro-Social Behaviors Measurement, and Media Use and Emotional Reactions Measurement. Data were collected online.

Results: Most participants (80.5%) reported following earthquake news on SM and considered it important (83.1%). More than half (54.5%) noted an increase in their use of SM during and after the earthquake. Participants mainly followed official sources (AFAD, Prime Ministry) (56.7%), accounts of Non-Governmental Organizations (66.7%), and posts from their relatives (52.9%) on SM. In terms of emotions, the findings indicate that negative emotions like anger, fear, anxiety, and sadness increased with exposure to earthquake-related news on SM. Following news on SM heightened negative emotions such as anxiety (68%), anger (66.5%), fear (63.1%), uncertainty (47.3%), and perceived danger (61.7%), while reducing feelings of safety (52.1%), hope (48.1%), and other positive emotions (44%). For coping strategies, significant differences were observed in coping strategies based on gender and marital status. Also, higher levels of psychological symptoms were associated with a greater use of dysfunctional coping strategies. Participants reported engaging in various helping behaviors, including financial aid (82.4%), donating clothing and food (62.2%), organizing aid (25.5%), went to the earthquake area themselves (7.5%), volunteering through a non-governmental organization (6.7%), aiding due to professional duties (3.7%), and buying products from sellers in the earthquake zone (16.8%). They also participated in providing psychosocial support, damage assessment, and resettlement. In connection with social media, higher levels of SM engagement correlated with increased prosocial behaviors, such as compassion ($r = .09$, $p < 0.005$) and willingness to help ($r = .08$, $p < 0.05$). People who were personally in the earthquake zone had higher psychological symptoms compared to others (t (1115) = -4.84, p = 0.00).

Conclusion: The findings reveal that SM played a significant role in obtaining information and shaping emotional responses during the earthquake. Those who directly experienced the earthquake showed higher psychological symptoms, while increased use of SM was linked to heightened negative emotions and greater helping behaviors. It suggests that the use of SM after disasters should be managed effectively to support mental health and helping behaviors.

Keywords: Earthquake, social media, helping behavior, emotion, psychological symptoms.

SB6 - Determining Factors That May Cause Test Anxiety Using a Projective Testing Tool Purpose:

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Exam anxiety is defined as intense anxiety that prevents a person from using their knowledge and skills effectively during an exam and causes a decrease in performance. The aim of this study is to determine the related factors that may cause exam anxiety in children and adolescents who apply to the clinic with exam anxiety. In this study, it was aimed to use this guiding feature of the Beier Sentence Completion Test (BCT), which is a projective test. It was also aimed to determine the accompanying psychiatric diseases and their frequencies in cases applying to the clinic with test anxiety. It was planned to compare the attitude and behavioral dynamics of test anxiety cases with comorbidity and isolated test anxiety cases with BCT.

Material and Methods : One of the projective tests frequently used in clinical practice is BCT. Each sentence expresses a behavioral dynamic. These behavioral dynamics are grouped under 11 subheadings (attitudes towards the past, attitudes towards the future, attitudes towards self-confidence and abilities/sense of self and attitudes towards own abilities, attitudes towards mother, attitudes towards father, attitudes towards home and family, attitudes towards friends, behaviors towards authority, fears and anxieties, feelings of guilt, attitudes towards school and work). In addition, the Childhood Anxiety Disorder Screening Scale (SCARED) was used to determine the anxiety levels of the subjects and the Childhood Depression Inventory (CDI) was used to determine the severity of depressive symptoms. Demographic characteristics of the patients who applied to the S.B.Ü Ankara Education and Research Hospital Child and Adolescent Mental Health and Diseases Hospital Child and Adolescent Mental Health and Diseases polyclinic with complaints of exam anxiety between January 1, 2019 and December 31, 2019 were taken and they were asked to fill out the BCT, SCARED, and CDI scales. Concomitant psychiatric diseases were determined by a child and adolescent psychiatrist through a clinical interview.

Results: Comorbidity was found in half of the cases (n=36, 50%). BCT total and subscale scores of children and adolescents who applied with test anxiety were found to be independent of comorbidity ($p>.05$ for all). When BCT total and subscale scores of children and adolescents who applied with test anxiety were compared in terms of gender, self-perception and positive attitudes towards their own abilities of girls with test anxiety were found to be significantly lower than boys (2.2 vs. 1.5; $t(65)=2.184$, $p=.033$). All other variables were found to be similar between the two genders ($p>.05$ for all)

Conclusion: The results of this study suggest that low self-esteem and negative attitudes towards their own abilities may be higher in female patients presenting with test anxiety, and this should be kept in mind in patients presenting with test anxiety.

SB7- Cognitive Behavioral Therapy-Based Group Counseling For Strengthening Resilience İn Children After Disasters

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Objective: Disasters are challenging life events with devastating consequences that impact large populations. On February 6, 2023, earthquakes centered in Kahramanmaraş, Turkey, caused massive destruction across 11 provinces. In addition to the loss of life and property, such disasters can severely affect people's mental health. This study investigates the effect of cognitive behavioral therapy (CBT)-based group counseling on post-traumatic stress symptoms and resilience in children affected by this disaster.

Method: A one-group pretest-posttest experimental design was employed in this study. The research sample comprised five children aged 9-10 years who experienced the February 6, 2023, Kahramanmaraş earthquakes. Resilience Scales for Children and Adolescents and the Turkish Version of Child Post-Traumatic Stress Reaction Index were utilized as data collection tools. Wilcoxon and Friedman tests were applied for data analysis. Verbal and written informed consent were obtained from both parents and children. The intervention involved an 8-session program over 4 weeks, with sessions conducted twice a week for children affected by the disaster. Follow-up measurements were taken two months after the program concluded. The first author conducted the sessions under the supervision of the second author. Each session lasted approximately 45-65 minutes. The first session included an introductory activity and an explanation of group rules and objectives. The second session covered identifying and rating the intensity of emotions, exploring earthquake-related emotions and their physical effects, and practicing breathing exercises. The third session focused on differentiating emotions and thoughts and understanding their connection, along with muscle relaxation exercises. In the fourth session, the focus was on transforming a negative inner dialogue into a positive one. The fifth session involved creating a trauma narrative and imagining and drawing a safe place. The sixth session continued with the trauma narrative about the earthquake. The seventh session concentrated on fostering positive emotions and hope for the future. In the eighth session, a summary of all sessions was provided, and feedback was gathered from participants.

Results: The findings indicated that cognitive behavioral group counseling reduced the mean post-traumatic stress scores in children. However, the results were not statistically significant ($p>0.5$). There was no significant difference in the resilience scores of children before and after the intervention ($p>0.05$). Additionally, follow-up measurements showed no statistically significant differences ($p>0.05$).

Conclusions: This study aimed to enhance resilience in children following a disaster. The results revealed that the intervention did not significantly impact children's resilience or post-traumatic stress symptoms. Future interventions to strengthen resilience might benefit from incorporating the involvement of schools and families in the process. The duration of the program in this study was 4 weeks; extending the duration might be essential for better transferring CBT-learned skills to daily life. The process could also be supported with engaging

and creative activities. Puppets, which were used in this study, are among the materials that capture children's attention and make the process enjoyable.

Keywords: Cognitive behavioral therapy, disaster, earthquake, resilience

SB9 - Multiple Skleroz(MS) Tanılı Hastalarda Psikolojik Süreçlerin Anksiyete ve Depresyon İle İlişkisi

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Giriş ve Amaç: Multiple Skleroz(MS) tanılı hastalarda ek tanı olarak depresyon ve anksiyete sık görülmektedir (1). Bu açıdan bakıldığında, MS tanılı hastalarda depresyon ve anksiyete ile ilişkili olabilecek psikolojik faktörlerin tespiti önem arz etmektedir. Araştırmamızda MS tanılı hastalarda depresyon ve anksiyete bozuklukları ile engellilik şiddeti, endişe (worry), yaşantısal kaçınma ve değerlerle temas değişkenleri arasındaki ilişkilerin araştırılması hedeflenmiştir.

Gereç ve Yöntem: İstanbul Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi Nöroloji polikliniğinde MS tanısı ile takipleri yapılan hastalar ile sıralı olarak görüşülmüş, çalışmaya dahil etme kriterlerini karşılayan ve gönüllü olarak onam veren hastalar çalışmaya dahil edilmiştir. Güç analizi ile belirlenen gerekli örneklem sayısı olan 120 kişiye ulaşıldığında veri toplama işlemi sonlandırılmıştır. Katılımcılara, görüşmeci tarafından Sosyodemografik Veri Formu, Hamilton Depresyon Derecelendirme Ölçeği (HAMD), Hamilton Anksiyete Derecelendirme Ölçeği (HAM-A) uygulanmıştır. Katılımcılar tarafından Penn State Endişe Ölçeği (PSEÖ), Değer Verme Ölçeği (DVÖ), Çok Boyutlu Yaşantisal Kaçınma Ölçeği-30 (ÇBYKÖ-30) doldurulmuştur. Veriler istatistiksel analize tabi tutulmuştur.

Bulgular: Çalışmamıza katılanlan 120 kişinin, 75'i kadın 45'i erkekti. Değişkenler arasındaki ilişkinin incelenmesi için ilk olarak korelasyon analizi uygulandı. HAM-A, PSEÖ, ÇBYKÖ-30 ve EDSS puanları ile HAM-D paunları arasında pozitif, DVÖ puanları ile HAM-D puanları arasında negatif yönde korelasyon ilişkisi saptandı. PSEÖ ve ÇBYKÖ-30 puanları ile HAM-A punları arasında pozitif, DVÖ punarı ile HAM-A puanları arasında negatif yönde korelasyon ilişkisi tespit edildi. HAM-D puanlarının bağımlı değişken olarak alındığı çoklu regresyon analizinde; HAM-D puanları üzerinde EDSS ve PSEÖ puanlarının pozitif yönde, DVÖ toplam puanlarının negatif yönde yordayıcı etkisi olduğu saptanmıştır. ÇBYKÖ-30 puanlarının HAM-D puanları üzerine anlamlı yordayıcı etkisi olmadığı görülmüştür. HAM-A puanlarının bağımlı değişken olarak alındığı çoklu regresyon analizlerinde; HAM-A puanları üzerinde PSEÖ toplam puanlarının pozitif yönde, DVÖ toplam puanlarının ise negatif yönde yordayıcı etkisi olduğu saptanmıştır. ÇBYKÖ-30 ve EDSS puanlarının HAM-A puanları üzerinde anlamlı yordayıcı etkisi olmadığı görülmüştür.

Tartışma: Çalışmamızın sonuçlarında hastalığa ait değişkenlerden ziyade psikolojik süreçlerin depresyon ve anksiyete üzerinde belirleyici rol oynaması dikkat çekicidir. Hastalığın fiziksel ya da nörolojik bir kayıp olmadan da getirdiği yük işlev bozucu başaçıkma yöntemlerinin kullanımına zemin hazırlamakta, en nihayetinde anksiyete ve depresyon gibi psikolojik bozukluklara yol açabilmektedir. Hem genel popülasyonda hem de MS hastalarda psikolojik süreçler ile depresyon ve anksiyete arasında benzer bir ilişki olduğu farklı çalışmalarla desteklenmektedir(2,3,4,5). Endişe, literatürde depresyonla ilişkilisi gösterilen bir faktör

olmasının yanı sıra, psikopatolojiye yol açan transdiagnostik bir kavram olarak ele alınmıştır(6,7). Yine bir başka çalışmada değer temasının anksiyeteyi yordadığı gösterilmiştir(8). Çalışmamızın sonuçları bu hasta grubunun nörolojik açıdan takip ve tedavisinin tek başına yeterli olmadığı, endişe ve değer teması gibi psikolojik süreçlerinin de takibin bir parçası olması gerektiğinin altını çizmektedir. Yine bu doğrultuda endişeyi azaltma ve bir nevi hastanın hayatı anlamlandırmasına yardımcı olacak değer temasını arttırma hedefi geliştirilecek psikoterapötik müdahalelerin odak noktası olabil

SB10 – Bilişsel Esneklik ve Başa Çıkma Tutumlarının Endişe ve Anksiyete Üzerine Etkisi

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Bilişsel Esneklik ve Başa Çıkma Tutumlarının Endişe ve Anksiyete Üzerine Etkisi Giriş: Endişe, anksiyetenin bilişsel bileşenini temsil eden, tekrarlayan, intrusive, kontrol edilemeyen olumsuz düşünce ve imgelerdir. (Borkovec ve diğerleri, 1983). Kişilerin yeni ve beklenmedik olaylara adaptasyon becerisi, çevresel değişikliklere uyum sağlayabilmesi bilişsel esnekliği ile ilişkilidir. (Cañas, Fajardo ve Salmeron, 2006). Çevreden ve içten gelen istek ve çatışmaları kontrol etmek ve yaşam gerilimini en az düzeye indirmek amacıyla sergilenen davranışsal ve duygusal tepkileri tanımlayan başa çıkma tutumları bilişsel esneklik gibi yönetici işlevler ile yakından ilişkilidir. (Folkman ve Lazarus, 1984). Çalışmamızda bilişsel esnekliğin ve başa çıkma tutumlarının endişe ve anksiyete ile ilişkisi değerlendirilecektir.

Yöntem: Sosyal medya kanalıyla ayırt edici olmayan katsal kartopu tekniği ile oluşturulan örnekleme Sosyodemografik veri formu, Beck Anksiyete Ölçeği(BAÖ), Bilişsel Esneklik Envanteri(BEE), Başa Çıkma Tutumlarını Değerlendirme Ölçeği(COPE) ve Penn State Endişe Ölçeği(PSEÖ) uygulandı.

Sonuçlar: Örneklemde anksiyete belirtilerinin oranı %17,2 olarak saptanmıştır. Anksiyete belirtileri olan grupta Bilişsel Esneklik kontrol alt grubu ve toplam puanı, İşlevsel olmayan başa çıkma tutumları ve PSEÖ puanı anlamlı düzeyde yüksek olduğu saptanmıştır. Yapılan path analizinde PSEÖ üzerinde toplam etkisi; BEE kontrol alt grubunun -0,838 (β=-0,838 ; $p<0,050$), İşlevsel olmayan başa çıkma tutumlarının 0,288 (β=0,228 ; $p<0,050$) olarak tespit edilmiştir. BAÖ üzerine etkileri değerlendirildiğinde ise PSEÖ'nün doğrudan etkisinin 0,346 olduğu bulunmuştur. BEE kontrol alt grubunun PSEÖ aracılığı ile BAÖ puanına -0,145 anlamlı dolaylı etkisi olduğu bulunmuştur (β=-0,145; $p<0,050$).

Tartışma: Çalışmamızda zor olayları kontrol edilebilir olarak algılamayı değerlendiren Bilişsel esneklik kontrol alt grup puanı ve işlevsel olmayan başa çıkma tutumların endişeyi anlamlı düzeyde etkilediği ve işlevsel olmayan başa çıkma tutumlarının endişe üzerinden dolaylı olarak anksiyeteyi etkilediği saptanmıştır. Anksiyetenin bilişsel komponenti olarak tanımlanan endişeyi etkileyen faktörlerin araştırılması ve tanımlanması ile psikoterapi müdahale alanları belirlenebilecektir.

