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SPEECH SUMMARIES

KONUŞMA ÖZETLERİ

Inference-Based Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder

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Obsessive-compulsive disorder (OCD) is a highly disabling psychological disorder, characterized by obsessional thoughts that cause patients to perform time-consuming and distressing compulsive rituals. Exposure and response prevention (ERP) is a first-line psychological treatment of choice, which requires patients to face their fears by being exposed to feared stimuli. ERP is an effective treatment that has been shown to reduce symptoms among those who comply with treatment, but not everyone improves, and residual symptoms typically remain. Also, ERP has traditionally been considered a difficult treatment and a significant proportion of patients refuse or drop out of treatment. Even among those that are able to adhere to treatment and improve, residual symptoms typically remain, which are associated with a higher risk for relapse. Inference-based cognitive-behavior therapy (I-CBT) is a treatment without exposure that has previously been shown to be as effective as ERP with the potential to overcome some of its limitations. Unlike standard CBT or ERP, I-CBT specifically addresses the obsession and its underlying reasoning that gives rise to symptom. The current presentation presents preliminary results (N=150) from a non-inferiority randomized controlled trial comparing ERP and I-CBT among those with OCD conducted during COCID-19 (ClinicalTrials.gov Identifier: NCT03677947). The hypotheses were that: 1) I-CBT is non-inferior to ERP; 2) I-CBT is more acceptable, tolerable and credible than ERP; and 3) I-CBT is associated with lower rates of treatment refusal and drop-out. The presentation will consider and discuss the potential impact of COVID-19 on outcomes with I-CBT and ERP.

Cognitive Mechanisms of Change in a Randomized Controlled Trial for Obsessive-Compulsive Disorder

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Obsessive-compulsive disorder (OCD) is a highly disabling mental health disorder characterized by obsessional thoughts and compulsive rituals that cause significant distress. Cognitive-behavioural therapy (CBT) with exposure and response prevention (ERP) is the gold standard psychological treatment for OCD. Besides the use of certain cognitive strategies, CBT with ERP mostly entails repeated exposure to stimuli and situations (both internal and external) that are otherwise avoided by the individual. While CBT with ERP has been shown to reduce symptoms among those who comply with treatment, not everyone improves, and a significant proportion of patients refuse or drop out of treatment. Inference-based cognitive-behavioral therapy (I-CBT) is a novel treatment option for those with OCD that has shown similar effectiveness, yet that does not require deliberate exposure to distressing experiences. Unlike CBT with ERP for OCD, I-CBT does not focus on the feared consequences (e.g., I could hurt loved ones), but rather addresses the underlying faulty reasoning processes that give rise to the obsessional doubt (e.g., maybe I could lose control). According to I-CBT, the initial doubt is given credence through a reasoning process termed inferential confusion, whereby the individual uses imaginary-based information (e.g., we often hear about people who completely lose it, I could be that type of person) to draw a conclusion about the current situation, at the expense of reality-based information (e.g., I am calm, I love my family, I have no intention to do harm). Therefore, inferential confusion is considered an important treatment target in I-CBT. This study describes supplementary analyses from a recent non-inferiority randomized controlled trial (RCT) comparing I-CBT to CBT with ERP and mindfulness-based stress reduction (MBSR; ClinicalTrials.gov Identifier: NCT01794156). More specifically, this study examined changes in purported key cognitive mechanisms according to each treatment modality (i.e., obsessive beliefs, mindfulness, and inferential confusion) over the course of treatment. Using both mixed modeling and structural equation modeling, the results unequivocally demonstrated that inferential confusion was a key cognitive mechanism moderating treatment outcome across all modalities. These findings highlight the need to identify common overlapping mechanisms at play across different treatments for OCD, in the hope to diversify treatment options for those struggling with OCD.

Children of Parents with a Mental Illness at Risk Evaluation – First Results from the COMPARE-Family Study

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Introduction: Children of parents with a mental illness (COPMI) have an increased risk for developing mental disorders themselves. According to the literature, parental mental disorders launch a wave of risk factors that in turn predict the emergence of psychological problems in the offspring. Effective treatment of the parental disorder has been associated with reduced child psychopathology (launch and grow assumption). Furthermore, studies focusing on parent-child interaction demonstrate generally poorer parenting skills in parents with mental disorders. The enhancement of such skills has been identified as a significant mediator in improving child outcomes (parenting assumption). To disrupt the transgenerational transmission of mental disorders and to address the launch and grow as well as the parenting assumption in one study, the COMPARE-family project was conducted (Christiansen et al., 2019; Stracke et al., 2019).

Methods: COMPARE-family is a multicenter, randomized-controlled study comparing the effects of state-of-the-art cognitive behavioral therapy (CBT) for a parent with mental disorders to CBT plus the Positive Parenting Program (Triple P), a well-established and evidence-based program that enhances parenting skills, on children's mental health. A total of 345 families (345 patients, 460 children and 195 partners) participated in the study. Children's symptoms were assessed with a structured clinical interview as well as with parent and teacher questionnaires. The primary outcome measure was the (Caregiver-) Teacher's Report Form.

Results: Patients' average age was 39.01 years (SD 7.24), and 78.8% were female. Depression was most common at 39.1%, followed by anxiety (26.7%) and trauma- and stressor- related disorders (15.9%). Overall, 53.3% of participants had one or more comorbid disorders. Children were on average 7.34 years old (SD 3.9), and 52.1% were female. Following parental treatment, there is a decrease in children's symptom burden for both groups according to teacher's ratings. Whereas CBT shows slight superiority at post measurement, CBT + Triple P shows slight superiority at six months follow-up measurement. Nevertheless, group differences in changes between baseline and post as well as baseline and follow-up measurement do not reach statistical significance. Further data analyses are still ongoing and results/conclusions might change in future versions.

Discussion: Treatment of the parental disorder with CBT has a positive effect on children's symptomatology according to teacher's ratings. At six months follow-up, this effect shows stable with a trend in favor of the CBT + Triple P condition. It may be that parent stress must first be reduced before the effects of improved parenting skills become apparent.

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Helping Clinicians Conceptualise Behavioural Insomnia in Children: Development of the Manifestations and Vulnerabilities of Behavioural Insomnia in Childhood Scale (MAVBICS)

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Behavioural insomnia in children (which includes difficulty falling asleep, bedtime resistance, and / or difficulty sleeping without parents present or without parental support), is highly prevalent, afflicting approximately 20-30% of young people. The aim of this study was to develop and psychometrically evaluate across a series of three studies, the Manifestations and Vulnerabilities of Behavioural Insomnia in Childhood Scale (MAVBICS). Study 1 included 328 caregivers of a child aged between 3 and 12 years. An expert panel initially assessed items. Of the resulting 44 items, items were removed if they met 2 or more of: 1) item redundancy or insufficient correlations with other items; poor item statistics; age bias. As a result, 11 items were excluded, leaving 33 items for the exploratory factor analysis (EFA). The first EFA converged on 6 factors that were evaluated against: 1) poor factor loadings or small communalities; 2) cross-loadings on two or more factors; 3) a lack of conceptual/face validity and; 4) constitution of part of a non-robust factor. Subsequently, 8 items were removed, resulting in a final set of 25 items. The final EFA Converged on 6 factors that explained 73.4% of the variance: Sleep Maintenance Problems (4 items), Co-Sleeping Behaviours (4 items), Bedtime Routines (5 items), Bedtime Resistance (5 items), Bedtime Worries (3 items), and Bedtime Fears (4 items). Study 2 aimed to confirm the factor structure of the MAVBICS, investigate the possibility of a higher order factor structure, and assess convergent validity. Participants were 303 caregivers of a child aged between 3 and 12 years. Established measures of child sleep, anxiety and behaviour problems were used. The CFA had an acceptable to good fit to the data (ratio of χ^2 to df =2.4; CFI = 0.92,; IFI = 0.92; TLI = 0.91; RMSEA = 0.06; SRMR = 0.05). The correlations between each of the MAVBICS subscales ranged from weak to moderate (r=.09-.55). The second higher order model test demonstrated good model fit (CFI = 0.91, IFI = 0.91, TLI = 0.90, RMSEA = 0.07, SRMR = 0.07). Loadings on a second order 'Sleep Problems' factor were Bedtime Resistance (.57), Co-Sleeping Behaviours (.53) Bedtime Fears (.69), Bedtime Routines (.20), Bedtime Worries (.54) and Sleep Maintenance Problems (.73). A general factor model was fit, whereby all 25 items were allowed to load onto a single sleep problems factor. There was poor fit to the data ($\chi^2(275, N = 303) = 3435.26$, $p < .001$. RMSEA = 0.19, CFI = 0.34, TLI = 0.28, IFI = 0.35, SRMR = 0.16), with item loadings being mostly adequate and ranging from .15-.61. Convergent validity with associated measures was demonstrated for all factors except Bedtime Routines. The aim of Study 3 was to investigate the temporal stability of the MAVBICS over a 2-week period. Participants were 53 mothers of a child aged between 3 and 12 years. All 2-week test-retest reliability coefficients were strong (r = .84 - .95). The results of the three studies provide strong preliminary support for the MAVBICS.

Eating Disorders and the Reward Pathway

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Eating Disorders are characterized by disorders in eating and associated behaviors, causing significant disturbances in physical and mental health and functionality that results in changes in the consumption or absorption of food. Although the diagnostic system has changed with DSM-5, and its prevalence has increased worldwide, there are difficulties encountered in the treatment. In societies where food marketing is becoming increasingly widespread, it is important to understand how the brain reacts to food and food cues, as well as the neural mechanisms underlying eating behavior and disorders. In recent years, there has been an increase in the research on executive functions in eating disorders, particularly in relation to reward pathways. Research has confirmed that changes in the brain's reward system are a significant factor in the development and maintenance of eating disorders.

The «core eating network» described by Kaye et al. and further developed by Chen et al. provides a valuable roadmap for understanding the neurobiological differences and executive functions involved in eating behavior and disorders. This neuronal model primarily consists of the dorsal control pathway and the ventral reward pathway, which modulate food consumption in the brain. The ventral reward pathway initiates with the detection of food cues. It plays a role in the formation of food choice, appetite, and emotions associated with food choice and eating and it involves taste centers.

The second phase of the eating behavior, the dorsal control pathway, encompasses the planning and organization of motor movements and regulatory activities related to eating behavior. Regulating the impulses to consume unhealthy and appetite-inducing foods aids in achieving healthy dietary objectives. Additionally, the dorsal control pathway includes the parietal cortex, which has a role in the perception of the body image and in predicting long-term consequences of food consumption and the amount of food consumed. The imbalance between the ventral and dorsal networks in eating behavior plays a fundamental role in the basis of eating disorders and is associated with a spectrum of eating disorders.

Strong activation in the ventral reward pathway has been found to be associated with palatability, hunger, and a high Body Mass Index (BMI), and it has been shown to predict weight gain in future periods. Strong activation in the dorsal control pathway has been shown to predict weight maintenance after a diet and is associated with restrictive diets. In individuals diagnosed with Anorexia Nervosa (AN), when exposed to palatable foods, there is a significant increase in activation in the dorsal control pathway compared to healthy controls, even though there is no significant decrease in activation in the ventral reward pathway. Individuals with AN are particularly good at prioritizing long-term gains over short-term rewards, regardless of their current hunger levels, which may have an influence on their eating and exercise habits.

In individuals diagnosed with Bulimia Nervosa (BN), there is a lower level of activation in the dorsal control pathway compared to those diagnosed with AN and an increased activation in the ventral reward pathway, similar to individuals diagnosed with Binge Eating Disorder (BED), indicating an increase in sensitivity to rewards. Individuals with a high BMI exhibit stronger neural responses in the ventral reward pathway when exposed to food cues. In these individuals, increased reward sensitivity can be accompanied by decreased neural activity in the dorsal control pathway.

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Multi-Method Investigations of Disgust-Related Processes in Eating Disorders

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While cognitive-behavioural models of eating disorders conceptualize fear of weight gain as an anxiety-based problem, there is mounting research evidence underlining the important role of disgust in eating pathology. In fact, there has been increased empirical attention towards the study of disgust and related constructs in the development and maintenance of eating disorders. This symposium aims to provide an update from the latest research on disgust and related processes in eating disorders, with a particular emphasis on empirical data obtained using different methodological approaches. Sevgi Bektas will present on a virtual reality study that examined the associations between food disgust, eating disorder symptomatology, and food-related approach behavior parameters (eye gaze and touch) in participants with anorexia nervosa. Samantha Wilson will present experimental findings evaluating psychophysiological and self-reported reactions to thin and non-thin body stimuli within participants on the binge eating spectrum and nonclinical participants. This study examined how these reactions may relate to internalized fears of being a repulsive self and ideals regarding the body. Catherine Ouellet-Courtois will present results from an ongoing scale development study aimed at the creation of a self-report questionnaire to measure mental contamination, defined as feelings of psychological contamination and inner dirtiness, in the context of eating disorders. These original studies shed light on the relevance of disgust to eating pathology and highlight the variety of methodologies that are available for future investigations into this growing research area. A better understanding of the role of disgust in eating disorders holds the potential to refine current conceptualizations of eating disorders and to improve available treatments for this severe mental health problem.

The Body is a Temple: Preliminary Findings From a Psychometric Investigation of Mental Contamination in Eating Disorders

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Mental contamination involves an internal, psychological sense of dirtiness that does not require the presence of physical contaminants. Mental contamination is elicited by images, thoughts, and memories that involve elements of immorality, and triggers urges to engage in compulsive washing in order to achieve a sense of inner purity. While instances of mental contamination were originally identified in sexual trauma survivors and in those with obsessive-compulsive disorder (OCD), past research has indicated positive associations between feelings of mental contamination and symptoms of eating disorders. Further, individuals with eating disorders often report feeling disgusted by their bodies or by reminders of fatness and may sometimes report urges to "cleanse" themselves in order to remove the inner dirtiness or impurities that result from feeling fat. The goal of this study was to develop a new scale to measure the experience of mental contamination specific to those with eating disorders, namely the Mental Contamination in Eating Disorders Scale (MC-ED). A total of 165 undergraduate female participants took part in this psychometric study, for which data collection is ongoing. Participants completed the MC-ED and a questionnaire battery at baseline and at a two-week follow-up. These preliminary results suggested a two-factor structure for the MC-ED, capturing: (1) feelings of mental contamination focused on the self, and (2) feelings of mental contamination in response to fat people. The MC-ED demonstrated excellent internal consistency, test-rest reliability, convergent validity with other eating disorder constructs, positive associations with eating disorder and OCD symptomatology, and incremental validity. These preliminary findings suggest that the MC-ED is a valid tool to measure mental contamination in eating disorders and might help toward clarifying the role of mental contamination in this clinical population.

Who We Fear We are and Who We Want to be: An Examination of Implicit and Explicit Reactions to Thin and Non-Thin Body Stimuli in Relation to Internalized Fears and Ideals

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Fear of self is defined as the extent to which an individual fears being or becoming a version of the self possessing undesirable qualities or characteristics. There is a growing body of evidence suggesting that the fear of self may be implicated in eating disorders (EDs). Specifically, fear of an overweight or unattractive self may be particularly relevant in this population, suggesting that disordered eating behaviours are motivated at least in part by a desire to avoid this feared version of the self. That said, conceptual risk models of EDs tend to emphasize the importance of thin-ideal internalization in the development of eating pathology, framing EDs in terms of approach motivation toward thinness. As such, two studies examined the relative contributions of approach and avoidance motivation in relation to eating pathology in both an undergraduate sample (*N* = 59) as well as in a sample of women with (*n* = 41) and without (*n* = 41) binge eating. Participants completed a picture-viewing task in which they viewed images of women's bodies (thin and non-thin body) and affective images. Explicit valence ratings as well as implicit reactions (i.e., startle blink reflex and postauricular reflex) in response to each image were measured. Self-report questionnaires assessing fear of the unattractive self, thin-ideal internalization, and eating pathology were also administered. Across both studies, greater eating pathology was associated with more negative explicit ratings of both types of body stimuli. In the undergraduate sample, fear of the unattractive self moderated the association between valence ratings of non-thin body images and eating pathology, but this effect was not replicated in the clinical sample. No significant findings were observed when examining physiological responses to body stimuli. Taken together, results of these studies suggest that altered responding to body stimuli is associated with eating pathology but occurs at the explicit level only, indicating that cognitive interventions may be effective in combatting negative emotions in response to thin and non-thin images of women's bodies. Though there was discrepancy between the two studies regarding the moderating role of fear of the unattractive self in the relationship between explicit reactions and eating pathology, fear of the unattractive self was consistently associated with ED symptom severity. Overall, these findings highlight that avoidant reactions to both thin and non-thin bodies are associated with eating pathology and suggest that further research is needed to determine the specific role of fear of self in EDs.

Opportunities to Intervene Early with Children and Young People at Risk: New measures, Methods and Treatment Approaches in Child Mental Health

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Globally, child psychopathology rates are unacceptably and have been made worse by the COVID-19 pandemic. Moreover, mental health problems in young people onset very early, are highly comorbid, and tend to be chronic and persistent throughout life. Innovations in the assessment of child psychopathology, together with improvements in our understanding of the mechanisms and trajectories of risk over time, are critical to improve early detection and more rapid and refined interventions. This symposium brings together an international group of early career and experienced researchers in the paediatric psychology field, who are dedicated to improving the assessment, treatment and understanding of, psychological disorders in young people. The symposium will begin with Dr Tessa Reardon, who will present findings from a psychometric study aimed at developing a short screening questionnaire that can accurately detect child anxiety disorders. The potential for brief child, parent, and teacher-report questionnaires to discriminate between children with and without clinically significant anxiety, will be discussed. The second speaker, Professor Caroline Donovan, will report on the development and psychometric properties of the Kids Instrument for Problematic Sleep (KIPS). Child sleep problems represent an early risk marker for a broad spectrum of psychopathology. The KIPS was developed to assist with assessment and conceptualisation of child sleep problems, gathering not only important information about sleep, but also other variables known to contribute to the development and maintenance of child sleep problems that may inform more personalised approaches to early intervention. The third speaker, Dr Matthew McKenzie, will discuss a study examining several adaptive and maladaptive emotion regulation strategies used by parents to support children when they are distressed. The study also examines several parent-related variables that might influence the type of regulatory support parents provide to assist child coping. Findings from this study are discussed in the context of new opportunities to intervene to improve both parental emotion regulation and enhance child emotion socialisation. The fourth speaker, Emeritus Professor Sue Spence, will report on data from the Longitudinal Study of Australian Children examining (a) trajectories of suicidal ideation and behaviours among young people, (b) whether trajectories differ across gender, and c) whether anxiety, depression, social support, and peer victimisation predict risk trajectory(ies) of suicidal ideation and behaviours over time. The final speaker will be Professor Lara Farrell, who will discuss outcomes of a randomised controlled trial (RCT) aimed at treating early onset Specific Phobia among preschool aged children. Childhood phobias are robust markers of adult psychopathology, with early treatment holding potential to prevent the development of adult mental health problems. This RCT examines the efficacy of developmentally-tailored, one-session cognitive-behavioural treatment (OST) for pre-school aged children (n = 125). The play-modified OST (P-OST: n = 50) was tested against an education support treatment (EST: n = 50) and a Waitlist Control (WC, n = 25) with outcomes reported at post-treatment, 6-month follow-up and 12-month follow-up. The symposium will conclude with reflections and recommendations for future research and practice from paediatric mental health expert Professor Cathy Creswell from the University of Oxford.