Keywords: Bilişsel esneklik, Anksiyete, endişe, başa çıkma tutumları

SB12 - Metacognitions and Psychological Well-being in Alcohol and Substance Use Disorders

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Objective: Alcohol and substance use disorders (ASUD) are important health problems that affect individuals and communities in many ways with increasing prevalence. Despite all the damages, people continue to use alcohol and substances and ignore the damages of this situation (1). At this point, examining the cognitions and metacognitions of people with ASUD may provide us with valuable information in the fight against addiction (2).
On the other hand, as well as the physical health of the people with ASUD, their mental health is significantly affected by this process. The problems caused by the use of alcohol and substances itself, the findings of withdrawal, and the economic, academic, and social losses created by addiction can significantly handicap the psychological well-being of the person (3). Although there are studies in the literature on the fact that substance use disorders may be important, the studies carried out in this field are limited, especially in our country. This study aims to contribute to the literature by examining the metacognitions and psychological well-being of patients with ASUD.

Method: 53 patients (48 men, 5 women) and 51 controls (11 men, 40 women) were included in the study. People who applied to the Alcohol and Drug Addiction Treatment and Education Center and were diagnosed with ASUD according to DSM-5 were invited to the study, and those who agreed to participate were included in the patient group. Patient relatives and clinical employees were invited to the study; those who agreed to participate and those who did not diagnose ASUD were taken to the control group. All participants were given a Sociodemographic Data Form, Metacognition Scale-30, and Psychological Well-being Scale. Ethical consent for the study was taken from the Ankara Training and Research Hospital Clinical Research Ethics Committee (date: 18.04.24 no: E-24-85).

Results: In the patient group, 35 participants (66%) were found to have opioid use disorder, 15 (28.3%) had alcohol use disorder, and 3 (5.7%) had methamphetamine use disorder. The mean age of the patient group was 35.4 ± 10.7, while the control group's mean age was 35.2 ± 6.9 ($p>0.05$). When comparing the scale score means of the groups, positive beliefs, uncontrollability and danger were significantly higher in the patient group than in the control group. In addition, on the psychological well-being scale, the control group scored significantly higher than the patient group. The findings are detailed in Table-1. The correlations between metacognitions and psychological well-being in the patient and control groups are shown in Table-2.

Conclusion: In our study, it was found that individuals with ASUD have significantly lower psychological well-being compared to those without such disorders. The small sample size and the dissimilar gender distribution between the groups are limitations of our study. There is a need for more comprehensive and prospective studies in this area.

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Tables

Table 1. Metacognition and Psychological Well-being Scale Scores for the Patient and Control Groups

	Patients $\bar{X} \pm SD$	Controls $\bar{X} \pm Sd$	P
Psychological Well-being	37.1 ± 11.1	44.4 ± 6.1	<0.001**
MC-Positive beliefs	14.4 ± 4.8	12.7 ± 4.2	0.048*
MC-Uncontrollability and danger	15.2 ± 3.6	13.6 ± 3.9	0.027*
MC-Cognitive confidence	13.9 ± 4.8	13.2 ± 4.4	0.420
MC-Need to control thoughts	15.6 ± 4.8	15.1 ± 4.4	0.621
MC-Cognitive self-consciousness	17.1 ± 3.3	16.9 ± 3.3	0.860

$\bar{X}$: Mean; **SD**: Standard Deviation; **MC**: Metacognition; ***: *p<0.05,* ***: p<0.01 Independent Samples t-Test

Table 2. Correlations Between Metacognition and Psychological Well-being Scores in the Patient and Control Groups

	1	2	3	4	5	6
Patients (n=53)						
1. MC-Positive beliefs	1					
2.MC-Uncontrollability and danger	,508**	1				
3. MC-Cognitive confidence	,296*	,452**	1			
4.MC-Need to control thoughts	,440**	,464**	,422**	1		
5.MC-Cognitive self-consciousness	,400**	,616**	,286*	,576**	1	
6. Psychological Well-being	,121	,248	-,074	,043	,114	1
Controls (n=51)						
1. MC-Positive beliefs	1					
2.MC-Uncontrollability and danger	,171	1				
3. MC-Cognitive confidence	,157	,317*	1			
4.MC-Need to control thoughts	,129	,695**	,509**	1		
5.MC-Cognitive self-consciousness	,115	,508**	,269	,514**	1	
6. Psychological Well-being	-,318*	-,356*	-,557**	-373**	-,130	1

***: *p<0.05,* ***: p<0.01 Pearson Correlation

SB15 - Number of siblings and birth order in children with ADHD: A case-control study

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Number of siblings and birth order in children with ADHD: A case-control study Background and

Aim: Family and birth-related factors have become increasingly important in recent studies investigating the origins of Attention Deficit Hyperactivity Disorder (ADHD). This study investigates the association between ADHD and birth order as well as the number of siblings.

Method: The study had a total of 282 participants, 141 children with the diagnosis of ADHD and 141 healthy children. All participants underwent a DSM-5-based psychiatric assessment, and socio-demographic data were collected.

Results: The two groups were matched for age ($p>0.05$): median age was 10.03 years (min-max: 6.04-18.00). In the ADHD group, 80.9% (n=114) were male compared to 70.2% (n=99) in the control group. The control group had significantly more siblings (median 3, min-max 1-13) than the ADHD group (median 3, min-max 1-8) ($p=0.016$). The birth order of the participants was similar in the two groups (median 2, min-max 1-12) ($p > 0.05$). Conclusions: This study found that the birth order of patients with ADHD was not different from that of healthy controls, but the number of siblings was higher in the control group. These findings suggest that the number of siblings may have an impact on the occurrence or manifestation of ADHD. Further research is warranted to explore how family dynamics and sibling interactions might influence the development and presentation of ADHD.

SB16 - Comparison of Family Characteristics and Functionality in Children with Developmental Disorders and Typically Developing Peers

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Background and Aim: This study compares certain family characteristics, delivery methods, and family functioning of children with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), developmental language delay (DLD) and articulation disorder (AD) with typically developing peers.

Method: The study included 115 cases (DLD=74, ASD=18, ADHD=14, AD=9) and 63 controls. Children with neurological disorders, global developmental delay, hearing impairment and sensory problems were excluded.

Results: The mean age of the 178 children included in the study was 45.5±14.9 months (range: 19-75 months), with a mean age of 45.0±13.8 months for the control group and a mean age of 45.8±15.6 months for the case group ($p>0.05$). Of all participants, 72.5% (n=129) were boy and 27.5% (n=49) were girl. In the case group there were 96 (83.5%) boys, whereas in the control group there were 33 (52.4%) boys ($p<0.001$). There was no significant difference between the case and control groups for maternal age, paternal age and family type (all $p>0.05$). The case (54.8%) and control (39.7%) groups also had similar rates of caesarean section ($p>0.05$). When the case and control groups were compared on the basis of the Family Assessment Device (FAD) subcategories, no significant differences were found for problem-solving, communication,roles, affective responsiveness, behavior control, and general functioning control (all $p>0.05$). However, the score for ‘affective involvement’ was significantly higher in the case group (2.5±0.5) compared to the control group (2.25±0.5) ($p=0.005$). Conclusion: This study showed that the family characteristics, family types, delivery methods, and family functioning of children with ASD, ADHD, DLD, and AD were similar to those of typically developing children. Although there were no significant differences between groups in terms of problem-solving, communication,roles, affective responsiveness, behavior control, and general functioning based on FAD subscores, the higher score in 'affective involvement' in the case group suggests potentially poorer family functioning in these families.

SB17 - The Scale Of Sexism İn Contemporary Art: The Development Of A Psychometric Assessment Instrument

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This research aims to develop a comprehensive gender scale for the contemporary art field, highlighting gender inequality and supporting future studies with data. It seeks to uncover the gender-based challenges faced by artists in contemporary art settings and serve as a valuable resource for further research. The primary research question is: To what extent does sexism persist in contemporary art, and how can it be measured and evaluated through a comprehensive scale?

The study is conducted in two phases. The first phase involved collecting qualitative data from 20 artists (10 men and 10 women) through interviews to develop the scale questions. Artists were asked to provide responses to interview questions, either online or in a location where they felt comfortable. These responses illuminated the key areas to address in the development of the scale. In the second phase, data was gathered using a survey method. A total of 150 artists, including professionals and emerging artists from various art galleries, museums, academies, and even art students, responded to the scale questions and demographic inquiries. The survey was shared on social media and distributed across various art institutions to ensure diverse representation. The inclusion of young artists and students aimed to incorporate future perspectives on gender issues in the art field. Findings from the first phase confirm the existence of gender discrimination in the contemporary art scene. Interviews revealed a shared perception among male and female artists that gender-based challenges persist despite the changing dynamics of the art world. Female artists, regardless of their success and creativity, continue to be overshadowed by their male counterparts. Interestingly, while male artists acknowledged the discrimination faced by women, some also noted the presence of positive discrimination towards female artists.

This study further highlights that gender inequality remains a significant issue in contemporary art, where creativity and talent should be the primary criteria for evaluation. As Lexi Strauss aptly summarized, "The language or discourse of art is predominantly male, as few women have ever been allowed to play a serious role in its development." Material evidence supports this claim, showing that female artists earn only one-third of what male artists do, and between 2011 and 2016, only 5 out of the 100 most valuable artists were women. These findings are consistent with the data obtained from our interviews, reinforcing the relevance of addressing sexism through a structured scale.

Ultimately, the results from both phases of this study provide valuable insights into the ongoing debate around gender inequality in contemporary art. The study's findings emphasize the need for continued dialogue and action to foster a more equitable art environment, where gender no longer serves as a barrier to recognition, success, and fair compensation. The development of this gender scale contributes to the literature by providing a new tool to measure and understand the dimensions of sexism in contemporary art, ultimately helping to create a more inclusive and fair art world.

SB20 - Panik Bozukluğunda Yeterli Bilgi Toplamadan Hemen Sonuca Atlama Yanlılığının Araştırılması

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Giriş ve Amaç: Panik bozukluğu (PB), kendiliğinden ve beklenmedik panik nöbetlerle karakterize yaygın bir psikiyatrik bozukluktur (1). Bilişsel modeller ve davranışsal araştırmalar, bozulmuş tehdit işleme mekanizmalarının panik nöbetlerinin temel tetikleyicisi olduğunu öne sürmektedir. PB hastaları potansiyel olarak tehdit edici uyaranların aşırı farkında olma eğilimindedir, belirsiz ipuçlarını tehdit edici olarak algılamaya yatkındır ve korku ile ilişkili uyaranları hatırlamaya daha meyillidir (2). PB hastaları, belirsiz bedensel belirtileri bilişsel olarak yakın tehlike sinyalleri olarak yanlış yorumlama eğilimindedir (3). PB hastaları, günlük yaşamda yaygın olarak deneyimlenen bedensel duyumlarla ilişkili sınırlı verilere dayanarak kendilerini felaket durumundaymış gibi algılarlar. Örneğin, PB hastaları, kafein tüketmek veya fiziksel aktivitede bulunmak gibi diğer potansiyel açıklamaları tam olarak değerlendirmeden, yalnızca kalp çarpıntısı hissine dayanarak, kalp krizi geçirdikleri sonucuna varıyor olabilirler (2,3). Bu araştırmada, PB hastalarında yetersiz bilgiye dayanarak karar verme eğiliminin araştırılması amaçlanmıştır.

Yöntem: Bu çalışmaya DSM-5 tanı ölçütlerine göre PB tanısı konulan 50 hasta ve 50 sağlıklı kontrol katılmıştır. Tüm katılımcılarda yetersiz bilgiye dayalı karar verme eğilimini değerlendirebilmek için, bilgisayar ortamında davranışsal bir görev olarak uygulanan, Bilgi Örnekleme Görevi (BÖG) kullanılmıştır (4). Ayrıca, tüm katılımcılar Beck Anksiyete Envanteri (BAE), Panik ve Agorafobi Ölçeği (P&A) ve Anksiyete Duyarlılığı İndeksi-3 (ADİ-3) özbildirim ölçeklerini doldurmuştur.

Bulgular: Gruplar arasında yaş ($p=0.81$), cinsiyet ($p=1,0$), medeni durum ($p=0,34$) ve eğitim süresi ($p=0,56$) açısından anlamlı bir fark gözlenmemiştir. PB hastalarının BÖG sırasında bir karar varmadan önce daha az veri topladıkları ($p<0.05$) ve daha fazla hatalı karar verdikleri ($p<0.05$) saptanmıştır. Ayrıca, BÖG'nde karar vermeden önce toplanan veri miktarı ile P&A toplam puanı, BAE toplam puanı ve ADİ-3 bilişsel belirtiler alt ölçeği puanları arasında negatif yönde anlamlı korelasyonlar saptanmıştır ($p<0.05$). BÖG puanları ile ADİ-3 ölçeğinin fiziksel veya toplumsal belirtiler alt boyutları arasında istatistiksel olarak anlamlı korelasyon bulunamamıştır.

Sonuç: Bu çalışmada panik bozukluğu hastalarının yetersiz bilgiye dayanarak karar verme eğiliminde oldukları gösterilmiştir. Bu eğilimin, PB şiddeti ve PB hastalarındaki bilişsel kaygılarla da ilişkili olduğu gösterilmiştir. Gelecekteki çalışmalarda yetersiz bilgiye dayalı karar verme eğiliminin bilişsel kaygının yüksek olduğu diğer ruhsal bozukluklarda da araştırılması faydalı olacaktır.

Anahtar Kelimeler: Panik Bozukluğu, Bilgi Örnekleme Görevi, Hemen Sonuca Atlama

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SB22 - Analysıng The Comorbıdıty Of Adult's Attentıon Defıcıt Hyperactıvıty Dısorder And Generalızed Anxıety Dısorder

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Abstract

Adult Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity with documented brain abnormalities and marked associated symptoms that affect various aspects of daily functioning (APA, 2013; Curatolo et al., 2009).Generalized Anxiety Disorder (GAD) is an anxiety disorder characterized by excessive worry, restlessness, fatigue, impaired concentration (APA, 2013).There is increasing evidence that anxiety disorders are more common in individuals with ADHD (Fuller-Thomson et al., 2016; Safren et al., 2001; Van Ameringen et al., 2010).However, studies are insufficient in terms of number and quality.In this study, it was aimed to investigate the frequency of co-occurrence of adult ADHD and GAD.

Between September 2023 and June 2024, 61 people with a previous diagnosis of ADHD and/or GAD were included in the study and clinical interviews were conducted in two different clinics.The control group consisted of 30 people who had not received any psychiatric diagnosis and treatment before.Informed consent was obtained from all participants and the Sociodemographic Data Collection Form was applied.SCID-5-CV (ADHD Module), MINI (GAD Module), Adult Attention Deficit Hyperactivity Disorder Self-Report Scale (ASRS-v1.1), Wender-Utah Rating Scale (WURS), Generalized Anxiety Disorder-7 (GAD-7), Beck Anxiety Inventory (BAI) were administered to all patients.Data were analyzed using SPSS 25.0.

In the study, 46 (75.4%) of the patients (N=61) in the research group were female (75.4%), 15 were male (24.6%), the mean age of the patients was 31.21±9.45 years.In the control group (N=30), 17 (56.7%) were female, 13 (43.3%) were male with a mean age of 33.43±10.73 years.There was no statistically significant difference between the study and control groups in terms of gender distribution (X_2=0.091, $p<0.05$).Of the 61 individuals evaluated for ADHD using the SCID-5-CV, 55 (90.6%) met the diagnostic criteria.Of the 55 individuals who met the diagnostic criteria for ADHD, 12 (21.8%) had ADHD-attention deficit dominant, 3 (5.5%) had ADHD-hyperactivity/impulsivity dominant, 40 (72.7%) had ADHD-compound.When 61 patients were evaluated for GAD with the MINI, 59 (96.7%) met the diagnostic criteria for GAD.When the 59 patients who met the criteria for GAD were analyzed, 39 (66.1%) met the criteria for ADHD-compound manifestation, 11 (18.6%) met ADHD-attention deficit dominant manifestation, 3 (5.1%) met ADHD-hyperactivity/impulsivity dominant manifestation, 6 (10.2%) did not meet the diagnostic criteria for ADHD. A positive and significant correlation was found between the SCID-5-CV and BAI scores for ADHD ($p<0.01$, $r=0.477$).A significant, positive correlation was found between the total scores of BAI and WURS ($p<0.05$, $r=0.320$).As can be understood from these results, inattention and hyperactivity/impulsivity increased as anxiety increased.

Although the prevalence of ADHD in adults is estimated to be between 2.5% and 5% in the normal population (Simon et al., 2009; Willcut, 2012), the lifetime prevalence of GAD in the USA is estimated to be approximately 5.7% (Kessler, 2008),the 12-month prevalence of GAD is estimated to be 3.1% (Kessler, 2005).In the data obtained from the control group in our study, the prevalence of ADHD (6.6%) and GAD (6.6%) were close to the normal population.In the research group, the rates were both high and high in terms of comorbidity.

SB23 - Development And Effectiveness Testing Of An Acceptance And Commitment Therapy-Oriented, Internet-Based Self-Help Program For Coping With Burnout İn Healthcare Workers: A Randomized Controlled Pilot Study

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Healthcare workers face numerous challenging and exhausting stress factors, such as heavy workloads, shift work schedules, patient demands and complaints, complex and difficult tasks, lack of sufficient rest time, poor physical conditions, limited time, on-call duties, and long periods of standing (Alçelik et al., 2005; Parlar, 2008; Türkçüer et al., 2007; Williams et al., 1997). Despite the negative effects of burnout on healthcare professionals and the promising results of interventions, most healthcare professionals, including those with suicidal thoughts, do not seek treatment options (Gold et al., 2013, 2016; Kuhn & Flanagan, 2017). Many reasons contribute to this, including lack of time, stigma, cost, privacy concerns, and exposure to unwanted interventions (Givens & Tjia, 2002). Taking this situation into account, a self-help program based on Acceptance and Commitment Therapy (ACT) was developed to help cope with burnout. Self-help refers to the process by which individuals address specific issues and develop psychological flexibility through various materials (visual, auditory, written, etc.) prepared by experts, without directly consulting a specialist.
The study was designed as a randomized controlled pilot study. Participants consisted of healthcare professionals working in the public or private sectors in Turkey. The pilot study was initiated after the 8-module self-help program, based on Acceptance and Commitment Therapy and prepared by the researchers, was presented for expert review. The study was designed as a feasibility study evaluating the accessibility of different healthcare professionals, so only the block randomization method was used without any stratification. Randomization with a 1:1 block ratio was performed by a computer program. The program, consisting of 8 modules, was delivered to the participants twice a week. Participants completed the scales both before and after the intervention.

Measures: Burnout Assessment Tool (BAT), Acceptance and Action Questionnaire II (AAQ-II), Valuing Questionnaire (VQ)

Results: The results will be discussed in the context of the literature.

SB24 - Feasıbılıty And Effıcacy Of A Self Compassıon Interventıon In Inpatıents Wıth Psychosıs

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The aim of this study is to test the feasibility of a one-session self-compassion intervention in inpatients diagnosed with psychosis and examine the effect of self- compassion intervention on state self-compassion, self-criticism, and levels of positive and negative symptom. The sample for this study consists of 24 people who are inpatients diagnosed with Psychotic Disorder in the inpatient service of Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital. Socio-demographic Data Form, Positive and Negative Syndrome Scale (PANSS), The Forms of Self-Criticizing/attacking and Self-reassuring Scale, State Self-Compassion-Short Form, and Client Satisfaction Scale-8 were used to collect data. Participants who met the inclusion criteria were randomly assigned to the experimental and control groups. While self-criticism scores decreased significantly in the experimental group after the intervention ($p=0.025$), there was no significant decrease in the control group ($p>0.999$). However, there was no statistically significant difference between the groups in terms of self-criticism scores after the intervention ($p=0.183$). When the change in PANNS scores was analyzed, it was observed that all scores in both groups decreased significantly compared the pre-intervention measurements with the measurements taken one week after. The PANSS total score in the experimental group was calculated as 96 before the intervention and 56.5 one week after the intervention ($p=0.002$), while in the control group it was calculated as 99.5 in the first measurement and 63.5 in the second measurement ($p=0.002$). However, there was no statistically significant difference between the groups in terms of PANNS scores. State self-compassion scores were assessed before the intervention, immediately after the intervention, and one week after the intervention. Self- compassion scores in the experimental group were significantly higher in the measurements taken one week after the intervention than before the intervention. ($p<0.001$). There was no significant difference in the control group ($p=0.380$). However, there was no statistical difference between the self-compassion scores obtained in the post-intervention measurements of both groups ($p=0.663$). In the measurements taken one week after the intervention, the scores of the experimental group were found to be significantly higher than the control group ($p=0.034$). According to the analyzes, the mean value of the DCI total score in the experimental group was calculated as 28±3.19. The results of the study show that a single-session self-compassion intervention is acceptable and applicable for the participants who are inpatient psychosis patients, and that self-compassion interventions can be effective in reducing self-criticism behaviors.

SB25 - Psikolojik Danışma Sürecinde Ev Ödevlerine İlişkin Danışan Değerlendirmeleri: Bir Olgubilim Çalışması

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Bilişsel Davranışçı Terapiye (BDT) dayalı olarak gerçekleştirilen terapötik süreçlerde, ev ödevleri, sürecin etikliği açısından önemli bir faktör olarak belirtilmektedir. Son yıllarda terapi sürecinde ev ödevlerinin kullanımını değerlendirmeye yönelik gittikçe artan sayıda araştırmalar olmakla birlikte, çalışmaların genellikle terapistlerin görüşlerine dayalı olarak gerçekleştirildiği görülmektedir. Bilişsel Davranışçı Terapi süreçlerinde, ev ödevlerine yönelik danışan değerlendirmeleri hakkında bilinenler sınırlı düzeydedir. Amaç Bu çalışmanın amacı, çeşitli problem alanlarında, Bilişsel Davranışçı Terapi yaklaşımına dayalı psikolojik danışma deneyimi olan danışanların, danışma sürecindeki ev ödevlerine ilişkin görüşlerinin değerlendirilmesidir. Bu amaç çerçevesinde, bilişsel davranışçı terapide kullanılan ödevler ve bu ödevlere ilişkin danışan algılarının ortaya konulması amaçlanmıştır. Yöntem Araştırmanın çalışma grubunu, Eskişehir'deki bir devlet üniversitesinde bulunan PDR Merkezinden, Bilişsel Davranışçı Terapiye dayalı bireyle psikolojik danışma hizmeti almış 10 danışan oluşturmaktadır. Danışanların katıldıkları danışma oturumu sayısı 6 ile 12 arasında değişmektedir. Araştırmada ev ödevi olarak, psikolojik danışma sürecinde uygulanan, "ölçme araçları doldurma", "kendini gözlemleme/izleme", "düşünce kaydı doldurma", "materyal okuma -kitap veya bilgi notu vb.-", "davranış deneyleri" ve "davranışsal aktivasyon" ele alınmıştır. Çalışmanın temel amacının bütüncül bir yaklaşımla aydınlatılabilmesi için, araştırma, nitel bir araştırma olarak olgubilim (fenomenoloji) deseninde gerçekleştirilmiştir. Fenomenolojik (olgubilim) desen, bireylerin bir olguya ilişkin yaşantılarını, algılarını ve bunlara yükledikleri anlamları ortaya çıkarma amacıyla gerçekleştirilen nitel araştırma desenidir. Araştırmada çalışılan olgu 'danışma sürecinde ev ödevleri'dir. Çalışmada veri toplama aracı olarak araştırmacılar tarafından geliştirilen yarı yapılandırılmış görüşme formu kullanılmıştır. Yaklaşık 20-25 dk arasında süren yüz yüze bireysel görüşmeler yapılarak veri toplama işlemi gerçekleştirilmiştir. Yapılan görüşmeler, analiz edilebilmeleri için katılımcıların onayları doğrultusunda kaydedilmiş, daha sonra elde edilen veriler içerik analizi ile çözümlenmiştir. Analiz aşamasında, ortaya çıkan kodlardan yola çıkılarak kodlar arası ilişkilere, diğer bir ifadeyle temalara ulaşılmıştır. Bulgular Analiz sonuçlarına göre, danışanların ev ödevine karşı genellikle olumlu bir tutuma sahip oldukları ve ödevlerin çoğunu tamamlamak konusunda kendilerini başarılı buldukları görülmektedir. Ayrıntılı olarak bakıldığında ise, danışanların ev ödevleri ile ilgili başarı değerlendirmelerinin ödev türlerine ve danışanlara göre farklılaştığı da görülmektedir. Ayrıca, danışanların ödevleri yapma öncesindeki değerlendirmeleri ile ilgili öne çıkan temalar; 'ben bunu yapamayacağım', 'istenilen düzeyde olmayacak' ve 'saçma bulunacak' iken, ödevin danışanlar için anlamına ilişkin öne çıkan temaların 'bir işe yarayacak mı?' ve 'bana faydası olacak mı?' şeklinde olduğu belirlenmiştir. Benzer şekilde, danışanlar ödevleri tamamlama konusunda kolaylaştırıcı etken olarak, ödevin detaylı olarak açıklanmasını, somut bir örneğinin gösterilmesini ve seans içerisinde psikolojik danışman ile birlikte bir örneğinin yapılmasını belirtmişlerdir. Danışanların çoğu, oturumlar ilerledikçe ödevleri sürecin ayrılmaz bir parçası olarak algıladıklarını belirtmektedirler. Son

olarak, ödevlerin danışma sürecindeki etkilerine yönelik olarak ‘somut adımlar atma’, ‘farkındalık kazanma’ ve ‘ilerlemelerini görme fırsatı’ açısından ödevlerin işlevsel olduğu; ancak diğer taraftan danışanlar açısından ‘bir yük’ olarak değerlendirilebildiği, danışma oturumlarına gelmek konusunda isteksizlik yaşamalarına ve çekimser davranmalarına da neden olabildiği görülmektedir. Sonuç Mevcut araştırmada, BDT’ye dayalı yürütülen danışma süreçlerinde, ev ödevlerine ilişkin danışanların genel tutumları ile ödevleri tamamlamaya ilişkin engeller ve kolaylaştırıcılar ortak temalar çerçevesinde değerlendirilmiştir. Araştırmadan elde edilen bulgular, BDT’ye dayalı psikolojik danışma süreçlerinde, ev ödevi uygulamaları sırasında dikkat edilmesi gereken noktaların ortaya konması bakımından önemlidir. Anahtar kelimeler: Psikolojik danışma süreci, bilişsel-davranışçı terapi, ev ödevleri, danışan görüşleri

SB26 - Trauma-Focused Cognıtıve Behavıoral Therapy Process In Chıld-Adolent Psychıatry Inpatıent Clınıc

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Post-traumatic stress disorder (PTSD) is a mental health disorder that can occur in individuals who experience or witness a traumatic event such as a natural disaster, accident, war, or rape (1). It has been reported that the likelihood of mental health problems such as PTSD, depression, anxiety and suicide attempts increases after exposure to trauma in children (2). International guidelines recommend the use of trauma-focused cognitive behavioral therapy (TF-CBT) in the treatment of pediatric PTSD (3).

In this case report, it is aimed to discuss the TF-CBT process of a male patient who was followed up and treated in an inpatient clinic with a diagnosis of PTSD.

Case:
A male patient aged 17 years and 6 months, a 12th grade student at an high school. He was subjected to sexual abuse by his boyfriend who was 6 years older than him. He told his teacher about the abuse and a report was made. He was referred to the outpatient clinic from the Cocuk Izlem Merkezi. It was planned for his to receive treatment in the inpatient ward due to his active suicidal thoughts.
In the interviews conducted, it was learned that he had thoughts that triggered anger and shame about the sexual abuse, he avoided remembering the abuse, he relived the incident in his dreams, his academic success decreased due to distraction and he had difficulty falling asleep. His appetite had decreased for the last two months. Recently, he had not been able to enjoy the activities.
The patient, who was diagnosed with PTSD and major depressive disorder. TF-CBT was planned during the hospitalization period. The session titles are detailed below;
Psychoeducation (2 sessions)
-Psychoeducation was provided to the patient and his mother and parenting skills were studied with her.
Relaxation exercises and emotion regulation skills (3 sessions)
- Breathing exercises, relaxation exercises and safe place imagery were studied.
-Emotion recognition and rating study was conducted.

Cognitive coping skills (5 sessions)
-Thought traps, cognitive distortions related to sexual abuse and coping skills were studied.
Trauma history and cognitive restructuring (3 sessions)
- The trauma was narrated in order to make the implicit and emotional memory episodic.
In vivo confrontation (Exposure) (20 sessions)
-It was aimed to confront the memories of the traumatic event and the avoided situations in a safe environment, in a controlled manner.
-20 sessions of reading were conducted with the narrated trauma and anxiety was scored after each reading.

Future Planning and Relapse Prevention (3 sessions)
- Relapse symptoms and coping methods were emphasized.

Results:
At the end of the treatment process, the patient's re-experiencing and avoidance symptoms were greatly reduced. Improvement was observed in self-esteem and general quality of life.
12-15 weekly sessions are recommended in the TF-CBT model (2). In the case we present; considering the individualization of the CBT process, daily sessions were conducted during the treatment process in the inpatient ward and an intensive trauma reading program was implemented. Daily trauma readings increased the patient's exposure and response prevention efforts responded quickly.