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An Evaluation of Social Connectedness to Explain Onset of Depression in Cognitive Behaviour Therapy: A Critical Review

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Background: Beck's cognitive model for depression recognizes the significance of social relationships in the development of depression. Literature suggests that social withdrawal, social isolation, and social disconnection are precipitating factors for depression.

Aim: This critical review aims to evaluate how social connectedness is addressed as a precipitating factor for depression in the literature on cognitive behaviour psychotherapy (CBP).

Method: This study employs a critical review method based on a hermeneutic phenomenological approach. A search of five databases from January 2011 through November 2022 is conducted to identify peer-reviewed articles which study social connectedness in patients with depression. Seven selected peer-reviewed research articles are critically reviewed using thematic analysis.

Results: From the seven studies evaluated, two major themes emerge to explain social connectedness: cognitive distortions and daily activities in patients with depression. Cognitive distortions have five subthemes: magnification and overgeneralization, selective abstraction, personalization, mind reading, and catastrophizing. Daily activities are classified into subthemes of social avoidance, social isolation, and engagement in unpleasant activities. All reviewed studies focused on individual-level cognition and behaviour. No study addressed the topic of this paper in the context of group-level cognition and behaviour.

Discussion: This review indicates the need to research cognitions and behaviour in patients with depression from the lens of the theory of group affiliation – e.g. Social Identity Theory (SIT). This is a prominent theory that provides a convincing framework to conceptualize the role of social connectedness in depression. The literature indicates that social identities or group affiliations often contribute to depression. Social identities are considered a significant factor in defining the self and social influence. The literature suggests that involvement with a number of groups and stronger identification with a significant group is associated with lower depression levels. This is because the process of seeing oneself as a member of a valued group (or groups) is generally beneficial to one's mental health.

Conclusion: Hence, this review emphasizes the importance of acquiring a holistic understanding of social connectedness as a precipitating factor in patients with depression. Future research in CBP should focus on group-level cognitions and behaviours in addition to individual-level cognitions and behaviours in patients with depression.

Psychological Intervention Priorities for Reducing Perinatal Suicide According to Mothers and Perinatal Mental Health Professionals

Holly Reid

Introduction: Suicide is the leading direct cause of maternal death in the year following birth and the second leading cause during pregnancy, in the UK and Ireland (Knight et al., 2022). Currently no evidence-based psychological interventions exist specifically designed to reduce mothers' suicidal experiences during the perinatal period. Reducing suicidal ideation and behaviour in mothers is a priority to prevent deaths and lessen the distress felt by mothers and their families. There is huge variation in personal circumstances and challenges arising during the perinatal period that could contribute to a mother's suicidal ideation, therefore the intervention priorities of suicidal mothers are potentially diverse and intricate. Q-methodology offers a useful approach to reduce the myriad perspectives on a potential intervention to a manageable number of points of view that can then be used by researchers and clinicians. The current study used Q-methodology to elicit the priorities for a future psychological intervention aimed at reducing suicidal ideation and behaviour during the perinatal period, from the collective perspectives of both mothers and professionals.

Method: As part of this Q-methodology study, we developed a Q-set of 75 statements pertaining to possible elements of a psychological intervention that might help reduce a mother's suicidal ideation and behaviour during the perinatal period. Mothers and professionals were recruited via perinatal mental health services and social media advertisements. Participants systematically ranked each of the 75 statements depending on its perceived important in developing a new intervention (each participant's resulting sort is termed a Q-sort). The correlations between participants, and not correlations between measures, are explored and therefore the analysis correlates the Q-sorts and provides an indication of the similar segments of subjectivity that exist within the group of participants (Watts & Stenner, 2012).

Results: Twenty-one mothers and 11 perinatal mental health professionals ranked each Q-set statement. A centroid factor analysis was conducted and two factors, which accounted for 42% of the overall variance, were identified: Factor 1 *'supporting the mother to create distance between herself and the appeal of suicide'* and Factor 2 *'establishing positive connections with the therapist, the baby and motherhood'*. All participants believed that developing plans to keep the mother safe from suicide was the most important aspect for inclusion in a future intervention. Participants who loaded onto Factor 1 also prioritised supporting mothers to learn more about triggers for their suicidal ideation and behaviour. Ensuring a robust therapeutic alliance was more important for those who loaded onto Factor 2.

Conclusions: This is the first study using Q-methodology to explore the psychological intervention priorities of mothers and professionals. Findings indicate clear priorities in terms of planning and coping during a crisis, endorsed by all participants, and provide an initial step in the development of a new perinatal suicide prevention intervention.

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Perinatal Compassion Focused Therapy: The Current Evidence Base

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Compassion focused therapy (CFT; Gilbert, 2014) is emerging as an effective psychological intervention to treat those experiencing mental health difficulties. Cree (2010, 2015) adapted the intervention for mothers during the perinatal period (from conception to one year postpartum). Although Cree's (2010, 2015) model is being delivered in UK perinatal mental health services, its current evidence base is unclear. This presentation will identify the current findings relating to CFT as found by the presenter's recent systematic review (Millard et al, 2023). The presenter will also discuss how their current PhD research will inform us of the potential benefits of CFT for perinatal women.

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The Effect of Daily Interpersonal Emotion Regulation Difficulties on Mood and Eating Disorder Symptoms in Youth

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Eating disorders represent important mental health issues. During youth, subclinical variants, such as loss of control eating (LOC) are becoming more prevalent resulting in similar mental health impairments. Especially in youth, psychological factors such as dysfunctional emotion regulation (loss of control eating in order to cope with adverse mood) in social situations when feeling excluded or rejected (rejection sensitivity) seems to play an important role. To find out more on the effect of reported exclusion experiences on mood and loss of control eating, an App-based assessment approach was applied in a large sample of N = 200 youth (14-24 years) with and without LOC, eating disorders or mixed mental disorders. Both rejection experience and loss of control eating were rarely reported during the 7 days assessment, but mood was importantly impaired by rare exclusion experiences. There was no association of exclusion experience and loss of control over eating in our sample, which could be due to few reported exclusion events. Findings are discussed with respect to the development of eating disorder symptoms and their treatment in youth.

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CBT Applications in Different Fields in Clinical Practice

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The aim is for participants to gain basic knowledge and skills in the application of Cognitive Behavioral Therapy (CBT) in schizophrenia and bipolar disorder treatment and also how to use metaphors in CBT.

A course has been designed with a focus on interactive engagement with participants. The presentation will provide information on disease management, treatment adherence, interpersonal relationships, and lifestyle adjustments in the treatment of bipolar disorder. This course will provide an overview of clinical applications of CBT in improving the effectiveness of other treatments and services for schizophrenia patients, including primary symptoms, secondary social impairments, comorbid disorders, medication, and vocational support.

Interest in psychosocial interventions, including psychotherapy, has been renewed in the treatment of schizophrenia. In recent years, this has involved adapting cognitive behavioral therapy (CBT) techniques, previously predominantly used in the treatment of mood and anxiety disorders, for individuals with more severe mental disorders.

Randomized controlled trials (RCTs) have shown moderate effect sizes for positive and negative symptoms. Perceptual distortions and delusions respond to CBT. Negative symptoms initially have a slow response but continue to improve in medium-term follow-up. Tarrier and Haddock note that coping strategies are considered a buffer against psychotic decompensation and CBT can enhance the coping strategies already employed by schizophrenia patients.

Cognitive Behavioral Therapy (CBT) is one of the evidence-based therapy methods that is useful and effective in the treatment of Bipolar Disorder. Providing psychoeducation about symptoms with CBT approaches, increasing treatment cooperation and compliance with medication, handling comorbid conditions, coping with stressful life events; to increase the quality of life, the protective effect of family and other social supports, social and occupational functioning and adjustment, identifying and responding to psychosocial triggers that increase the risk of relapse; exacerbation, recurrent suicide risk; It is possible to reduce labeling and insecurity and help organize daily life.

In the process of CBT application, metaphors can be used to facilitate the patient's understanding of the general framework of therapy and to increase the effectiveness of intervention methods. The usefulness of metaphors; offering alternative solutions to problems, giving people the chance to look at themselves from the outside, increasing motivation, redefining existing problems and supporting them to look at them from a different framework, reminding people of their own resources and these provide great convenience in psychotherapy. Metaphors are used in psychotherapy because of their benefits such as giving the client freedom of response, a safe environment, and a humorous touch.

Mapping the Cochrane and Non-Cochrane Library Reviews: Evaluating Cognitive Behavioral Therapy (CBT) for Face-to-face and Online Treatments

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Cognitive behavior therapy (CBT) is grounded in the understanding that our perceptions influence our emotions and behaviors. It focuses on identifying and changing dysfunctional thoughts, problem-solving, and promoting behavioral change. Internet interventions offer advantages over traditional (face-to-face) models, including cost-effectiveness and access for large numbers of people simultaneously. Internet treatments have developed very fast in the Cognitive Behavioral Therapy. Given this, this means that the access to information has become an important method to disseminate knowledge and to access effective treatments for different and relevant mental health problems. This symposium will aim to present revision mapping Cochrane Systematic Reviews and non-Cochrane Library reviews of randomized controlled trials to determine their recommendations for clinical practice and research on CBT for face-to-face and online treatments of mental disorders. In this cross-sectional study, we analyzed completed systematic reviews published in the Cochrane Library and others data base that examined the efficacy and effectiveness of CBT in mental disorder prevention and treatment. Based on the analysis, the objective will be to discuss the efficacy of CBT for the prevention and treatment of mental disorders, both in face-to-face and online formats. This approach will significantly contribute to the advancement of methodology in the dissemination of evidence-based psychology.

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Relationship-Centered Obsessive-Compulsive Symptoms: Conceptual Validation and Gender Differences

Meropi Simou, Pantelis Voitsidis, Katerina Papadopoulou, Gregoris Simos

Introduction: In the last decade a new type of obsessive-compulsive problems has been added, that of the partner relationship. Obsessions (preoccupations and doubts) and compulsions (checking and reassurance seeking) of this type focus on three relational dimensions- one's feelings towards their partner, the partner's feelings towards oneself, and the "rightness" of the relationship. The aim of the present study was to investigate the relationship between obsessive-compulsive symptoms of this kind and typical of OCD underlying beliefs and accompanying anxiety.

Method: The study involved 486 participants (70% female) of a mean age of 28.8 (SD:10.5) years who completed the Relationship Obsessive-Compulsive Inventory (ROCI), the Obsessive Beliefs Questionnaire-44 (OBQ-44) and the Anxiety scale of the Depression Anxiety Stress Scale (DASS-A)

Results: The three ROCI subscales significantly correlated with the OBQ-44 subscales and the DASS Anxiety subscale. Male participants had more OC symptoms related to their feelings towards their partner than female participants, but they did not differ on the other two ROCI variables. The OBQ-44 Responsibility/Threat Estimation subscale could predict all three ROCI subscales, as well as the overall ROCI score.

Discussion: Present findings confirm the conceptual identity of ROCI as a tool for measuring obsessive and compulsive symptoms, as was evident in the relationship with OBQ-44 and the associated levels of anxiety. Preventing harm to oneself or others, the consequences of inaction, and responsibility for bad things happening (OBQ-44 Responsibility/Threat Estimation subscale, e.g., "Harmful events will happen unless I am very careful") could predict one's doubts about their feelings toward their partner. Present findings- the conceptual confirmation of ROCI and its relationships with related variables- remain to be confirmed in a similar clinical population.

Related Obsessive-Compulsive Symptoms and Attachment Quality

Magda Katsikidou, Iliana Dourou, Anna Archonti, Gregoris Simos

Introduction: A form of obsessive compulsive (OC) manifestations related to interpersonal relationships is the partner-obsessive compulsive symptoms. These symptoms (e.g. preoccupation and doubts) and compulsions (e.g. checking) are associated with specific qualities of the partner, such as appearance, sociability, morality, emotional stability, intelligence and competence. The aim of the present study was to investigate the relationship between these variables, attachment quality, and levels of depression.

Method: The study involved 486 people (70% female) with an average age of 28.8 (TA:10.5) who completed the Partner-Related Obsessive-Compulsive Symptoms Inventory (PROCSI), the Relationship Structures Questionnaire (ECR-RS) that assesses attachment types in a variety of intimate relationships, and the Depression Scale of the Depression Anxiety Stress Scale (DASS-D)

Results: For gender differences, male participants scored significantly higher in the Appearance, Sociability, Ethics, Intelligence and overall PROCSI subscales. Female participants had lower values in avoidant attachment and higher values in depression, but they did not differ from male participants in anxious attachment. All 6 subscales of PROCSI were positively associated with depression, avoidance, and attachment anxiety. Correlation coefficients were higher in the relationship with partner's emotional stability and intelligence.

Discussion: Present findings shed light on the relationship of partner-related compulsive symptoms with attachment quality and accompanying depression, as well as gender differentiation. Obsessive doubts and compulsive behaviors related to sociability, emotional stability, and partner competence seem to be more preoccupying than ideas about other qualities. Anxious and avoidant attachments, as well as depression, seem to negatively affect trust in all partner qualities.

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Relationship-Centered Obsessive-Compulsive Problems and Their Relationship with Worry and Emotion Regulation Strategies

Georgia-Maria Mallia, Vasiliki Varela, Gregoris Simos

Introduction: Intrusive ideas and compulsive behaviors related to one's partner focus on three relational dimensions- one's feelings toward one's partner, the partner's feelings toward the other partner, and the "rightness" of the relationship. The aim of the present study was to investigate the relationship of the above variables with personality variables, such as one's tendency to worry, as well as prevalent emotional regulation strategies.

Method: The study involved 486 young adult participants who completed the Relationship Obsessive-Compulsive Inventory (ROCI), the Penn State Worry Questionnaire (PSWQ) and the Emotion Regulation Questionnaire (ERQ).

Results: All three subscales of ROCI as well as its total value significantly correlated with one's tendency to worry (PSWQ), as well as the ERQ subscale of Expressive Suppression. Not any variable correlated with ERQ Cognitive Reassessment subscale. Female participants had higher values in their tendency to worry and lower values in their expressive suppression as an emotion regulation strategy.

Discussion: Current findings show that inappropriate attitudes and behaviors (ROCI) in the partner relationship are associated with chronic anxieties, but also less healthy emotional regulation strategies, such as expressive suppression. The fact that people who deal interpersonally with repression seem to have deficient management skills, higher avoidance, and a lack of close social relationships and support seems to fit the profile of the person who doubts (and therefore checks) their feelings towards their partner, their partner's feelings towards them, and the "rightness" of their relationship. Whether this relationship is one-directional or more elaborated remains an open question.

The Correlation Between CognitiveFlexibility, Mental Wellbeing, and EPTS

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The Enneagram, a system of nine personality types, holds significant importance in the field of psychology. Psychological flexibility, defined as the capacity to adapt and adjust one's thoughts, emotions, and behaviors in response to varying circumstances, is considered an overarching psychological process consisting of six domains: cognitive defusion, acceptance, being present in the moment, self as context, values, and committed actions. It plays a vital role in promoting mental health and overall well-being by fostering resilience and adaptive coping strategies.

Mental well-being, often referred to as mental health or psychological well-being, is a multifaceted construct encompassing various facets of an individual's mental state and functioning.

The relationship between personality traits and subjective well-being has been well-established (1). Recent research endeavors have unveiled the intricate dynamics that exist between personality and mental well-being, shedding light on how individual differences in personality contribute to variations in psychological functioning, emotional experiences, and overall mental health outcomes. Additionally, research suggests bidirectional influences between personality and mental well-being, indicating that mental well-being can also contribute to personality development (2)

On the other hand, research has demonstrated that Acceptance and Commitment Therapy (ACT) is effective in promoting well-being (3 Psychological flexibility, a core intervention target for ACT, has been shown to be a key factor for quality of life and psychological well-being (4) and is independently associated with hedonic and eudaimonic well-being (5).

Given that the Enneagram approach provides a more dynamic and transitive view of personality and temperament, it is highly plausible that it will fill many gaps in the linkage between personality traits, psychological flexibility, and psychological well-being. There has been increasing interest in the transdiagnostic relationship of the Enneagram personality typology with various psychological factors in recent years. The intersection of Enneagram personality theory, psychological flexibility, and mental well-being presents a compelling area of study in contemporary psychology. Enneagram theory offers a nuanced understanding of individuals' core motivations and fears, providing insights into their psychological makeup. Psychological flexibility, on the other hand, emphasizes adaptability and the capacity to respond to life's challenges in a balanced and effective manner. When integrated, these two frameworks may hold the potential to enhance our comprehension of how individuals navigate their inner worlds and, consequently, impact their mental well-being positively. However, the previously popular relationship of mental well-being and psychological flexibility with personality traits has not yet been explored within the context of Enneagram theory. In the present discussion, I will focus on how psychological flexibility contributes to mental well-being in the context of the Enneagram.

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Virtual Reality Exposure Therapy (VRET) for Youth in a Child and Adolescent Mental Health Service: A Feasibility Study

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The objective of the current study was to investigate the feasibility of using virtual reality exposure therapy (VRET) for specific phobias and social anxiety disorders for youth in a child and adolescent mental health service (CAMHS). Youth from 13-17 years were recruited from four CAMHS clinics in Western Norway. Inclusion criteria was having an ICD-10 diagnosis of specific phobia (F40.2) or social phobia (F40.1). Exclusion criteria was having epilepsy, pacemaker and/or another more pressing treatment need. 13 youth at CAMHS were recruited to partake in the study, but two participants dropped out before commencing the study. The 11 youth who received VRET (*M age* = 15.45 years, *range* = 13-17 years, 45.5% female) were treated with a brief VRET intervention (1-3 sessions) as part of their regular treatment at CAMHS. Six participants had a specific phobia (F40.2) and five participants had social phobia (F40.1). Participants were assessed each session on measures of anxiety activation (SUDS) during VRET. Youth provided feedback on client satisfaction and potential side effects (nausea). Therapeutic alliance was rated each session by both therapist and youth. Interviews were conducted with all participants to conduct qualitative analyses regarding their experience in receiving the VRET intervention. Anxiety symptomatology (SCAS) and interference (CALIS) were assessed pre- and post-treatment. Technical difficulties in delivering VRET was also assessed. The two participants who dropped out before commencing treatment did not differ significantly on anxiety symptomatology (SCAS) and interference (CALIS) from the 11 treatment completers. Preliminary results regarding anxiety activation, therapeutic alliance and nausea will be presented, as well as assessment of technical difficulties in delivering VRET. Preliminary results from the qualitative interviews using the qualitative method systematic text condensation (STC) will be presented. The feasibility of using VRET in CAMHS will be discussed.