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SB29 - Ruh Sağlığı Okuryazarlığı Dersinin Üniversite Öğrencilerinin Damgalama, Psikolojik Yardım Aramaya İlişkin Tutum, Depresif Duygudurum, Anksiyete ve Ruh Sağlığı Okuryazarlığı Üzerindeki Etki

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Giriş ve Amaç: Bu çalışmanın Ruh Sağlığı Okuryazarlığı dersinin üniversite öğrencilerinin damgalama, psikolojik yardım aramaya ilişkin tutum, depresif duygudurum, anksiyete ve ruh sağlığı okuryazarlığı üzerindeki etkisini değerlendirmektir. Ruh sağlığı okuryazarlığı tüm bireyler için pozitif ruh sağlığının nasıl elde edileceğini ve korunacağını anlamayı, ruhsal bozuklukları ve tedavilerini anlamayı, ruhsal hastalıklara karşı damgalamayı azaltmayı ve son olarak profesyonel yardım arama davranışını artırmayı hedefleye bilgi, tutum ve becerilerin tamamını kapsar.

Yöntem: Çalışma kapsamında 27 (21 kadın 6 erkek) üniversite öğrencisi ile seçmeli ders olarak okutulan ruh sağlığı okuryazarlığı dersi gerçekleştirilmiştir. Çalışma tek gruplu, ön test-son test izleme şeklinde yapılandırılmıştır. Katılımcılara Damgalama (Stigma) Ölçeği, Psikolojik Yardım Almaya İlişkin Tutum Ölçeği – Kısa Form , Ruh Sağlığı Okuryazarlığı Ölçeği , Hasta Sağlığı Anketi -9 , Yaygın Anksiyete Testi -7 uygulanmıştır. Ders hafta da iki saat olacak şekilde 14 hafta olarak gerçekleştirilmiştir. Ders kapsamında bir ara sınav ve bir poster çalışması ödevi verilmiştir. Aynı zamanda ders öncesi okuma kaynakları sunulmuş ders içerisinde çevrimiçi tartışma ortamları kullanılmıştır. Verilerin analizinde t testi kullanılmıştır.

Bulgular: Çalışma bulguları katılımcıların damgalama ve anksiyete düzeyinin azaldığını, psikolojik yardım alaya ilişkin olumlu tutumun, ruh sağlığı okuryazarlığı düzeylerinin ise arttığını göstermektedir. Bu değişimlerin tamamı istatistiksel olarak anlamlıdır. Depresif duygudurum puanı ortalaması azalmasına rağmen bu değişimin istatistiksel olarak anlamlı olmadığı görülmüştür .

Sonuç: Ruh sağlığı okuryazarlığı ruh sağlığı alanından olmayan tüm bireyler için önemli bir değişkendir. Ruh sağlığı okuryazarlığı yüksek bireylerin yardım arama davranışı gösterme ve diğerlerine de yardım etme konusunda ruh sağlığı okuryazarlığı düşük olanlara göre daha fazla eğilim gösterdiği ifade edilmektedir. Bu bağlamda ruh sağlığı okuryazarlığı dersinin koruyucu önleyici ruh sağlığı açısından toplum ruh sağlığına katkıda bulunabilecek önemli bir araç olabileceği değerlendirilmektedir

SB30 - A Systematic Review of the Effectiveness of Transdiagnostic Cognitive Behavioural Therapy for Headaches

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Primary headaches are a prevalent issue that can cause various negative consequences in people's daily lives. In addition, medical treatments do not provide a permanent solution for primary headaches. Furthermore, primary headaches can often co-occur with psychological disorders. Hence, besides medical treatments, psychological treatments are essential in treating headaches. The effectiveness of cognitive behavioural therapy, one of the best-known psychotherapies, has been systematically reviewed and found effective. However, diagnosis-based CBT has also been criticised for its unsuitability for many people and its various drawbacks, such as being time-consuming. At that point, transdiagnostic CBT (tCBT) was developed to improve upon the limitations of diagnosis-based CBT by going beyond diagnoses. However, there has not yet been a systematic review of the efficacy of tCBT for headaches, which may be particularly effective in treating comorbidities. Thus, this systematic review is conducted on the effectiveness of tCBT in reducing headache severity and headache-related disability, following the systematic review process of the "Cochrane Handbook" and reported according to the "Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)". A systematic search was performed on four online databases, including MEDLINE (n = 6), PsycINFO (n = 8), Scopus (n = 10), and Web of Science (n = 10). The search was limited to the period between 2004, when the first tCBT was introduced, and August 2024, the time of the current search. Only research studies written in English were searched. Following a systematic search of four databases, 34 sources were identified. Fourteen of these sources were removed due to duplication, and four sources were discarded because they were not articles. Afterward, the titles and summaries of the remaining 16 articles were read. Studies including participants diagnosed with primary headaches (migraine, tension-type headache, or cluster headache), interventions based on the theoretical framework of tCBT, quantitative results on any change in headache severity and headache-related disability, and quantitative research methods were eligible for inclusion. Studies including participants with secondary headaches, other transdiagnostic interventions with different theoretical frameworks, assessment of headaches with non-valid or non-reliable measures, and qualitative research methods were eligible for exclusion. Based on these criteria, seven unrelated studies, four studies not including the assessment of headache or the diagnosis of primary headaches, and two studies not including the tCBT were excluded. Finally, one case study and two randomised control studies were included. The risk of bias assessment of the case study and the randomised control trials was conducted based on the "Risk of Bias in Non-randomised Studies of Interventions (ROBINS-I)" and the "Risk of Bias 2 (RoB 2)", respectively. The included studies were analysed with the narrative synthesis method. The findings indicate that CBT can be an effective treatment for headaches, disabilities related to headaches, and their psychological comorbidities. However, while there are very few research studies on tCBT for headaches, the included studies have a variety of methodological limitations, such as small sample sizes or a high risk of bias. Therefore, there is a need for more comprehensive and detailed studies on tCBT and headaches.

SB32 - Reducing Burnout in Teachers with a Personalized Internet-Based Self-Help Program: A Concurrent Multiple Baseline Single-Case Experimental Study

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Teachers are among the groups at risk for burnout, and the prevalence of burnout symptoms is quite high (Cemaloğlu & Şahin, 2007). People experience various psychological, behavioral, and psychophysiological problems during the process of burnout (Kaçmaz, 2005b; Maslach et al., 2001). For all these reasons, addressing burnout among teachers appears to be very important.
This study aims to evaluate the effectiveness of "My Life," an 8-session web-based ACT intervention designed to help teachers cope with workplace stress and burnout, using a single-case experimental design (SCED).
In this study, a multiple baseline single-case experimental design (SCED) was employed. Participants were randomized and assigned to groups based on their baseline levels. Participants were both standardized and subjected to daily measurements according to the duration of the baseline period.

The program consists of eight modules, each taking approximately 30 minutes to complete, and includes homework between modules. During the research process, the modules were delivered to participants twice a week, with a three-day interval between each session.

Measures: Burnout Assessment Tool (BAT), Acceptance and Action Questionnaire II (AAQ-II), Valuing Questionnaire (VQ), Idiographic Measures

Results: The average module completion rate among the 23 participants in the study was found to be 34.8% (2.78 modules). When participants who did not complete any modules were excluded, the average completion rate increased to 53.25% (4.26 modules). These results indicate that a significant portion of participants completed more than half of the program.
Tau-U analyses were conducted on five participants who completed pre-intervention, daily, and post-intervention measurements. These analyses were used to evaluate the effects of both the intervention process and its outcomes.

The analysis results are as follows:

- No significant changes were observed in Participant 1's burnout and experiential avoidance scores; however, a significant negative change was found in one of the Valued Living questions.
- Participant 2 showed no significant change in burnout scores, while three of the five experiential avoidance-related questions showed significant negative changes. No significant change was detected in the Valued Living questions.
- Significant negative changes were observed in Participant 3's burnout and experiential avoidance scores. A significant negative change was found in one of the Valued Living questions, while no significant change was observed in another.

- Participant 4 showed significant negative changes in two of the three burnout-related questions, with no significant change in one. Two of the experiential avoidance questions showed significant negative changes, while no changes were observed in three others. A significant negative change was found in one Valued Living question, while no significant change was observed in the other.
- No significant changes were observed in Participant 5's burnout scores. Four of the experiential avoidance questions showed no significant change, while one showed a significant negative change. No changes were detected in the Valued Living scores.

These findings indicate that the intervention was effective in certain areas for some participants; however, the effects were not consistent across all participants and measurement areas.

SB34 - Treatment of Childhood Onset Generalized Anxiety Disorder with Cognitive Behavioral Therapy: A Case Report

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Ms. X is a 39-years,woman, married for 16 years,has two sons. Her anxieties, began at the age of 5, continued to increase, leading her to seek therapy. Her anxieties are: not being able to stay alone at home after dark, not being able to sleep alone at night, fear of the dark, fear of riding the elevator alone, not wanting to be alone or left alone for extended periods in crowded environments, hypersensitivity to sudden sounds etc.
As a result of all these anxieties,has communication problems with her spouse and leads a life dependent on her family and spouse. A total of 13 sessions were conducted with her via the Zoom platform, including 12 therapy sessions and 1 follow-up session after 2 months. In the 1st and 2nd sessions, the problem was evaluated. In the 3rd session, a case formulation was created and presented to her. In the 4, 5, 6, 7, 8, 9, 10, 11,12th sessions, Cognitive Behavioral Therapy (CBT) techniques were applied.

In the 4th session, as part of cognitive restructuring, her anxiety-causing, negative, irrational thoughts and strong distorted thinking habits were identified. Breathing and relaxation exercises were also taught and applied. In the 5th session, the theoretical structure of the imaginal exposure technique was first explained and then applied. The imaginal exposure involved getting out of bed and walking around the house.The imaginal exposure involved getting out of bed and walking around the house.When her anxiety became very high during the imaginal exposure exercise, she was guided through a safe place imagery to calm down.In the 6th session, cognitive restructuring and in vivo exposure continued. In the 7th session, the issue of her dependency on family and due to her inability to be alone was addressed. Exercises for acting alone were planned.

In the 8th, 9th, and 10th sessions, the exercises that the client completed during the week were discussed. As her perception of control over her anxiety improved, she began to bring up problems regarding her relationships with her spouse, children, and family.
In the 11th session, the client's old and new thoughts were compared within the scope of cognitive restructuring.

In the 12th session, a termination session was held. The client stated that she would continue the exercises after the sessions ended.
Throughout this process, the client was administered the Beck Anxiety Scale and the Severity Scale for Generalized Anxiety Disorder five times. It was observed that the client's anxiety and depression levels had decreased compared to the initial evaluations.
By the 13th session (follow-up session), she, who could not be alone in any situation prior to the sessions, started planning to spend time alone. Symptoms of numbness in her body and stomach pains had completely disappeared. She started to enjoy being with her family.She stated that she benefited greatly from the sessions and that the exercises helped her take control of her anxiety. Almost all the anxious thoughts she had at the beginning of the process had either changed or become more flexible. There was a significant improvement in all the problems.

SB36 - Comparison Of The Characteristics Of YouTube Videos On Cognitive Behavioral Therapy And Metacognitive Therapy

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Introduction: Psychotherapy techniques, which are frequently used in the treatment of mental illnesses, are also a subject of great interest among the general public, and the number of content related to these techniques on social media platforms is increasing day by day. This research aims to evaluate the characteristics of YouTube videos about cognitive behavioral therapy and metacognitive therapy.

Method: Ethical committee approval was not required as the research was conducted on freely accessible YouTube videos. For therapy techniques, "Cognitive Behavioral Therapy" was typed into the YouTube search button, and the first 20 most-viewed English videos between 4 and 30 minutes in length were evaluated. For metacognitive therapy, "Metacognitive Therapy" was typed into the YouTube search button, and the first 20 most-viewed English videos between 4 and 30 minutes in length were evaluated. The number of views, likes, subscribers, and quality (assessed with modified DISCERN and GQS scales) of the videos were evaluated, and the data were compared using the Mann-Whitney U test.

Results: The data related to cognitive behavioral therapy and metacognitive therapy videos are summarized in Table-1.

Conclusion: The significantly higher number of views, likes, and subscribers for cognitive behavioral therapy videos may be related to the wider prevalence of this therapy technique and patients being more knowledgeable about it. The lack of a significant difference in quality scores between videos of both techniques seems to be related to the fact that the vast majority of the videos were produced by health professionals. In conclusion, increasing initiatives to promote metacognitive therapy may yield beneficial results for the population in need of this technique.

Keywords: cognitive behavioral therapy, metacognitive therapy, psychotherapy, YouTube

SB37 - The Examination Of The Relationship Between Co-Dependence, Burnout Levels And Coping Strategies Among The Relatives Of The Individuals With Alcohol And Substance Addiction

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Introduction and Objective: Substance use disorders are a multidimensional problem that affects not only individuals but also families. With the inability to cope with negative emotions, family relationships deteriorate and family members are negatively affected by this situation. It is stated that when a family member has an addiction problem, one of the other family members takes on the role of carer. The caring role of a family member may turn into a co-dependent dimension in which he/she is excessively worried about the person he/she cares for and gives up his/her own wishes and needs. It has been reported that caregivers of individuals with substance use disorder have high emotional exhaustion. The aim of this study was to examine the relationship between co-dependency, coping strategies and burnout levels of 20-70 years old relatives of individuals with alcohol and substance addiction problems.

Method: The data of the study were obtained from 105 relatives of individuals with alcohol-substance addiction who applied to the Green Crescent Counselling Centre. The data were obtained by using Personal Information Form, Co-Dependency in Substance Use Disorder Scale (CODSUDS), COPE Inventory and Maslach Burnout Inventory (MBI). The data were analysed using SPSS 25 software.

Results and Conclusion: It was found that the problem-focused coping scores of the participants who received psychological support were higher than the participants who did not. Studies have concluded that families who received support by participating in a family education programme for alcohol addiction were more effective in coping with stress than those who did not. It was observed that relatives of substance-using participants had higher scores on the CODSUDS than relatives of alcohol-using participants. There are studies indicating that participants with spousal, sibling and parental level of closeness show more co-dependency than other relatives. It was determined that there was a statistically significant relationship between the scores of the Dysfunctional Coping of the COPE and the MBI Burnout, Depersonalization and total scale scores. In the study examining the relationship between coping and burnout in nurses caring for opioid users, it was reported that burnout showed a positive significant relationship with passive coping strategies. It was concluded that there was a negative and statistically significant relationship between the scores of the Altruism and Worry dimensions of the CODSUDS and the scores of the MBI Personal Achievement dimension. It was found that there was a statistically significant positive correlation between the scores of the Raising no Objection dimension and the scores of the Burnout dimension. It was determined that there was a statistically significant correlation between the scores of the Raising no Objection and the scores of the Personal Achievement. It was concluded that there was a statistically significant positive relationship between guiltiness scores and burnout dimension and scale total scores. In the qualitative study conducted with the parents of people with addiction problems, they stated that the parents made verbal expressions about co-dependency and burnout. This supports the data of this study, which suggests that there is a significant positive relationship between the Raising no Objection and burnout.