Computational Analysis of Verbal Data from Online Psychotherapy for Eating Disorders

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Computational analysis of text has made huge advancements in the last decade. Natural language processing allows the embedding of text data into multidimensional numerical representations. Similarity between words and texts, within the numerical representation, can be quantified in an objective and reproducible manner as vector projections. This method provides a new and rapidly expanding toolbox for the analysis of cross-sectional and longitudinal data from psychotherapy (Le Glaz et al., 2021).

To explore the potential of computational analysis a study was carried out on data from a randomized controlled trial of internet-based treatment for binge eating (Munsch et al., 2019; Wyssen at al. 2021). Treatment was based on the transdiagnostic cognitive behavioral framework for psychotherapy of eating disorders, CBT-E (Fairburn et al., 2003; Fairburn, 2008).

Preliminary findings, methodological challenges, and their implications for both clinical research and practice will be presented and discussed.

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Psychological Predictors of Body Dissatisfaction in Swiss Youth Over a One-Year Study-Period

Verena M. Müller

It is well known that young individuals often report pronounced negative perceptions and attitudes towards their own body or intense fear of being not muscular enough. There is much less data available, however, on the role of psychological mechanisms on these perceptions and attitudes, such as emotion regulation difficulties, correlates of alexithymia, and appearance-related rejection sensitivity. We therefore set out to assess associations between emotion regulation difficulties, alexithymia and appearance-related rejection sensitivity, and body image as well as muscle dysmorphic symptoms. Our sample was recruited as part of a larger-scale study aiming at assessing correlates of mental health (with a focus on eating disorder symptoms) in German speaking Switzerland. The first wave, starting in April 2021, included 605 participants (80% female, 19.6 ± 2.5 years) who completed the online-questionnaire and were reassessed in a second wave, one year later. Results indicated that at both waves, emotion regulation difficulties [DERS-SF] and appearance-based rejection sensitivity [ARS-D] were both positively associated with body dissatisfaction [BSQ-8C] and muscle dysmorphic symptoms [MDDI]. Moreover, alexithymia [TAS-20] was positively associated with muscle dysmorphic symptoms at both waves. Our findings underline the relevance of such mechanisms in the development of body dissatisfaction and to a lesser extent of muscle dysmorphia symptoms over the period of one year.

Keywords: body dissatisfaction, muscle dysmorphic symptoms, adolescence, young adulthood, emotion regulation difficulties, alexithymia, appearance-based rejection sensitivity

To the Core of Core Cognitions: Presenting New Insights on Early (Mal)Adaptive Schemas, Their Role in Psychopathology and Treatment Models

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The symposium presents recent international findings on the relationship between psychopathological symptoms and the activation of early (mal)adaptive schemas, which is a core assumption in cognitive psychology. The presentations cover various aspects of this topic, including the development of such schemas, their associations with different psychopathologies, and new insights on schema-therapy.

The reformulated theory underlying schema therapy: a worldwide project.

Since the original formulation of Schema Therapy by Jeffrey Young and coworkers (2003) a number of developments took place. One important development was the extension of the idea of schema modes, describing the present emotional-cognitive-behavioral state of the client. Schema Therapy in its practical application became focused primarily on schema modes, with specific sets of techniques per mode. Moreover, schema mode models of different personality disorders were developed and empirically verified (e.g., Bamelis et al. 2011). All major test of the (cost-)effectiveness of Schema Therapy used the schema mode approach, which was considered to be more useful in the treatment of severe psychopathology than a primary focus on schemas. The growth of the schema mode model and the "wild" proposals of new schema modes called for a systematic reflection. An international workgroup went back to the basics of the theory and formulated a revised theory (Arntz et al., 2021). This started with a reconsideration of what the core emotional needs are, that when frustrated in childhood underlie the development of Early Maladaptive Schemas (EMSs). The workgroup proposed the addition of a need of fairness to the model, as well as a need for a coherent self and a comprehensible world. Building on that, new Early Maladaptive Schemas are proposed: Unfairness; Incoherent Self; and Incomprehensible World. Moreover, the workgroup critically reflected on how people deal in dysfunctional ways with activation of EMSs and proposed 3 ways of coping: resignation (formerly surrender), avoidance and inversion (formerly overcompensation). By systematically combining these dysfunctional ways of coping with the EMSs, schema modes follow. This updated set of EMSs and Schema Modes allow to describe more forms of psychopathology, and will help to broaden the application of Schema Therapy. Currently, an international project involving 34 countries focuses on the development of updated versions of the Young Schema Questionnaire, the Schema Mode Inventory, and the Schema Coping Inventory. This project helps to develop cross-culturally valid instruments and to test the theory across different cultures and languages.

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Middle Childhood Attachment Is Related to Adolescent Early Maladaptive Schemas

Leen van Vlierberghe
KULeuven, Belgium

The first presentation investigates the relationship between middle childhood attachment, changes across the transition to adolescence, and early maladaptive schemas (EMS) at the beginning of late adolescence. A five-wave six year longitudinal study was conducted with 157 children, where attachment was assessed across all waves, and EMSs were assessed during the last two waves.

Identity Task Resolution and (Mal)adaptive Schema Development

Jakke Coenye
UGent, Belgium

The second presentation explores how developmental task resolution, specifically identity development in early adulthood, can contribute to (mal)adaptive schema development. The study used regression analyses in a cross-sectional sample of 300 participants aged between 17 and 24 years. The findings show that positive resolution of the identity task positively predicted (mal) adaptive schemas, while negative resolution had the opposite effect.

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School Burnout, Depression And their Distinctive Early Maladaptive Schemas

Annelies Van Royen
UGent, Belgium

The third presentation aims to distinguish school burnout from depressive symptoms by exploring potential differences in their underlying mechanisms, specifically EMS. Using both cross-sectional and longitudinal data, her study assesses which EMS underlie school burnout symptoms in students between 17 and 21 years old and reveals specific distinctions with depressive symptoms via potentially different EMS.

A First Test of the Reformulated Theory Underlying Schema Therapy

Arnoud Arntz
Uva, the Netherlands

The fourth presentation discusses the first test of the reformulated theory underlying schema therapy. An international workgroup recently proposed a reformulation of the theory underlying schema therapy, connecting core emotional needs to EMS and through specific ways of coping with EMS-activation, to schema modes. The presentation focuses on the pilot test of the reformulated model, examining whether the reformulated ways of coping with EMS-activation mediate the relation between specific EMSs and schema modes. These findings help to improve our understanding and treatment of a wider range of psychopathology.

Why and How is CBT Embedded in Psychoyoga?

Orhan Yoncalık
Ankara University

In recent years, the integration of yoga into therapeutic settings has gained momentum as a powerful adjunct to traditional psychotherapy. The synergy between third wave CBT and yoga practices is particularly striking, and the use of this synergy in therapy practices gives promising results in the treatment of various mental health conditions such as anxiety disorders, depression and post-traumatic stress disorder (Tanksale et al, 2021; Capon et al, 2021). In particular, adults who strive to fulfill the requirements of modern life in the work-family-social life triangle often have difficulty coping with the stress this effort creates in their lives. The stress felt intensely in daily life reduces the life satisfaction of adults and causes their functionality to decrease in all areas of life. This situation can lead to various mood, behavioral and somatization problems in adults. Nowadays, it is noteworthy that practices aimed at transdiagnostic variables such as psychological flexibility, tolerance for uncertainty, distress tolerance, cognitive flexibility, value-oriented behavior and acceptance, introduced by third wave cognitive behavioral therapies, are especially effective in coping with such psychological distress. The integration of third-wave cognitive behavior therapy and yoga practices may represent a groundbreaking approach to mental health and well-being. By combining the principles of mindfulness, acceptance, and values-based living from third-wave CBT with the physical postures, breathing exercises, and meditation techniques of yoga, individuals can access a powerful toolset for improving their mental and emotional health. This holistic approach has shown promising results in treating anxiety disorders, depression, and PTSD, offering individuals a path to greater self-awareness, resilience, and overall well-being (Akanaeme et al, 2021; Khalsa et al, 2015; Igu et al, 2023; Tadpatrikar et al, 2023).

Psychoyoga is a group intervention that combines mind and body. It includes yoga practices and psychological games in which participants improve their playfulness, which may lead to help them feel fun and gain different perspectives towards themselves. Through play and yoga practices, psychoyoga sessions aim to increase participants' contact with their bodies, help them balance their thoughts, emotions and behaviours, find ways to gain "Now and Here" and more playful perspectives towards their daily life. CBT-enhanced Psychoyoga Group Intervention has eight sessions, which compose of 75% psychoyoga practices and 25% CBT practices. CBT practices include small group activities such as "Go on a Date with Your Mind" and "Take Your Mind Out to the Park" in which participants experience cognitive defusion; whole group activities such as "Pull Rope with Your Monsters" and "Write Your Problem on a Paper" in which participants experience "conceptual self and acceptance", small group and whole groups talks in circles in which participants talk about their value-based and goal-based behaviours and lots of other playful activities participants take part in in sessions and between sessions to increase their psychological flexibility.

Keywords: Psychoyoga, CBT, Psychological Flexibility

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Internet-Based Therapy for Adolescents with Body Dysmorphic Disorder – Results of the Therapist-Guided Cognitive Behavioral Therapy Program ImaginYouth

Michaela Schmidt, Thomas Staufenbiel, David D. Ebert, Julia E. Engelkamp, Alexandra Martin, Katrin Schoenenberg, Julia E. Engelkamp, Andrea S. Hartmann

Introduction: Body dysmorphic disorder (BDD) is especially prevalent in adolescence. Various treatment barriers make it difficult for patients to seek a cognitive behavioral therapy (CBT), which is considered the gold standard treatment for BDD. The aim of this study was to evaluate a low-threshold, internet-based therapist-guided CBT (ImaginYouth) for adolescents with BDD.

Method: In a single-blind, randomized-controlled trial, adolescents (15-21 years) with a primary diagnosis of BDD were randomly assigned to ImaginYouth or an active control condition (supportive online therapy). ImaginYouth comprised 12 weekly interactive CBT sessions (including homework), and the control condition included 12 weeks of access to a BDD psychoeducational information center. In both conditions, participants were either psychotherapeutically (ImaginYouth) or supportively (active control) accompanied via asynchronous, chat-based contacts with a study therapist. The primary measures were expert-rated (BDD-YBOCS) as well as self-reported (FKS) BDD symptom severity, delusionality (BABS), depressive symptoms (PHQ-9) and quality of life (KINDL-R) from pre to post intervention or from pre to a 4-week follow up period, respectively. The study is registered in the German Register of Clinical Studies (Deutsches Register Klinischer Studien; DRKS00022055), and the study protocol has already been published (Hartmann & Schmidt et al., 2021; https://doi.org/10.3389/fpsyt.2021.682965).

Results: In a completer analysis ($N = 29$), there was a significant interaction effect (group x time) in expert-rated BDD symptom severity and delusionality from pre to post intervention (BDD-YBOCS: $p = .003$; $p\eta 2 = .300$; BABS: $p = .027$; $p\eta 2 = .182$). In the self-report measures, there was a significant interaction effect (group x time) from pre to follow up regarding BDD symptoms (FKS: $p < .001$; $p\eta 2 = .324$) and quality of life (KINDL-R: $p = .024$; $p\eta 2 = .150$), but not regarding depression (PHQ-9: $p = .104$; $p\eta 2 = .09$). In the ImaginYouth condition, 66.7% of participants reached responder status, and 61.7% remission status.

Discussion: Results indicate an effectiveness of the ImaginYouth program with respect to the core BDD symptomatology and quality of life. Also, ImaginYouth appears to be superior to a supportive online therapy, i.e. a very conservative control condition. ImaginYouth could be an alternative at least for a subgroup of patients and thus complement the highly needed therapy offer. A replication of the findings across a long-term follow up period as well as an intent-to-treat analysis including all randomized participants is pending.

Mindfulness: Clinical Relevance and Working Mechanisms

Arnold van Emmerik[1], Ivana Buric[2]

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Clinical applications of mindfulness, as well as scientific studies on mindfulness, have increased dramatically over the past decades. Generally, mindfulness is found to be beneficial for mental health and functioning, and many ideas exist about the working mechanisms of mindfulness. The term mindfulness is used for a trait ('How mindful are you?') as well as for a variety of interventions aimed to improve trait mindfulness. In this symposium, we present studies on mindfulness interventions and the role of trait mindfulness in mental health (e.g., anxiety, ADHD, emotion processing) and functioning (e.g., academic performance). The final presentation discusses the importance of integrating the broad variety of mindfulness studies into an interdisciplinary model.

Esther de Bruin presents a study on the effects of a mindfulness intervention for ADHD: The effects of medication for symptoms of ADHD are very well studied over decades. However, in a world with a risk of overmedicating our youth and known disadvantages of medication, there is room for non-pharmacological alternatives. The MYmind program is designed as a family mindfulness program for parents and children. This RCT presents results for symptoms and well-being of parents and children who followed the mindfulness-based program versus those families where the child took medication.

Tim Schoenmakers presents a study on the working mechanisms of a mindfulness intervention: Mindfulness-based Stress Reduction Training (MBSR) is a widely used evidence-based program to train mindfulness in clinical and non-clinical populations. A target of MBSR is improving body awareness, which is assumed to aid emotion processing. We will present a study that tested whether increased trait mindfulness after MBSR is indeed related to improved emotion-processing skills. Secondly, we tested whether this effect can be explained by increases in body awareness.

Arnold van Emmerik presents a study on how trait mindfulness relates to anxiety and functioning: Mindfulness is assumed to help people function better in various domains. For example, trait mindfulness has been shown to benefit academic performance, which has great value on both the individual and societal level. A next step is to identify the mechanisms of this relationship to improve interventions that aid academic performance. To this aim, this study used a prospective observational design to examine if test anxiety mediates the relationship between (facets of) trait mindfulness and academic achievement in a sample of first-year psychology students. Diversity aspects were explored by repeating the analyses for different gender orientations and for international and domestic students separately.

Ivana Buric discusses an integrative framework for studies on mindfulness: Four decades of previous studies show that mindfulness is beneficial for mental health. However, a consensus on the theoretical framework is lacking, which limits comparability among studies and blocks research and clinical progress. The available knowledge is poorly integrated and scattered over various scientific disciplines. E.g., it is not possible to fully explain the connection between mindfulness and mental health by just looking at psychological studies. Therefore, we need to reduce terminological heterogeneity and integrate findings across various disciplines. We are proposing a testable, multi-level, interdisciplinary theoretical framework (INSPIRER).

Using Virtual Reality to Increase Accessibility and Efficacy of CBT in a Changing World

Benjamin Alexander Thorup Arnfred, Vivian Heinola

Denmark - Mental Health Services Capital Region, Psychiatric Center Sct Hans

In an increasingly diverse world, there is a rising demand for diverse treatments. However, treatment demands exceed the supply in health care systems that are under pressure by a global increase in mental health issues. Therefore, there is an urgent need for innovative treatments to increase accessibility, diversity, and efficacy of CBT.

For three decades, virtual reality (VR) technology has been investigated as a means of automating and improving CBT through habituation-based exposure therapy, behavioral experiments, skills training and much more. Rapid technological advancements have made it possible to use VR in innovative ways, giving clinicians access to methods that have not previously been available.

VR makes it possible to simulate situations that allow individualized treatment for patients from different cultural backgrounds. Thus, patients can experience and practice difficulties that are culturally appropriate, making the delivery of CBT more diverse and less dependent on the sensitivity of mental health professionals. Meta-analysis show that VR-based CBT is effective for a wide range of disorders, and research on VR-CBT is rapidly emerging.

This symposium consists of four presenters with experience from multi-centre studies examining VR-based CBT interventions in different psychiatric hospitals in Denmark. This includes automated-, group-, individual-, and milieu CBT applied across different psychiatric diagnoses from outpatients with alcohol use disorder or anxiety, to inpatients with complex dual-diagnosis disorder. The symposium will cover the currently available research of VR-based CBT and discuss how to utilize VR to improve accessibility, diversity, and efficacy. This includes dissemination of VR-based CBT to clinicians and patients, logistics (storage, disinfections, manuals etc.), and the development of a broad range of virtual environments.

MD, PhD-student Daniel Thaysen-Petersen presents the ongoing 'CRAVR' study, where VR-exposure to high-risk situations is implemented in CBT-based treatment of patients with alcohol use disorder. He will discuss the development of the VR environments (including a restaurant, supermarket, pub, and party) and present data from the pilot study. Initial findings indicate that the intervention is feasible, acceptable, and effective compared to conventional CBT.

MD, Chief psychiatrist Jakob Krarup will report findings from the Danish Cognitive Milieu Therapy Virtual reality investigation. In this study, VR headsets are used freely by an inpatient population as a method of distraction, relaxation, and exercise. Outcomes were usage of PN medication and coercive measures. Implications for future implementation will be discussed.

Next, clinical Psychologist, PhD, Benjamin Arnfred will discuss his experiences of integrating Virtual Reality Exposure Therapy in outpatient group therapy for agoraphobia and social anxiety disorder. He will also discuss perspectives on the future of virtual reality technology in psychotherapy and the importance of the hardware and software in VR-based therapy.

Lastly, psychologist Vivian Heinola-Nielsen will talk about how to conduct behavioral experiments in VR in the treatment of social anxiety in patients with comorbid psychosis and substance use disorder as part of an international collaboration with researchers at Oxford university. The presentation is based on four cases and covers in detail the clinical skills needed to integrate VR into clinical practice in an ethical and efficient way.

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Digital Mental Health Interventions: Design, Efficacy, Personalisation and Implementation

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Introduction (Chair, 10 mins). The field of digital mental health is expanding quickly and changing how mental health services are provided. Digital Mental Health Interventions, such as smartphone apps and web-based interventions, have the potential to improve the availability, affordability, and scalability of mental health services, but also offer unique challenges. In this symposium we will showcase some of the key steps along the road from initial concept to final implementation, in an attempt to share good practice in this fast-developing field.

Design: Applying the Person-Centered Approach (15mins). Dr. Ben Ainsworth (University of Southampton, UK) will critically discuss this co-participatory approach (https://personbasedapproach.org) to designing and implementing digital interventions and apply this to mental health. The approach aims to ensure interventions are as acceptable, engaging and consequently as effective as possible. The presentation illustrates how in-depth qualitative and quantitative research can be used to identify barriers to engagement specific to target populations and offers recommendations to enhance uptake.

Efficacy: A Randomised Controlled Trial of an App to Reduce Paranoia (15mins). Miss Carolina Fialho (Kings College London, UK) will present the STOP (Successful Treatment for Paranoia) trial (www.stoptrial.co.uk) which uses a variant of cognitive bias modification for interpretation (CBM-I) to reduce paranoid symptoms in stabilized patients. The three-arm double-blind trial compares 6- and 12-week therapeutic doses with an active control, and is recruiting nationally to achieve a final sample of 273. Progress and challenges to date will be presented.