SB39 - Exploring the Relationship between Childhood Maltreatment, Cognitive Emotion Regulation Strategies, and Eating Disorders

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Background The transdiagnostic approach enables clinicians to handle Eating Disorders (EDs) cases comprehensively by considering multiple maintaining mechanisms responsible for the development of symptomatology and possible relapses. Childhood maltreatments (CMs) were presented as one of the triggering mechanisms for the development of EDs. Extensive literature consistently demonstrates that CMs result in negative consequences in later life, with EDs being one of the significant adverse outcomes. EDs typically develop during adolescence or early adulthood and have a negative impact on individuals worldwide. Those with EDs are at a high risk of comorbidity with other mental health problems including depression, anxiety, PTSD, and personality disorders. Additionally, they carry a high risk of developing various medical complications, including gastrointestinal, metabolic, cardiovascular, reproductive, and neurological issues. Furthermore, literature has indicated that maladaptive emotion regulation strategies play a mediating role in the relationship between CMs and EDs. However, there is scarce evidence on the mediating role of adaptive (positive refocusing, refocusing on planning, positive reappraisal, and putting into perspective) and maladaptive (self-blame, blaming others, rumination, and catastrophizing) cognitive emotion regulation strategies on the relationship between CMs and EDs.

Aim: This study aims to investigate the role of adaptive and maladaptive cognitive emotion regulation strategies (CERS) in the link between CMs and EDs in the general population.

Method: To achieve this, a quantitative study was undertaken involving 352 participants (310 female and 42 male) who completed a demographic survey, the Childhood Trauma Questionnaire-Expanded (CTQ-33), the Cognitive Emotion Regulation Questionnaire (CERQ), and the Eating Disorder Examination Questionnaire-Short Form (EDE-Q-13). The data analysis was performed using SPSS version 29. To conduct the mediation analysis, the PROCESS Macro was employed.

Results: Mediation analysis demonstrated a direct and statistically significant relationship between the total score of the CM and the total score of EDs. This relationship was found to be partially mediated by maladaptive CERS, implying that maladaptive CERS partially accounts for the relationship between CM and EDs. Adaptive CERS, on the other hand, did not exhibit any mediating role between these two variables, showing adaptive CERS do not account for the relationship between CM and EDs. Furthermore, mediation analysis of all subtypes of CM revealed a significant direct relationship with the total score of EDs. Maladaptive CERS was found to partially mediate the relationship between all subtypes of CM and the total score of EDs. In contrast, adaptive CERS did not play a mediating role between these variables in the general population.

Conclusion: The findings imply that prioritizing the reduction of maladaptive strategies rather than targeting the promotion of the use of adaptive strategies may yield more effective treatment outcomes for individuals with EDs and a history of CM.

SB41 - Adaptation Problems, Well-Being, and Life Satisfaction of International Students: A Cognitive Behavioral Therapy Perspective

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Abstract: The growing number of students migrating abroad for higher education presents unique challenges that significantly impact their well-being (Udayanga 2024) and life satisfaction. Aims: This review aims to synthesize existing research on the adaptation problems faced by international students, focusing on the role of cognitive behavioral therapy (CBT) in addressing these issues.

Method: The review systematically examines literature from major databases, focusing on studies that explore the psychological adaptation, well-being, and life satisfaction of students in a foreign academic environment. Particular emphasis is placed on cognitive and behavioral factors that influence the adaptation process, such as stress management, cognitive distortions, and the development of coping strategies (Volet and Jones, 2012; Jaffri et. al., 2021).

Conclusion: Key findings indicate that international students frequently experience heightened levels of stress and anxiety due to cultural differences, language barriers, and social isolation (Matthews et. al., 2000; Girmay, and Singh, 2019; Smith and Khawaja, 2011). CBT- based interventions, including cognitive restructuring and behavioral activation, have been shown to effectively alleviate these symptoms, enhancing students' overall well-being and satisfaction with their academic and social experiences (Peipert et. al., 2022; Šouláková, 2019). The review concludes by identifying gaps in the current research, suggesting the need for more longitudinal studies and culturally tailored CBT interventions to better support the mental health of international students. These findings have significant implications for educational institutions, highlighting the importance of integrating psychological support services tailored to the needs of this population.

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SB42 - Kumar Oynama Bozukluğunun Seyri

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Giriş: Kumar oynama bozukluğu (KOB) zamanla oynanan miktarlarda artış olması, kişinin o coşkuyu tekrardan yaşayabilmesi için daha fazla miktarlarda oynaması, eylemi sonlandırmada huzursuz ve kolay kızan birine dönüşmesi, kaybettiklerini telafi etmeye yönelik kumar oynamayı sürdürmesi gibi pek çok bağımlılık kriterini barındırmaktadır (1). Kumar oynama davranışı önceki yıllarda çoğunlukla bayiler üzerinden ilerlerken günümüzde teknolojinin yaygın kullanımı ile birlikte erişilebilirlik artmıştır. Bunun sonucunda kumar türleri çeşitlenmiştir ve internet siteleri veya mobil uygulamalar aracılığıyla oynanmaya başlamıştır (2). Kumar oynamanın daha erişilebilir olması oynama davranışının artmasına ve dolayısıyla KOB oluşmasında artış gözlenmesine sebep olmaktadır (3). Bağımlılığın seyri, bağımlılıkta iyileşmeyi ifade etmektedir (4). KOB'de iyileşme ise kumar oynamama, tekrar oynamanın olmaması ve psikososyal iyileşme ile ilişkilidir (5). Tedaviye erken başlanılmasının kısa sürede iyileşmeyi kolaylaştırdığı ve bu alanda standartlaşmış tedavi modellerinin geliştirilmesinin bağımlılık seyrini olumlu bir yönde etkileneceği ifade edilmektedir (6). Amaç Bu çalışmanın amacı Yeşilay Danışmanlık Merkezine (YEDAM) başvuran kumar oynama davranışı bulunan yetişkin katılımcılarda, tedavinin ilerleyişi ve iyileşme düzeyindeki seyrini incelemektir.

Metod: Araştırmanın örneklemini 2018-2023 yılları arasında YEDAM'a kumar oynama davranışı ile başvuran katılımcılar oluşturmaktadır. Araştırmaya dair veriler Kumar Risk Tarama Ölçeği (KURT) (7) ve Kumar Risk Tarama Ölçeği İzlem Formu (KURT-İ) kullanılarak elde edilmiştir. KURT-İ puanlarının düşmesi iyileşme düzeyini göstermektedir. Elde edilen veriler SPSS 29.0 programı kullanılarak analiz edilmiştir. Bulgular: Kumar oynama davranışı ile YEDAM'a başvuranların demografik bilgileri Tablo 1'de gösterilmiştir. Görüşmeler arası geçen süre ortalama 16,08 gündür ve 24 görüşme ortalama bir yıllık süreye denk gelmektedir. Tablo 2 incelendiğinde ilk görüşmeden 24. görüşmeye kadar KURT-İ ölçeğinden alınan puanlar arasında istatistiksel olarak anlamlı farklılık saptanmıştır ($p<0,01$). Grafik 1'e göre kumar oynamama davranışı görüşmelere geldikçe artmıştır. Grafik 2'ye göre ise en fazla puan değişimi ilk 6 görüşmede gerçekleşmektedir.

Tartışma: Araştırma sonuçları, KOB tedavisini düzenli olarak sürdüren katılımcılarda kumar oynamama oranının arttığı aynı zamanda psikoterapi seanslarında elde edilen KURT-İ puanlarının seans sayısı arttıkça azaldığını göstermektedir. KURT-İ puanlarının azalması iyileşme düzeyinin arttığını ifade etmektedir. Bu sonuçlar KOB'de tedaviye katılımın önemini göstermektedir. Çalışmanın bulguları alanyazındaki diğer çalışmalarla uyumlu niteliktedir. Manning vd., (2014) yürüttükleri çalışmada, 3 ay süren KOB tedavi programına katılım sağlayanların iyileşme gösterdiği bulunmuştur (8). Singapur'da yürütülen bir diğer çalışmanın

bulguları ise en yüksek oranda iyileşme düzeyinin ilk 3 ayda olduğu, 12 aylık seyirde düşüşler yaşandığı ve erken müdahalenin bağımlılığın seyrinde önemli bir rolü olduğunu göstermiştir (9). Mevcut çalışmada da iyileşme düzeyinin en yüksek düzeyde olduğu ay ilgili çalışma ile paralellik göstermektedir ve bir yıllık izlemde benzer düşüşlerin meydana geldiği gözlenmiştir. Tedavi programlarına düzenli katılım sağlanması ve takip ilgili tedavi modelinin etkin bir şekilde uygulanabilmesine olanak tanır. KOB'nin tedavi seyrini anlamada ise görüşmelere devamlılık önemli bir faktördür. Tedavi sürecinde izlem ölçekleri ile iyileşme düzeyinin değerlendirilmesi ve tekrar oynama risklerinin belirlenmesi olası tekrar oynamaların azalmasında belirleyici bir rol üstlenmektedir. KOB ile mücadelede düzenli tedavi ve takibin tedavi seyrini iyileştiren bir unsur olduğu saptanmıştır. 1 yıllık izlemde zaman zaman oynama sıklığının arttığı ve KURT-İ düzeylerinin yükseldiği de dikkat çekicidir. Gelecek çalışmalarda bu artışları yordayan faktörlerin değerlendirilmesi tedavinin gidişatı ve müdahale yöntemlerinin çeşitlendirilmesi açısından literatüre ışık tutacaktır.

SB43 - The Relationship Between Posttraumatic Stress Disorder Symptoms And Psychological Resilience İn Children And Adolescents Exposed To The 2023 Kahramanmaraş Earthquake: A Preliminary Study

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Objective: Psychological resilience is defined as the ability to overcome adversity and experience positive outcomes despite a negative event or situation[1]. Psychological resilience has 5 sub-dimensions: 'structural style', 'social competence', 'family cohesion', 'social resources' and 'personal strength (self and future perception)'[2]. Psychological resilience has been reported to be protective for mental disorders, especially posttraumatic stress disorder (PTSD)[3]. In this study, it was aimed to examine the psychopathology of children and adolescents aged 11-18 years who experienced the Kahramanmaraş earthquakes in 2023, to evaluate their psychological resilience levels, and to examine the relationship between PTSD symptoms and psychological resilience levels.

Method: A sociodemographic information form was filled out for children and adolescents who experienced at least one of the 2023 Kahramanmaraş earthquakes, the K-SADS-PL was administered, and PTSD symptoms and psychological resilience levels were assessed with standardized scales. The relationship between PTSD symptoms and psychological resilience levels was analyzed.

Results: Forty-five people participated in the study. 34 (75.6%) of the participants had at least one psychopathology; 21 (46.7%) had anxiety disorder, 7 (15.6%) had posttraumatic stress disorder, 6 (13.3%) had depression, and 4 (8.9%) had obsessive-compulsive disorder. The mean score of PTSD symptoms was 50.4±18.2, avoidance 5.2±2.3, re-experiencing 12.8±5.0, hyperarrousal 16.4±6.2, negative alterations 16.7±7.5; total psychological resilience score 39.8±8.2. There was a negative correlation between the presence of psychopathology and total psychological resilience score in children and adolescents (r=-0.393, p=0.003). There was a negative correlation between total PTSD score and total resilience score (r=-0.382, p=0.004).

Conclusion: Our findings suggest that psychological resilience may be protective against mental disorders in children and adolescents.
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SB44 - Kaygı Bozukluğu ve OKB Hastalarının İnançlarına Dönük içgörü Düzeylerinin Karşılaştırılması

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Giri:ş İçgörü çok anlamlı bir kavram olup ilk anlamı genel olarak kişinin sorunlarının varlığını ve kaynağına dönük farkındalığı ve anlayışıdır. İkinci anlamı ise kişinin olağandışı zihinsel olgularının (delüzyonel inançlar ve halüsinasyonlar gibi) kaynağını yeniden değerlendirip adlandırabilme yeteneğidir. İçgörü farklı psikolojik bozukluklar arasında önemli ölçüde değişiklik gösterir. Obsesif-Kompulsif Bozukluk (OKB) içgörü açısından 3 alt gruba ayrılmıştır. Kaygı bozukluklarında böylesi bir ayrım olmasa da bu hastalarda da kaygıyla ilişkili inançlara dönük içgörü hem tanı hem de tedavi sonuçları açısından kritik bir rol oynar (Kaplan ve ark., 2006). Araştırmalar, OKB'de düşük içgörüsü olan bireylerin genellikle daha şiddetli semptomlar sergilediğini ve tedaviye daha fazla direnç gösterdiğini ortaya koymuştur (Amador ve ark., 1993). Kaygı bozukluğu olan bireylerde ise genellikle endişelerinin aşırı doğasını tanırken, bu içgörü anksiyeteyi hafifletmeyebilir (Eisen ve ark., 2004). Bu çalışmanın amacı, OKB ve kaygı bozukluğu olan bireyler arasında obsesyonla ilişkili ve kaygıyla ilişikili inançlara dönük içgörü niteliği ve düzeylerini karşılaştırmaktır. Yöntem Bu çalışmaya 18-60 yaş arasında (yaş ort.= 32,61) OKB tanısı alan 46 ve Kaygı bozukluğu tanısı alan 17 hasta katılmıştır. Hastaların ortalama eğitim süreleri en az 12 ve 16 yıl arasında olup ortalaması=15,17'tir. Tüm katılımcıların, kaygı düzeyleri GAD-7 (Yaygın Anksiyete Bozukluğu Ölçeği) depresyon düzeyleri PHQ-9 (Hasta Sağlığı Anketi) ve obsesyonel ve kaygı ile ilişkili inançları da Brown İnanç Değerlendirme Ölçeği (BABS) kullanılarak değerlendirilmiştir. Gruplar arasındaki ortalamalar bağımsız örneklemler t-testi kullanılarak analiz edilmiştir. Bulgular Obsesyonel hastalarla kaygı pozukluğu olan hastaların ölçek puanları bağımsız iki grup için t testi ile karşılaştırıldığında GAD-7 Kaygı bozukluğu= 7.35; OKB= 10.54 olarak bulunmuştur ($p = 0.025$). PHQ-9 sonuçlarına bakıldığında ise Kaygı bozukluğu= 7.35; OKB= 11.89 olarak bulunmuştur. Brown İnanç Değerlendirme Ölçeği maddeleri açısından iki grup karşılaştırıldığında ise ölçeğin içgörü düzeyini ölçen 6. maddesinde p-değeri 0.034 bulunmuştur ($p < 0.05$). Elde edilen bu sonuca göre kaygı grubunun ortalaması (X=.88±1.16), OKB grubuna göre (X=.37 ±.68) anlamlı düzeyde daha yüksektir (t=-2.165, p=0,034). Tartışma Yapılan analiz sonucuna göre; OKB tanısı almış bireylerin, kaygı bozukluğu tanısı almış bireylere kıyasla daha yüksek düzeyde yaygın anksiyete yaşadığını göstermektedir. Fitzsimmons ve arkadaşları (2023), obsesif-kompulsif bozukluğa (OKB) sahip bireylerin, yaygın anksiyete seviyelerinin daha yüksek olduğunu ve bu durumun, OKB'nin sürekli tekrarlayan doğasıyla ilişkili olduğu vurgulamışlardır. Ayrıca bu çalışmada elde edilen sonuçlar kaygı bozukluğu ve OKB'de içgörü maddesinde negatif yönde anlamlı bir farklılık bulunmuştur. Bu sonuca göre Kaygı bozukluğu grubunun yaşadıkları durumu çok daha gerçek olarak gördükleri söylenebilir. Literatür

tarandığında Eisen ve arkadaşları (2004)'nın da kaygı bozukluğu olan bireylerde düşük içgörünün yaygın olduğunu, bu bireylerin endişelerinin gerçekliğine daha fazla inandıklarını vurguladıkları görülmektedir. Ayrıca, literatürde OKB hastalarının önemli bir bölümünün yüksek içgörüye sahip olduğu ve bunun nedenini de OKB'li bireylerin genellikle semptomlarının mantıksız veya aşırı olduğunun farkında olmaları şeklinde açıklanmış ve bu farkındalığın, hastaların kendi durumlarını daha iyi anlamalarına ve tedaviye uyum ve tedavi sonuçları açısından kritik bir rol oynadığı belirtilmiştir. (Huang ve ark., 2023) Sonuç Düşük içgörü, bireylerin sorunlarının farkında olmasına rağmen tedaviye direnç ve semptom şiddetiyle ilişkilendirildiği belirtilmiştir (Amador et al., 1993; Eisen et al., 2004). Bu çalışma ruhsal rahatsızlıklarda tedavide içgörüyü tedavinin ana bir bileşeni olarak ele almanın önemini göstermektedir.