Personalisation: A Machine Learning Approach to Predicting Efficacy (15 mins) Dr. Hadas Okon-Singer (University of Haifa, Israel) will illustrate how state of the art machine learning methods can be applied to identify individual characteristics moderating an individual's response to an online intervention. Analysis of 200 participants who completed a single session of attention bias modification or CBM-I showed that baseline cognitive bias levels and clinical status were key predictors of response. This presentation will demonstrate the adoption of a personalized approach within digital therapeutics.

Implementation: From Basic Research to Treatment Guidelines using Alcohol-Avoidance Training (15 mins). Prof Mike Rinck (Radboud University, Netherlands) will present Alcohol-Approach Bias Modification (AABM), a computer-based intervention that involves pushing images of alcoholic beverages away and pulling images of non-alcoholic beverages closer. AABM reduces the relapse rates of alcohol-dependent patients one year later by around 10%. We will hear the journey of AABM from its starting point in laboratory research, through international randomized controlled trials and into treatment guidelines in those countries.

Discussion: (Discussant, 20 mins). The symposium will come to close with a synopsis provided by Professor Becker bringing together the opportunities, challenges and considerations highlighted by individual presentations. Thereafter she will lead a discussion, inviting questions and comments from the floor, around the use of digital technology for the treatment of mental health and implications for research and practice.

Identification-to-Intervention for Child Anxiety Problems

Tessa Reardon
University of Oxford

Identifying and supporting children with anxiety problems through schools would minimise key barriers families face accessing treatment. We have worked with children, parents and school staff to co-design procedures for administering short screening questionnaires through schools and offering and delivering a brief parent-led online intervention for children who 'screen positive' for anxiety problems. This talk will present findings from the co-design and initial evaluation of the approach in 9 primary schools, including pre-post outcomes for 47 children who received the intervention. We are now evaluating our identification-to-intervention procedures in a large cluster randomised controlled trial in England. A brief overview of the trial design will be presented and the potential for findings to inform future development and evaluation of approaches to screening and delivering interventions through schools discussed.

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Woman-Focused Approach to Woman's Transition to Motherhood From T-the Perspective of Cognitive Theory

M. Sıla Yazar

The transition from "feminity" to "motherhood" signifies the major role transformation in a woman's life. Although childbirth is a universal and natural experience, motherhood is a completely new and multidimensional challenging experience for a woman which cause many expectations and burdens for the woman mentally and emotionally. However, commonly it is assumed that the woman is naturally equipped and ready for the motherhood. The expectations and approaches based on this assumption can cause a psychological burden. This psychological burden and distress can lead to an impact on a woman's mental well-being, quality of life, and loss of functionality in her career and social roles. Moreover, it may play a role in the development of postnatal psychopathologies and can also negatively affect the bonding process with the baby.

When we review the theories of motherhood as a mental experience, we find out that in feminism and psychoanalysis, women's experience of motherhood is examined with various views put forward by many theorists. For feminist perspective, third wave feminism introduces a new approach for motherhood, different from traditional feminism, with Matricentric feminism asserted by Andrea O'Rielly. Psychoanalytic theory, especially authors like Nancy Chodorow and Jessica Benjamin, reinterpreted the classical concepts of psychoanalytic theory, such as the oedipal complex and penis jealousy, on the basis of the woman's experience of motherhood and put forward pioneering views for the examination of motherhood as a woman experience in the mental field.

The authors and theories related with motherhood as a woman experience, reveal that, there is a need for a perpective that addresses the woman's transition to motherhood from a perspective that places women at the center, not the role of motherhood. This centering of woman may make women's needs and difficulties visible, and offer supportive therapeutic tools for the women who transitioning to motherhood.

This perspective is not only based on an approach that emphasizes expectations for woman whether she is competent in motherhood, such as caring for the baby, but also on an approach that guides her to internalize motherhood as a process of becoming involved with, as an element of her identity. The perpective should focuse on ensuring her self-sufficiency by supporting her during role delegation in her life since becoming a mother.

Particularly in today's modern societies, where women are expected to be a productive individual of the society and where women have to manage many role delegations along with motherhood, the theoretical and methodological tools of Cognitive Behavioral therapies can offer a productive and practical opportunity to understand, represent and support women in their motherhood experience.

Considering the effectiveness of CBT and CBT-based psychotherapeutic interventions in the treatment of postpartum psychopathologies with psychotherapy and the practicality and accessibility of CBT, CBT will provide an important tool for psychological support and guidance for the woman in the period of transition to motherhood.

Maternal Cognitions and Cultural Traces

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"Becoming a mother" is one of the significant role changes in a woman's life. Perceptions of motherhood vary across ethnic backgrounds, races, migrations, and time periods. Cultural factors, which are an integral part of the social context, influence the attitudes and cognitions related to motherhood closely.

Certain changes have occurred in family structures in today's world. Changes in parenting experiences have been occurring across cultures for years due to women's active participation in the workforce, increased involvement of fathers in household responsibilities, later marriage ages, assisted reproductive techniques, high divorce rates, and the increase in single parenthood.

Elliott and colleagues et al. noted that African and Latin American women defined a good mother as a sacrificial one. They expressed that a good mother should continuously provide emotional, financial, and daily life support to her children and dedicate herself to them.

In a study examining German and Japanese mothers, Trommsdorff and Friedlmeier found that Japanese mothers responded to their children even before the children expressed their distress and that the sensitivity of mothers varied depending on the situation. They also noted that Japanese mothers were more sensitive and flexible towards their children compared to German mothers. They found that German mothers placed a greater emphasis on children being independent and capable of self-expression and that they tended to intervene after children expressed their distress, and they exhibited less variability in their behavior depending on the situation.

In the Korean society, family dynamics are characterized by a fundamental emphasis on intra-family hierarchy, and success-oriented and strict parenting styles are prevalent. In the mother-child relationship, it is noted that mothers are expected to closely monitor their children's behavior and speak on behalf of their children.

When cognitive distortions related to motherhood are assessed in our country, cognitive distortions related to maternal responsibilities such as "Good mothers always prioritize the needs of their babies" and "If I love my baby, I should want to spend all my time with them" have been prominent during the postpartum period.

In societies, expectations related to parent-child relationships often predominantly focus on the mother-child relationship. Women who become mothers for the first time and acquire new knowledge and skills in caregiving may experience changes and developments in their parenting self-efficacy and perceptions of competence in fulfilling the culturally constructed parental role.

Unrealistic and inconsistent expectations and thoughts about motherhood in women can lead to negative evaluations of their current situation and contribute to depressive conditions characterized by prevalent feelings of inadequacy. Especially in women with excessively critical and high maternal standards, the excessive identification of motherhood with sacrifice can make it difficult for them to adapt to the maternal role, leading to a perception of their own parenting experience as more catastrophic, and may contribute to anxiety disorders. Excessive reference to women and mothers in cultural norms shapes the cognition of women raised in society. Increased awareness of cognitive processes related to motherhood in our culture will enhance women's adaptation to their new roles and help identify potential areas for intervention in cognitive-behavioral therapy practices.

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Challenges of Psychotherapy in a Constantly Changing World: MBCT for Patients with Emotional Dysregulation in Reducing Suicide Risk

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As a result of the global and local crises of recent years, the frequency of mental health problems increased a lot. Overdrinking, drug problems, self-destructive behaviour and suicidality as a consequence of maladaptive coping and emotional dysregulation became widespread among psychiatric patients. These maladaptive behaviours develop frquently on the basis of personality disorders which would require longer treatments. 10% of psychiatric outpatients and appr.20% of inpatients suffer from borderline personality disorder (BPD), 57-75% of them commit non-suicidal self-injury (NSSI). The overburdened mental health care system can not cope with such a huge demand, therefore focussed and easily available interventions are needed. In our symposium we'd like to address the possibility of introducing mindfulness-based cognitive therapy (MBCT) for reducing non-suicidal self-injury (NSSI) and suicide risk. MBCT had already been established for depressed people at risk of suicide by Williams et al (2017).

In the first presentation, (Perczel-Forintos, D) will present a modification of the Williams cognitive-emotional reactivity model of depression for borderline patients with NSSI. The cognitive and emotional processes underlying NSSI had also been investigated. The results revealed that negative affect, self-criticism, rumination and mindfulness deficits were significant predictors of NSSI in BPD. The implications of these findings will be discussed for the possible modification of the original MBCT protocol aimed at reducing NSSI in borderline personality disorder.

In the second part of the symposia (Zinner-Gérecz, Á.) we would like to present the MBCT protocol modified for borderline patients with an emphasis on self-compassion. In a clinical study (N=50) conducted with BPD patients we aimed to evaluate the effectiveness of MBCT-BPD in reducing symptoms of NSSI, depression, self-judgement and impulsivity. Based on pre- and post-intervention assessments significant improvements were found in emotional regulation, mindfulness skills and distress tolerance in BPD patients compared to wait-list controls.

Suicide risk and NSSI especially high in prison therefore tailoring effective interventions for suicide prevention is extremely important there. Hopelessness, helplessnes as well as impulsivity and emotional dysregulation all can contribute to suicidality in incarcerated people with antisocial personality disorder. In a study (Kresznerits, Sz.) conducted in prison (N=363) findings showed that besides stressful life events and low education, cognitive (rumination, hopelessness, deficit of social problem-solving skills) as well as motivational factors (impulsivity, mindfulness deficits) play part in suicidality. These components not only increase the likelihood of the appearance of suicidal thoughts, but their realization also. The implications of the above findings in order to tailor mindfulnes training for this very special group of people to reduce suicide risk in prison will be presented.