SB46 - The Role Of Depressıve Symptoms, Ratıonal And Irratıonal Belıefs In Dyadıc Adjustment: A Prelımınary Study

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Aım: Dyadic adjustment is defined as the harmony of partners that allows couples to effectively resolve or avoid conflicts, thereby gaining satisfaction from the relationship and each other. According to Spanier and Lewis (1980), dyadic adjustment is the individual's perception of the degree to which his needs are met in the couple's relationship. This perception can be associated with rational and irrational beliefs as individuals infer from their partners' behavior. This study aimed to evaluate the relationship between depressive symptoms and rational and irrational beliefs in dyadic adjustment.

Method: The study included married volunteers, 15 women, and 12 men aged between 18-65. Sociodemographic data form, Beck Depression Inventory (BDI), Dyadic Adjustment Scale (DAS), and Attitudes and Beliefs Scale-2 (ABS-2) were administered to all participants. Scoring of the DAS and ABS-2 subscales was made, the Shapiro-Wilk test was used to evaluate normality, and Spearman correlation analysis was used for the relationships between variables. Approval was received from the ethics committee with decision number 367 dated 07.04.2021.

Results: As a result of the correlation analysis, there was a positive significant relationship between depressive symptoms and irrational beliefs ($r = 0.45$, $p = 0.02$), while we found positive significant relationships between irrational beliefs and DAS satisfaction subscale ($r = -0.58$, $p = 0.00$) and DAS affectional expression subscale ($r = -0.46$, $p = 0.02$), respectively.

Conclusıon: Studies have shown that depression and irrational beliefs are positively related, while rational beliefs are negatively related. This study found that dyadic adjustment was negatively associated with irrational beliefs, and these results are consistent with previous studies showing that the disruptive effect of irrational beliefs, which focus on having different thoughts about events, circumstances, values, or preferences than one's partner, is associated with high levels of maladjustment in married individuals. Individuals with these beliefs may use more ineffective coping strategies and engage in more dysfunctional behaviors. It can be suggested that identifying specific cognitive components of dyadic maladjustment may help couple therapists focus primarily on irrational beliefs in therapy and deal with these beliefs and, therefore, coping behaviors, but further studies are needed.

Keywords: dyadic adjustment, depression, irrational beliefs, rational beliefs

SB50 - The Effectiveness Of Clinical Applications Of Behavioral Therapy In A Naturalistic Non-Research Setting

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Aim: Despite findings from numerous randomized controlled trials supporting the "efficacy" of behavioral therapies for psychological problems, the evidence supporting their "effectiveness" in naturalistic non-research settings is relatively scarce. Therapy outcome evaluation is important in organizing mental health services in the community. Nevertheless standardized repeated assessment of therapy outcome in naturalistic settings is sorely lacking. Spending resources on therapy practices with questionable effectiveness constitute an ethical concern. This naturalistic outcome study examined the effectiveness of therapy delivered within the framework of behavioral psychology to clients who sought psychological care in a private psychotherapy service center in the community.

Method: The sample comprised 125 clients (%64.8 women, mean age 29.9) who self-referred consecutively to the center, completed the therapy process and associated assessments. Therapists were clinical psychologists with a master's (n=8) and doctoral (n=1) degree who had received 200 hours of theoretical training and supervision on the clinical applications of cognitive and/or behavioral therapies from the first author. Therapists first defined clients' psychological problems in terms of covert (thought, emotion, physiological response) and overt behavior within a transdiagnostic approach, then planned and implemented individualized therapy based on contextual and functional analysis of problems behaviors (Şalcıoğlu, 2022). All therapy processes and therapists' performance were monitored in weekly consultation meetings by the first author who designed the clinical operation of the center. Clients' response to therapy was followed up with periodic evaluations. Outcome was assessed at therapy termination and at one- and three-month follow up points. The criteria for remission were (1) reaching of targets collaboratively defined at the outset of therapy, (2) amelioration in functioning in life areas impaired by client's problems, (3) client's subjective perception of overall change. The reason for using these non-specific measures instead of specific psychopathology scales was that the clients sought therapy for diverse problems including anxiety, depression, eating problems, obsessions-compulsions, traumatic stress, prolonged grief etc.. Therapy lasted an average of 12.8 sessions, excluding the evaluation sessions. Seventeen (13.6%) clients had started psychotropic medication before they sought psychotherapy.

Results: Clients showed clinically and statistically significant improvement at therapy termination when the number of sessions were controlled for ($p < .001$). Of all clients 72% reported reaching of their goals (average of 4-5 goals) at the termination and 87% at the follow-up assessment. Improvement rates in functioning were 69% at the termination assessment and 83% at the follow-up assessment. On a measure of perceived global improvement, 42% and 49% of clients rated themselves as "improved" (50-80% improvement) and "very much improved" (80% improvement), respectively. Nine percent rated themselves as "slightly" or "moderately" improved. Therapist ratings on all measures were similar.

Conclusion: These findings showed that behavioral therapy delivered in a naturalistic setting by therapists whose closely monitored clinical practice is based on an evidence-based case

formulation and therapy model achieve meaningful reduction in psychological problems. These findings have important implications for designing the mental health services in the community.

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SB51- Science-Based Mobile Apps For Reducing Anxiety: A Systematic Review And Meta-Analysis

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Introduction: Mobile applications ("apps") are widely used to address anxiety. This systematic review and meta-analysis study aimed to evaluate the effectiveness of science-based mobile applications developed for anxiety, examine their technical and therapeutic properties, and investigate their future effects. In addition, the study examined how the characteristics of the participants, methodological factors, and intervention duration can mitigate the effects of science-based mobile applications on reducing anxiety symptoms. Moderator analysis was conducted to examine how these factors potentially influence the effectiveness of science-based mobile applications in reducing anxiety symptoms.

Method: In the study, a systematic review was used to find experimental studies on science-based mobile applications developed for anxiety disorders. In this context, the study was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Web of Science, PubMed, SCOPUS, and ProQuest international databases were searched to examine articles on experimental studies on science-based mobile applications.

Results: As a result of the systematic review, 16 (k = 20) experimental studies on the effectiveness of science-based mobile applications in reducing anxiety that met the inclusion criteria were included in the meta-analysis study. When the analysis findings were analyzed, it was concluded that science-based mobile applications had a significant effect on reducing anxiety symptoms. However, moderator analysis, participant characteristics such as gender and age, various factors such as intervention duration, and methodological factors such as control group type played an important role in this effect.

Discussion and Conclusion: This study examined the statistical effectiveness of science-based mobile applications developed for anxiety compared to control groups, and as a result, it was found that mobile applications had a statistically significant and moderate effect compared to control groups. The effectiveness of the study is consistent with the results of other meta-analysis studies in the literature. When the study findings are evaluated, it can be stated that science-based mobile applications can be useful tools for individuals who want to manage anxiety symptoms. Again, many therapeutic techniques, such as cognitive restructuring, psychoeducation, and mindfulness, can be used effectively in these applications.

SB54 - Mobbing Algısının Bilişsel Deformasyona Etkisinde Terapötik Uygulamanın Rolü: Terapi Öncesi ve Sonrasıyla İlgili Nitel Bir Araştırma

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Giriş: "Bilişsel Deformasyon" kavramı ilk defa Turgut'un 2022 yılında yazdığı doktora tezinde kullanılarak literatüre kazandırılmış bir kavramdır. Kavram; herhangi bir stres verici olayla karşılaştığımızda genel özellikleri itibari ile işlevsiz, sağlıksız ve gerçeğe uygun olmayan düşüncelerin aktive olması ve duygusal ve davranışsal tepkilerimize de zemin hazırlayan bir bozulma anlamına gelmektedir. Bununla birlikte belirli yöntem ve tekniklerle değiştirilebilen ve bunun sonucunda da yeni duygu grubunun oluşmasına zemin hazırlan üst bir kavramdır. Mobbing de çalışma hayatında insanların sıklıkla karşılaştığı stres verici bir olaydır. Mobbingin sonuçlarıyla ilgili olarak yapılan araştırmalara gelindiğinde mobbing mağdurlarının psikolojik problemler (Gürhan ve Kaya, 2014) ve somatik yakınmalar (Afacan, 2015) yaşadıkları belirtilmiştir. Ancak bu konuda yapılan çoğu araştırma niceliksel düzeydedir.

Amaç: Bu araştırmanın amacı; mobbing algısının oluşmasına neden olan ve mağdurların işyerinde karşılaştığı davranışları mobbing ölçeği bağlamında değil öznel bazda incelemek ve bununla birlikte bu davranışlar karşısında mağdurların ne düşünüp de karşılaştıkları davranışları mobbing olarak isimlendirdiklerini, bu davranışları mobbing olarak isimlendirdikten sonra ne hissettiklerini öznel bazda inceleyerek mobbing algısının bilişsel deformasyona etkisini incelemek ve mobbing algısının oluşmasında düşüncenin önemine değinmektir ve bununla birlikte mobbing mağdurlarına yapılan Bilişsel Davranışçı Terapi yönelimli terapinin etkililiğini araştırmaktır.

Yöntem: Araştırmaya toplam 31 kişi katılmıştır. Araştırmada 2008 yılında Aiello, Deitinger, Nardella ve Bonafede'nin geliştirği mobbing ölçeği kullanılmıştır. Katılımcılar ölçeği doldurduktan sonra her katılımcıyla bireysel olarak terapötik ilk görüşme amacına uygun olarak yapılmıştır. Katılımcılarla takibindeki seanslarda yalnızca yaşadıkları mobbing olaylarını ayrıntılı bir şekilde ele alacak şekilde ortalama 5 seanslık Bilişsel-Davranışçı Terapi yönelimli görüşme yapılmıştır. Yapılan görüşmelerde her katılımcıyla bireysel olarak "durum – düşünce – duygu – davranış – teknik – yeni düşünce – yeni duygu" formu doldurulmuştur.

Bulgular: Katılımcıların iş arkadaşlarınca tehdit – taciz edilme, özel yaşamlarına müdahale edilmesi ve iş ve kariyer ile ilgili engellemelere maruz kalma temalarıyla ilgili sorun yaşadığı gözlemlenmiştir. Bu yüzden katılımcılar ayrımcılık yapıldığını, umursanmadığını, müdürünün/şefinin hiçbir şeyden anlamadığını, güvenebileceği kimsenin olmadığını, kıymetinin bilinmediğini, açığının arandığını, siyasi görüşünden dolayı kendisine karışıldığını, iş arkadaşlarınca kullanıldığını düşünmüşlerdir. Bu yüzden kendilerini üzgün, öfkeli, şok olmuş, korkmuş, rahatsız ve tedirgin hissetmişlerdir. Terapötik uygulamada İmajı Sonuna Kadar Götürme, Pasta Dilimi, Bilişsel Çarpıtmaları Çalışma ve Kanıt Arama teknikleri kullanılmıştır. Tekniklerden sonra katılımcılar iş arkadaşları tarafından dışlanacak durumu biraz da kendi davranışlarının yarattığını, bilişsel çarpıtma yaptıklarını, istemedikleri davranışın farklı bir nedeninin de olabileceğini fark etmişlerdir. Dolayısıyla da kendilerini pişman, umutlu, üzgün, sevinçli, rahatlamış, mahcup, sevinçli, soğumuş, mutlu hissettiklerini belirtmişlerdir.

Sonuç: Katılımcıların büyük bir çoğunluğunun iş arkadaşları ile ilişkiler temasında dışlanma ve saygısızca davranışların hedefi olma konusunda öznel mobbing deneyimleri olduğu gözlemlenmiştir. Mobbing Ölçeği'nde 4'ün üstünde puanladıkları maddelerle ilgili bireysel yapılan BDT odaklı terapi uygulamasında katılımcılara öncelikle "… numaralı maddeye 5 vermişsiniz. Size bunu düşündürten bir iş yerinizde maruz kaldığınız bir olayı hatırlayabildiğiniz kadarıyla anlatır mısınız?" şeklinde sorulmuştur. Katılımcı deneyimini anlattıktan sonra "Peki o an ilk olarak aklınıza ne geldi?" şeklinde sorulduğunda katılımcıların birçoğu Mobbing Ölçeği'nde 4'ün üstünde verdiği yanıtı vermemiştir. Dolayısıyla Mobbing Ölçeği'ndeki düşüncenin "sıcak ve birincil" düşünce olmadığı gözlemlenmiştir. Mobbingle çalışılırken en çok kullanılan teknik "pasta dilimi"dir. Terapi uygulamasında gözlemlenen en belirgin şeyse katılımcılar düşünce ile duyguyu birbirine karıştırmaktadır. Terapi uygulamasında gözlemlenen bir diğer şeyse yeni düşünce karşısında katılımcıların her zaman olumlu duygular hissetmediğidir.

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The Role of Therapeutic Practice in the Effect of Mobbing Perception on Cognitive Deformation: A Qualitative Study on Pre- and Post-Therapy

Introduction: "Cognitive Deformation" refers to activation of dysfunctional, unhealthy and unrealistic thoughts when we encounter any stressful event, and a deterioration that paves way for our emotional and behavioral reactions. However, it is meta-concept that can be changed with certain methods and techniques, and then, paves way for formation of new emotional group. Mobbing is stressful event that people frequently encounter in their working lives. When it comes to studies on mobbing, it has been stated that mobbing victims experience psychological problems (Gürhan and Kaya, 2014) and somatic complaints (Afacan, 2015). However, researches on this subject is at quantitative level.

Aim: It is to examine situations that cause perception of mobbing on subjective basis, as well as to understand thoughts, feelings and behaviors of the victims in the face of these behaviors, to examine the effect of mobbing phenomenon on cognitive deformation and to investigate effectiveness of CBT-focused therapy given to the victims.

Method: Mobbing scale was applied to the participants. Then, the first therapeutic interview was conducted individually with each participant in accordance with the purpose. Then, an average of 5 sessions of CBT-oriented therapy was conducted individually with participants, and items they gave 4 and above on mobbing scale were discussed and "event - thought - emotion - behavior - technique - new thought - new behavior" form was filled out.

Findings: It was observed that participants had problems being threatened and harassed by their coworkers, being interfered with in their private lives, and being exposed to obstacles related to work and career. Therefore, participants thought that they were discriminated against, that they were ignored and etc. Therefore, they felt sad, angry and etc. In therapeutic application, techniques of Taking Image to End, Slice of Cake, Working on Cognitive Distortions, and Searching for Evidence were used. After techniques, participants realized that there could be a different reason for the behavior they did not want. Therefore, they stated that they felt regretful, happy and etc.

Conclusion: It was observed that the thought on the Mobbing Scale was not a "hot and primary" thought. The most commonly used technique while working with mobbing is the "pie slice". The most obvious thing observed during therapy application is that participants confuse thought with emotion. Another thing observed during therapy application is that participants do not always feel positive emotions in the face of a new thought.

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SB57- Development of an Internet-Based Intervention for Social Anxiety for University Students

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Development Of An Internet-Based Intervention For Social Anxiety For University Students
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Aim: Social anxiety is an important problem that affects both academic life and daily life among university students. Individuals with social anxiety have difficulty in getting help due to the nature of the problem. This study presents the protocol of an internet-based intervention based on cognitive behavioral therapy for university students.

Method: A two-group randomized controlled trial design will use. The experimental group will receive a guided internet-based intervention consisting of six modules, while the control group will receive no intervention. The first module "What is Social Anxiety?" includes psychoeducation focusing on the definition and symptoms of social anxiety, the second module "Social Anxiety and Thoughts" includes the cognitive-behavioral model of social anxiety and the relationship between emotional thought behavior, negative automatic thoughts and cognitive restructuring. The third module "Social Anxiety and Attention" includes self-focused attention and attention exercises, and the fourth module "Social Anxiety and Behavior" includes safety behaviors, avoidance and exposure. The last module is "Social Skills" which includes active listening, nonverbal communication, eye contact, saying no, asking questions, giving/receiving feedback and assertiveness. Each module can be completed in 30-40 minutes. Each module starts with the evaluation of the exercises given at the end of the previous module and ends as follows. Data will be collected with Liebowitz Social Anxiety Scale, Social Appearance Anxiety Scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, System Usability Scale, Attitudes Towards Guided Internet-Based Interventions Scale. To evaluate the effectiveness of the internet-based intervention on social anxiety, depression, generalised anxiety and life satisfaction scores, we will conduct mixed-design ANCOVAs with a group (intervention vs. waiting list) as a between-subjects factor, and the time/measurements (baseline, post-test, and follow-up) as within-subjects factors, and baseline scores as a covariate.

Conclusion: As a result of this study, it is aimed to develop an intervention program that can reach large masses and contribute to the well-being of university students who cannot access mental health help due to stigmatization or access to a specialists. Within the scope of the project, research ethics permission was obtained from the Social and Human Sciences Scientific Research and Publication Ethics Board. This study is supported by Anadolu University within the scope of project number 2304E016.

POSTER BİLDİRİ ÖZETLERİ

PB2- Linking Psychological Flexibility and Religiosity: Values and Acceptance

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Aim: This study examines the association between psychological flexibility—specifically acceptance and value alignment—and the centrality of religiosity. Previous research has linked psychological well-being with spirituality and religiosity (Koenig, 2019), but the role of religiosity in specific components of psychological flexibility remains unexplored.

Method: A total of 183 participants (M = 27, 90% female) completed an electronic survey that included the Psychological Flexibility Scale and the Centrality of Religiosity Scale, alongside demographic questions. Two multiple linear regression analyses were conducted, controlling for key demographic variables such as gender, age, economic level, and education.

Results: The first regression model was not significant, $F(6, 176) = 1.87$, $p = .08$, explaining 3% of the variance, with no significant link found between religiosity and acceptance ($\beta = .08$, $p = .07$). The second model, however, was significant, $F(6, 176) = 5.46$, $p < .001$, explaining 13% of the variance, showing a significant association between religiosity and value alignment ($\beta = .27$, $p < .001$).

Discussion: These results highlight a notable association between religiosity and value alignment, suggesting that individuals with higher levels of religiosity tend to exhibit behaviors that closely align with their values. Unlike acceptance, which involves non-judgmental acknowledgment of thoughts and feelings, value alignment appears to have a stronger association with the centrality of religiosity. This finding suggests that interventions aiming to enhance personal well-being could benefit from focusing on aligning personal values with culturally and religiously sensitive practices, accommodating belief systems and backgrounds.

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Keywords: psychological flexibility, religiosity, value alignment, acceptance

PB8 - A rare reason for admission to the clinic in children and adolescents: wind phobia

Rukiye Çolak Sivri

Purpose :A specific phobia involves a marked anxiety or fear of an situationor object. Animal and natural environment types of specific phobia. Wind phobia is a rarely described clinical condition in the literatüre This case report describes a eleven year-old boy with wind phobia treated with cognitive behavioral therapy and fluoksetine.

Case: AS was brought to child and adolescent clinic by his family with complaints of being aggressive, irritable, crying quickly, and not wanting to go out for a while. One day, while he was in the schoolyard, it was very windy, and he witnessed the flag waving very violently. Afterwards, his anxiety increased. He was able to go to school during this period but his going out gradually started to decrease. He always wore a hat when he went out. He cried when her mother insisted. There were several attempts by her mother to take him away and he had nausea and vomiting outside. He began to ask her parents about the weather often. At home, he was constantly checking outside from the window. He began to constantly ask questions of his mother. The mother was constantly giving assurances, saying that nothing would happen. A psychotherapy plan was created for the patient who was diagnosed with wind phobia a result of the psychiatric evaluation.

Taking anamnesis and giving the diagnosis and scales formulation was done. The rationale of cognitive behavior gfb bd was explained. Relaxation exercises were taught for emotion control. Escape, avoidance and safety behaviors were discussed. Fluoxetine 20 mg suspension was started. Intra-session exposure was studied for the first time. In subsequent interviews, videos were selected as homework by increasing the wind intensity in the exposure hierarchy, such as storm or hurricane. Since the day of the 5th session was a windy day, the exposure study was carried out outdoors with the therapist by mutual agreement. 6th session, when he came to the session, escape, avoidance and safety behaviors were still continuing, although they had decreased considerably.

Discussion: Although there are a wide variety of specific phobias in children and adolescents, wind phobia is a rare type of phobia that is not frequently identified. In this case, a case of wind phobia that started after a traumatic event was described. In the exposure hierarchy, a hierarchy was planned by watching videos during the session and giving relaxation exercises for relaxation, and positive results were obtained. In addition, in the session the skills acquired through outdoor practices were reinforced during the session.

PB19 - Cognitive Behavioral Therapy in the Treatment of Childhood Obsessive Compulsive Disorder with Restricted Mental Capacity : An In-Depth Case Analysis

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Introductıon Obsessions are repetitive, involuntary thoughts, urges or images. Compulsions are repetitive behaviours or mental efforts that occur in response to obsessions.(1)Obsessive Compulsive Disorder (OCD) is one of the most common neuropsychiatric disorders characterized by obsessions and/or compulsions.(2) The aim of the study is to emphasize the differences in the application of CBT to a child who has mental limitations in addition to the diagnosis of OCD, and to draw attention to the suspicion of sexual abuse in the presence of sexual arousal symptoms in addition to OCD.

Case Report A 10-year-old girl admitted to our clinic with increased cleaning obsessions and fear of getting dirty. Her mother first noticed her obsessions when she tried to organize her stuffs when she was 2-3 years old. It was learned that she stayed in the bathroom for hours, washed her hands many times during the day and reacted excessively to people touching her. She would have crying attacks at the mere possibility of getting dirty. There was no insights into her illness. Her parents also noticed that she behaved like an adult woman, asking inappropriate questions about sexuality. She dressed and wore makeup like an adult. Her teachers also noticed that she was distracted, underachieving and obsessive. She was diagnosed with OCD, Attention Deficit Hyperactivity Disorder (ADHD) and restricted mental capacity. Follow-up was planned to be done in the Day Clinic but her familiy refused. Treatment was started with Sertraline (50 mg/d) and Methylphenidate (10 mg/d). Cognitive Behavioral Therapy (CBT) was applied simultaneously. Therapeutic bond was established with the patient. Psychoeducation was given. The patient's insight was increased. OCD map was created. Obsessions were worked on gradually. The patient could not adapt to cognitive interventions due to mental limitations. Treatment continued with behavioral methods and concretization of concepts. Response to the combination of medication and CBT was obtained in the follow-up. During treatment, findings of sexual overstimulation were also addressed. She was considered to have been abused and evaluated in the forensic council. It was learned that she had been subjected to physical violence, but no evidence of sexual abuse. This suspicion eliminated with the regression of symptoms of sexual overstimulation with treatment.

CONCLUSION In this case, we want to draw attention that CBT may be beneficial in patients with mental restriction accompanying OCD, but emphasising the behavioural component and combined with medications may increase the treatment response. Additionally, it is important to make a differential diagnosis between sexual obsessions and sexual abuse-related arousal in OCD patients with sexual hyperarousal symptoms.

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PB28 - CBT Based Approach To Panic Disorder, Major Depressive Disorder And Perfectionism: A Case Report

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Purpose Cognitive Behavioural Therapy (CBT) is an evidence-based treatment approach aims to improve the client's problem-solving skills through behavioural interventions and focusing on maladaptive thoughts/beliefs (Butler et al., 2006). In this case study, CBT interventions such as behavioural activation for depression (Beck, 1995), psychoeducation and prevention of safety behaviours for panic disorder (Clark and Salkovskis, 2009) and time management strategies for perfectionism (Egan et al., 2014) were applied and significant improvement was achieved.

Case: A 19-year-old university student consulted psychotherapy because of anxiety, frequent panic attacks and feelings of desperation. The assessment revealed that she had symptoms of panic disorder and major depressive disorder as defined in DSM-5 (American Psychiatric Association, 2013). 24 sessions of 50 minutes each were conducted under CBT based supervision. The client also had psychiatric visits in every 2 months. The client reported that she had recurring panic attacks and experienced symptoms of trembling, hot flashes, shortness of breath and dizziness. She was also constantly afraid of new attacks and had safety behaviours such as taking Tranko-Buskas 3 times a day. At the early stages of the psychotherapy, the client was given thought recording tasks and psychoeducation about panic disorder. The following sessions focused on automatic thoughts and safety behaviours respectively. The client was diagnosed with major depressive disorder in a psychiatric interview 1 week before psychotherapy and was prescribed 50 mg Selectra daily. She had decreased interest in activities, guilty feelings and sleep problems. Firstly, relaxation practices were taught, and behaviour activation tasks were given after her avoidance of physical activities decreased. Automatic thoughts related to beliefs of worthlessness were studied in the following stages. It was also noticed that the client's perfectionism contributed to her depression and various cognitive and behavioural interventions were carried out in this area starting from the 12th session.

Discussion: The client did not experience panic attacks after the 10th session and her symptoms almost completely disappeared at the end of the psychotherapy process. She successfully learned the structure of panic disorder and responded positively to cognitive restructuring. With the elimination of avoidance behaviours, her level of activity and quality of life increased. This can be interpreted as that the interventions for panic disorder also contributed to the elimination of major depression symptoms. Especially in the second half of the psychotherapy process, significant improvements have been achieved by focusing on perfectionism. We believe that BDT interventions such as behavioural change practices for studying, self-care and tidiness and cognitive reconstruction have a significant impact on these improvements.

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PB31 - Examination of the Relationship between Therapeutic Alliance, Psychotherapy Expectations, and Psychotherapy Outcomes in Clients with Depressive Symptoms: A Research Proposal

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Introduction: Therapeutic alliance has consistently been found to be related to positive psychotherapy outcomes. It can be called as a facilitator for the use of and compliance with Cognitive Behavioral Therapy (CBT) techniques to achieve therapy goals. Similarly, clients' expectations are related to psychotherapy process and outcomes, as reported in the studies examining the relationship between client expectations and client satisfaction with therapy (Westra et al., 2010). Although some studies report that therapeutic alliance is one of the factors that contributes to efficacy of CBT, there is still lack of clarity about the relationship between therapeutic alliance and outcome in CBT for depression. Similarly, the study conducted with clients who participated group CBT program for their depressive symptoms reported that psychotherapy expectation is both related to therapeutic alliance and psychotherapy outcomes (Tsai et al., 2014).

Purpose: The aim of this study is to examine the relationship between therapeutic alliance, psychotherapy expectations, and positive therapy outcomes in adult clients who receive CBT for depressive symptoms.

Significance of the study: For CBT, therapeutic alliance is essential to ensure the participation of clients to apply the specific techniques of therapy to reach collaborated goals. Psychotherapy expectations are also important to create therapy goals and objectives. Besides, the literature shows the interactions between therapeutic alliance, psychotherapy expectations, and therapy outcomes (Tsai et al., 2014). However, there are very few studies that demonstrate the effectiveness of these variables in achieving positive psychotherapy outcomes while working with different client groups.

Method

Participants: This study will be comprised of min. 30 adult participants who show depressive symptoms and receive CBT. Clients with suicidal thoughts, psychosis, substance use disorder, or personality disorders will be excluded. Clients' therapists will be experts on CBT.

Measures: Demographic Information Form, Working Alliance Inventory (WAI) which includes three subscales to measure alliance domains (Goal, Task and Bond), Psychotherapy Expectancies Scale (PES) which includes two subscales (outcome and process expectations), and Beck Depression Inventory (BDI) will be applied to clients.

Procedure: Data will be collected from psychotherapy/counseling centers. PES and BDI will be applied before therapy. WAI and the BDI will be applied at the beginning (3rd), middle (8th), and the last (16th) session (the duration of the study is expected to last 16 sessions). Data for WAI will be collected from both clients and therapists. Positive psychotherapy outcomes will be measured through symptom reduction via BDI.

Data Analysis: Data will be analyzed through multiple linear regression analyses. Five separate linear regression analyses will be conducted to test the associations between the subscales of the WAI, psychotherapy expectations, and treatment outcome.

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PB35 - Questıon-Based Construct Validity Analysis Of A Change-Oriented Personality Assessment Scale

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Aim: In recent years, the dimensional approach to personality disorders has gained importance. There is no distinction between normal and abnormal in the dimensional approach. It offers the opportunity to define individuals based on patterns, providing a broader range of definitions. The differences among new models and new assessment tools in approach to personality disorders, seem insufficient to develop a common language in diagnosis and treatment. Therefore, we aimed to develop a personality assessment scale focused on change that contributes to the literature. This study aims to present a preliminary analysis of this scale by conducting a question based construct validity analysis.

Method: A question pool was created by reviewing the literature, consulting experts and examining other scales. Later, the question pool is reduced by selecting preferred items from among very similar ones by the selection of group. The Personality Assesment Index, is a self-report scale consisting of a total of 144 questions. A total of 585 participants joined in the study. Distribution of the sample found that 300 people (%51,3) were hospital workers, 135 people (%23.1) were university students and 54 people (%9,2) were individuals seeking help at the clinic.

Results: The factor structure of the Personality Assesment Index was examined using exploratory factor analysis and varimax rotation. Five factors were identified in the exploratory factor analysis of personality patterns. These factors were named emotional difficulty, introversion, uncontrollabity, incompatibility and perfectionism. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0,90, and the Bartlett's Test of Sphericity yielded a chi-square value of 12829,587 (df=1540, p=0,000). In the exploratory factor analysis, five factors with eigenvalues greater then 1 were obtained, explaining %60 of the total variance.

Conclusion: Examining the results of preliminary analysis of question based factor analysis to construct a personality scale, it appears that the questions of scales are distributed dimentionally as expected. Identified five factors are similar to the five trait domains identified in the ICD-11 model of personality disorders. Emotional difficulty factor is similar to negative affectivity, introversion factor is similar to detachment, uncontrollabity factor is similar to disinhibition, incompatibility factor is similar to dissociality, and perfectionism similar to anankastia. In the statistical analysis, it was determined that questions about anger had similar values in uncontrollabity and introversion dimensions. It was deemed appropriate to evaluate these questions for both dimensions. It was determined that a question related to narcisisim had similar values in both introversion and incompatibility dimensions. It was deemed appropriate to evaluate this question in the incompatibility dimension.

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PB38 - Effectiveness of ACT (Acceptance and Commitment Therapy) in a Patient with Trigeminal Neuralgia: A Case Report:

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Trigeminal neuralgia is a neurological disorder characterized by sudden, sharp, stabbing, or electric shock-like pain attacks affecting the areas innervated by the trigeminal nerve. These pain episodes can occur on one or both sides of the face. The estimated prevalence of the disease in the general population is 1 in 15,000. However, considering the difficulties in diagnosis and unregistered patients, it is believed that these numbers could be higher. This painful condition, which can be described as chronic pain, is treated with a variety of therapies, although their effectiveness is not very high. Pharmacologic treatment alone is often inadequate in chronic pain conditions. Although psychological treatment strategies have been developed for adults with chronic pain, a limited number of cases specific to this disorder have been presented in the literature.

This case presents how Acceptance and Commitment Therapy (ACT) was used in addition to a pharmacological treatment approach in the rehabilitation of trigeminal neuralgia.

A 25-year-old single, university graduate, female patient living with her mother started to have jaw pain after a traumatic event 2 years ago. She was diagnosed with trigeminal neuralgia by neurology and various treatments were applied. Considering the inadequacy of pharmacologic treatments, the patient was referred for psychiatric evaluation. The patient's pain score was 8/10 according to the Visual Pain Scale (VAS) at the time of psychiatric admission and her medical treatment was Gabapentin 1800 mg/day and Carbamazepine 800 mg/day. The patient had no additional mental complaints. Acceptance and Commitment Therapy was applied to the patient. Accepting the pain and disease and bringing the values to light were two of the key objectives of the therapy, rather than reducing pain and misery. In total, the patient underwent 7 sessions of ACT. In the first session, the patient was introduced and case formulation was made. In the second session, trauma-oriented psychoeducation, mindfulness, pain concretization and acceptance-based interventions, such as the “Chinese finger trap” metaphor, were conducted. In the third session, the focus was on contact with the present moment, cognitive defusion from the trauma, and the concept of the contextual self using the “Leaves on a Stream” metaphor. In the fourth session, the acceptance of trigeminal neuralgia pain, pain concretization, making space for the pain exercise, and cognitive defusion using the “Clouds Passing in the Sky” metaphor were worked on. In the fifth session, acceptance, contact with the present moment, and strengthening cognitive defusion were addressed. The sixth session focused on connecting with values and maintaining commitment to value-based actions. The last session aimed to increase and maintain value-oriented behaviors. After the last session, the visual pain scale was 3/10 and there was an increase in value-oriented life activities and general functioning. Informed consent was obtained from the patient for the publication of this case report.

This treatment outcome suggests that a combination of ACT and pharmacotherapy may be beneficial in the rehabilitation of patients with trigeminal neuralgia. Further empirical studies are needed to investigate the clinical effectiveness of this approach.

PB40- Treatment Of Anorexia Nervosa İn Adolescents With Cognitive Behavioral Therapy: Case Report

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Introduction: Anorexia nervosa (AN) usually begins between the ages of 12-18 and is characterized by consciously remaining extremely underweight due to fear of gaining weight. AN is a serious disease causing serious health problems and death. Desire of AN patients to have a thin body and their serious anxiety about gaining weight pushes them to inappropriate behaviors such as strict dieting, excessive exercise, vomiting or using inappropriate drugs (e.g. laxatives) to vomit.

Case: The patient is a successful fifteen-year-old high school student. She is the only child of the family. When she started therapies, she was extremely underweight, had been on a very strict diet for the last seven months and did sports to eliminate calories she took. She had false beliefs about her body image and perceived herself as overweight. When her history was examined in detail, it was observed she had no say in any issue about herself. Instead decisions about her are made by the mother. The father was very inadequate in meeting patient's emotional and financial needs. She was referred to psychiatrist and dietician, but she refused to use medication.

Intervention: 20 sessions of CBT carried out. Also, two parent interviews and two family interviews were conducted. Psycho- education was given to the patient about AN and CBT. The reason that triggered the desire to restrict calorie intake was found. Homework (thought, emotion and behavior record) was given to the patient. The patient's thoughts about her own weight were discussed. Distortional thoughts related to body perception were identified. Homework was given to evaluate her feelings and behaviors after eating and her self-control skills (keeping a meal record). The patient was asked to bring the photos she had taken in the last year. She was asked to compare and evaluate her current condition with her normal weight. It was discussed that patient's previous condition was normal and that it made her look healthy, not overweight. An exposure practice was carried out. She was asked to imagine her weight one year ago and was taught breathing exercises. She was asked not to check her weight and only to be weighed by a dietician. The patient was asked to decide for herself (doing activities she determined herself, cooking her own food, buying clothes she wanted). Effective communication was studied in family meetings. Also, what the patient's emotional needs are and how they can be met were studied.

Conclusion: It was observed the patient's fear of gaining weight decreased with CBT and she took control of her restrictive (strict diet) behaviors. Also, imagination and mental visualization exercises were carried out regarding her anxiety about gaining weight. Also, relaxation and breathing exercises were performed. By applying exposure method, the patient and her ideal weight conception was normalized and her anxiety was reduced. During the therapy process, safety behaviors related to checking her weight every day were eliminated. Inclusion of parents to therapy process helped the patient to decrease safety behaviors, express her feelings and thoughts, and strengthen family communication.

PB47 - Overcoming Elevator Phobia in a Patient with Panic Disorder Through Early Exposure: A Case Study

Merih Altıntaş, Canay Pamukçu Ünlü
Sbu Kartal Dr. Lütfi Kırdar Şehir Hastanesi

Panic disorder often involves recurring episodes of intense anxiety, known as panic attacks, which usually start suddenly and unpredictably. These attacks are accompanied by physical symptoms and can last anywhere from 10-15 minutes to an hour. It is suggested that the fear of physical sensations that develop after the first panic attack happens because these sensations are misinterpreted, and they become associated with the distress experienced during the first panic attack, leading to a connection with catastrophic situations. This disorder, previously called "Anxiety Neurosis" in the DSM-1 and DSM-2 diagnostic manuals, was redefined as "Panic Disorder" with the publication of DSM-3 in 1980. In DSM-4, panic disorder was classified into two types: with agoraphobia and without agoraphobia. However, in DSM-5, panic disorder and agoraphobia are considered two separate disorders. To prevent or reduce the chance of having a panic attack, or to manage the distress associated with an attack, people may engage in safety behaviors. In panic disorder, individuals often use avoidance behaviors as a way to cope, which can significantly disrupt their daily lives. Cognitive Behavioral Therapy (CBT) is highly effective in treating many psychiatric disorders, and many studies have shown that CBT plays an important role in the treatment of panic disorder.

The patient discussed in this presentation has had panic disorder for 25 years. She came to us after not achieving the desired results with medication alone. Six 45-minute sessions were conducted with the 43-year-old female patient. During these sessions, the focus was mainly on symptoms, avoidance behaviors, past experiences, and negative thoughts. After one of the first sessions, the patient, whose biggest fear was being trapped in an elevator, actually got stuck in one, which helped her overcome her fear of elevators. The patient's case formulation was documented, including her cognitive assumptions, early experiences, core beliefs, conditional beliefs, triggering factors, problematic situations, and factors that increase or decrease the problem. The general CBT session structure was followed, starting with a mood check-in, connecting with the previous session, and reviewing homework. The session then moved on to addressing the agenda items one by one. After discussing the agenda, new homework was given, the session was summarized, and feedback was provided. The patient was asked to complete an Automatic Thought Record and a Panic Attack Inventory.

While some studies emphasize that CBT alone is more effective than pharmacotherapy or the combination of CBT and pharmacotherapy in treating panic disorder, other studies have found that both CBT and pharmacotherapy are effective, with the combination of medication and psychotherapy showing only a small advantage over psychotherapy alone. In our case, it was observed that after an unplanned exposure early in the sessions, where the patient got trapped in an elevator, her fear of riding elevators alone decreased. This shows how important exposure therapy is in treating panic disorder. In conclusion, considering short-term and long-term effects, treatment dropout rates, and cost-effectiveness, cognitive behavioral therapy appears to be more advantageous compared to other treatments for panic disorder.

PB48- Navigating Cognitive Disengagement Syndrome in Autism Spectrum Disorder: A Case Report

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Navigating Cognitive Disengagement Syndrome in Autism Spectrum Disorder: A Case Report

Aim: The purpose of this case report was to examine the impact of Cognitive Disengagement Syndrome (CDS) on a 10-year- old boy diagnosed with Autism Spectrum Disorder (ASD). The study aimed to explore how CDS symptoms—such as mind wandering, sluggishness, and motivational issues—affect the child's academic performance and social interactions. This case highlights the challenges faced by individuals with ASD who also exhibit CDS, underscoring the necessity for individualized interventions to address both conditions effectively. Case The case, was diagnosed with ASD at age 4, several months after his parents first noticed issues with his speech and social interactions. Initial signs included difficulties with eye contact, lack of back-and-forth play with peers, and repetitive behaviors such as hand-flapping. Following his diagnosis, He received early intervention services, including speech and occupational therapy, which helped address these developmental challenges. Though he was slow to meet some early developmental milestones, he achieved them with intervention. By age 5, he spoke in short sentences and showed gradual improvements in social interaction. However, he continued to struggle with attention, completing multi-step tasks, and engaging with peers. His parents and teachers observed that he often daydreamed, lost focus during games, sluggishness, and required frequent reminders about changing rules. The case highlights the complexity of managing both Autism Spectrum Disorder (ASD) and Cognitive Disengagement Syndrome (CDS), demonstrating how effective interventions can address these challenges. Through a combination of behavioral strategies, structured routines, task breakdown methods, and positive reinforcement, he saw improvements in attention, task completion, academic performance, and social interactions. Cognitive-behavioral therapy (CBT) was crucial in addressing goal-setting, fatigue management, and motivational issues, while environmental modifications and classroom accommodations supported his learning needs. As a result, he experienced significant progress in his academic achievements and social skills, leading to a higher overall quality of life.

Discussion: This case underscores the difficulty of managing dual diagnoses but also shows that personalized, multi-faceted intervention plans can be highly effective. It emphasizes the value of combining various strategies to address co- occurring CDS and ASD, offering valuable insights for developing support strategies for similar cases.

Keywords: Cognitive Disengagement Syndrome, Autism Spectrum Disorder

PB55 - Ase Report: A Rare Case Of Obsessıve-Compulsıve Dısorder

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Objective: The aim of this case analysis is to comprehensively examine the possible causes and treatment approaches of obsessive- compulsive disorder, focusing on the investigation of various obsessive conditions that are rarely observed in the literature.

Materials and Methods: The patient's history was thoroughly examined, and interviews conducted with the patient's family were also included in the evaluation. Possible causes of the disorder (from a biopsychosocial perspective) and treatment approaches such as psychotherapy and pharmacotherapy were analyzed through a literature review. Additionally, the patient was assessed using the Yale-Brown Obsessive Compulsive Scale (YBOCS), Brown Beliefs Scale, Beck Anxiety Inventory, and Beck Depression Inventory.

Findings: The patient, N.C., is a 64-year-old woman whose general appearance is somewhat older than her age, with partially diminished self-care, having insight, divorced, and living with three of her six children. The patient experiences intense anger when any product containing sweets enters her home, including fruits. She feels discomfort even when using or hearing the word "sweet." The patient insists that no family member brings any sweet-containing products into their home, leading to frequent arguments on the subject. She reports high levels of anxiety, difficulties in social relationships, and significant limitations in daily life activities. Her relatives have also observed and reported these challenges. The patient mentions feeling a sticky sensation on her hands when she sees sweets and experiences a compulsion to wash her hands when this sensation occurs. Her symptoms are consistent with the classical symptoms of obsessive-compulsive disorder, including obsessions (persistent thoughts about sweets and associated anger) and compulsions (the need to wash her hands). The diagnosis was made by Dr. Ece Ilgın. The patient's chronic illnesses include goiter, Zenker's diverticulum, hypertension (HT), gastritis, and ulcer. She has been started on fluvoxamine 50 mg/day, which will be titrated. She will return for a follow-up appointment at the clinic in one month.

Conclusion: The symptoms of obsessive-compulsive disorder in patient N.C. include obsessions related to sweets, fruits, a sense of 'stickiness' that cannot be clearly identified, and avoidance obsessions linked to these. These symptoms significantly impact the patient's quality of life and family relationships. The patient's Beck Anxiety score is 46, Beck Depression score is 25, and the Yale- Brown Obsessive-Compulsive Scale score is 35. It is believed that a combination of psychotherapy and pharmacotherapy will be effective in alleviating the patient's symptoms and improving their quality of life.

Keywords: OCD, Case Analysis, Psychiatric Disorder, Psychotherapy, Pharmacotherapy.

2010
BDPD
BİLİŞSEL DAVRANIŞÇI PSİKOTERAPİLER DERNEĞİ

4.Uluslararası Katılımlı
BİLİŞSEL DAVRANIŞÇI PSİKOTERAPİLER KONGRESİ

03 - 06 EKİM 2024, CROWNE PLAZA OTEL - ANKARA

"GEÇMİŞTEN GELECEĞE,
GÖRÜNENDEN DERİNE,
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