In sum, the symposium would provide a possibility to explore in depths the application of mindfulness interventions in different patient groups. MBI can be seen as a low intensity transdiagnostic approach and seem to be promising in reducing self-destructive behaviour and improving emotional regulation in vulnerable populations.

Self-Compassion Instead of Self-Harm: An Emotional-Cognitive Reactivity Model of Non-Suicidal Self-Injury in Borderline Patients

Perczel-Forintos
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Introduction: As a result of the global and local crises of recent years, the frequency of mental health problems increased a lot. Overdrinking, drug problems, self-destructive behaviour and suicidality as a consequence of maladaptive coping and emotional dysregulation became widespread among psychiatric patients. These maladaptive behaviours develop frquently on the basis of personality disorders which would require longer treatments. 10% of psychiatric outpatients and appr.20% of inpatients suffer from borderline personality disorder (BPD), 57-75% of them commit non-suicidal self-injury (NSSI). The overburdened mental health care system can not cope with such a huge demand, therefore focussed and easily available interventions are needed.

Aim: since MBCT had already been established for depressed people at risk of suicide by Williams et al (2017), our objective was the adaptation of Williams' cognitive-emotional reactivity model of depression for borderline patients with NSSI. We investigated the cognitive and emotional processes underlying NSSI based on the emotional cascade model (Selby et al., 2009) and mindfulness deficit theory (Wupperman et al, 2009).

Methods: N=120 borderline outpatients with NSSI participated in an 8-week MBCT training. After an initial screening interview based on SCID-II-BPD they filled in the following measures: Rosenberg Self-Esteem Scale,, FFMQ, BDI-S, BHS-S, Barratt Impulsivity Scale short version, Dissociative Experiences Scale, Cognitive Emotion-Regulation Questionnaire, Self-compassion Scale.

Results and Conclusion: Results revealed that negative affect, self-criticism, rumination and mindfulness deficits were significant predictors of NSSI in BPD. The implications of these findings will be discussed for the possible modification of the original MBCT protocol aimed at reducing NSSI in borderline personality disorder.

Mindfulness Deficit and Impulsivity Among Inmates

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The prison population faces an elevated risk of completed suicide and self-harm, surpassing rates in the general population (Favril et al., 2020). This vulnerability can be attributed to various factors, including environmental (the prison environment itself), psychological (mental disorders, impulsivity, emotion regulation issues, previous self-harm or suicide attempts), social (isolation, conflicts, stigmatization), and biological factors (temperament, genetic predispositions) (Zhong et al., 2021).

In our multicenter cross-sectional study, we aimed to achieve three primary objectives:

Examine the psychological characteristics of prisoners (N=189) compared to a matched control group (N=189) to identify suicidal risk factors.

Assess the impact of mindfulness skills on these risk factors.

Explore the applicability of the addiction theory of suicide (Blasco-Fontecilla et al., 2016) in an incarcerated sample (N=363).

Our findings revealed that prisoners with a history of self-harm primarily differ from those without such a history in terms of maladaptive cognitive-emotional strategies and the duration of their incarceration. On the other hand, prisoners with a history of suicide attempts differ from non-suicidal prisoners in various psychometric factors, including depression levels, perceived stress, impulsivity, and emotion regulation skills.

Mindfulness skills were found to have both a direct and an indirect effect on reducing suicidal thoughts, mediated by perceived stress. Notably, individuals with a history of more than five self-harm incidents or suicide attempts exhibited heightened reactivity to stress and depression, and stronger suicidal thoughts were reported in the presence of lower levels of stress and depression, particularly among those with more extensive self-harm or suicide attempt histories.

In conclusion, individuals with a history of multiple self-harm or suicide attempts are at significantly higher risk of future suicide attempts, warranting a more focused and tailored approach to treatment. Additionally, mindfulness-based interventions show promise in enhancing the mental well-being of prisoners and mitigating suicide risk.

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The Role of Emotion Regulation Processes in Psychopathology Across the Lifespan

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Emotion regulation (ER) is broadly related to psychological well-being and constitutes a target of Cognitive Behavior Therapy (CBT). The concept of ER includes the process of recognizing one's own and emotions of social others, the capability to identify, express and tolerate emotions as well as to apply functional regulation mechanisms. However, experimental studies assessing the unique and shared variance of ER within the emotion disorders spectrum and the predictive validity of ER for the outcome of CBT are scarce. The goal of this symposium is to achieve a better understanding of the interplay of ER processes and the development and maintenance of psychopathology during life span.

To this end, findings of the App-based assessment study of Munsch and colleagues on the effect of daily interpersonal ER difficulties (rejection sensitivity experiences) on prospective mood, distress and eating disorder pathology in a large cohort of N=125 young people aged 14-24 years with and without mental disorders or eating disorders (ED) are presented. In a similar line, the findings of the research of Rowland et al. focus on the role of cognitive biases towards social-rejection related stimuli in adolescents with ED. An assessment study revealed heightened interpersonal sensitivity and lower perceived quality of social group memberships and a negative interpretation bias of ambiguous social information in adolescents with ED (n = 80) compared to healthy controls (n = 78). In addition, adolescents with ED (N=67= who received an online cognitive bias modification training (CBM) in addition to treatment as usual, experienced a positive effect on expectations of social rejection and reduced ED psychopathology compared to a control condition. The findings of Munsch and Rowland et al. underline the important role of social rejection experiences in negative mood and ED pathology and underline the need to address this topic in treatment programs. The third study by Adolph and Margraf compared the predictive validity of a behavioral ER task and an established self-report measure of ER for the outcome of CBT in patients with mood disorders (N=105) and anxiety disorders (N=91). In addition, the patients´ sensitivity to emotion induction using film clips their emotions as well as their ability to subsequently downregulate was compared to healthy controls (N=60). Across conditions, self-rated emotion experience and physiological reactivity (heart rate, heart rate variability, skin conductance, facial EMG) were assessed. The results underline the significance of using experimental paradigms beyond self-report in studying ER in clinical research. The last study by Schneider et al. examines the familial transmission of dysfunctional ER in mothers with borderline personality disorder (BPD) and their young children (6 months to 6 years). Using age-appropriate waiting tasks, ER strategies of children of mothers with BPD (N=178) will be compared with children of mothers with emotional disturbance (N=78) or mothers without current mental disorder (N=90). Associations between maternal psychopathology, dysfunctional ER and child behavior problems and the role of child temperament characteristics are reported.

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Cognitive Biases in Social Anxiety and Depression: New Findings on their Assessment and Modification

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Introduction: Both social anxiety and depression have been characterized by biased cognitive processes. Most researchers associate anxiety with attentional bias (vigilance for threat), and depression with interpretation bias and memory bias. However, the speakers of this symposium show that this distinction is over-simplified because both disorders are related to several cognitive biases, involving perceived distance from others, updating of social information and self-perceptions, interpretation bias, self-descriptions, and memory. All presentations involve newly developed tasks, moving from assessment of cognitive biases in adults, children, and adolescents, to modification of a cognitive biases via a training task.

Social Fears and Interpersonal Distance: The Role of Estimation Bias

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Background and Objectives: Current cognitive models of Social Anxiety Disorder (SAD) propose that individuals with elevated levels of social anxiety tend to misinterpret ambiguous social cues as negative judgments, thereby reinforcing their fears. Nonetheless, accumulating evidence suggests that individuals with social anxiety do indeed receive more unfavorable evaluations from others. It is hypothesized that subtle behavioral nuances may contribute to these actual negative evaluations, but it remains unclear how these behaviors relate to biased cognitive processes.

Methods: In this study, we investigated the extent to which interpersonal behaviors, such as Preferred Interpersonal Distance (PID), are associated with social anxiety and the role of estimation biases in this relationship. Using a virtual reality scenario, 47 participants with varying degrees of social anxiety were given the opportunity to approach virtual agents and indicate the distance they would find comfortable in a real social setting. Subsequently, they were asked to estimate, in meters, how far they believed they were from the agent. Additionally, participants were tasked with physically moving a new virtual agent to the distance they believed they had initially preferred (visual estimation).

Results: Our findings revealed that only the visual estimation had an impact on PID. Participants who tended to visually underestimate their PID (exhibiting an estimation bias) generally maintained a greater distance in reality. Notably, the strength of this relationship was influenced by the level of social anxiety: individuals with higher levels of social anxiety displayed a more pronounced negative association between estimation bias and PID.

Limitations: In typical social situations, people instinctively maintain interpersonal distance rather than consciously considering it. Therefore, it is plausible that the estimation bias observed in our study may not directly relate to automatic approach behaviors.

Conclusions: This study suggests that individuals with heightened social anxiety, especially those with a significant estimation bias, exhibit disruptions in interpersonal behaviors, leading to an increased interpersonal distance. However, whether this altered behavior indeed triggers the feared negative evaluations that individuals with social anxiety dread remains a topic for future investigation.

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Impaired updating of social information in social anxiety

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Ruhr-University Bochum, Germany, and Radboud University, Nijmegen, The Netherlands

Will report on two studies that investigated the updating of social information. Participants first learned that some individuals were positive and others negative. When this changed unexpectedly, socially anxious individuals found it difficult to learn the change from negative to positive, but not the positive-to-negative change.

Impaired updating of self-perceptions in social anxiety

Eva-Gilboa Schechtman
Bar-Ilan University, Tel Aviv, Israel

Will describe another instance of impaired positive updating in social anxiety. In a recent experiment, they found that social anxiety was associated with decreased positive updating of competence self-perceptions.

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New measures of interpretation bias for socially anxious children and adolescents

Eni Becker

Radboud University, Nijmegen, The Netherlands

Will give an overview of new tasks that were developed to measure interpretation biases in socially anxious children and adolescents. These tasks employ materials (e.g., pictorial stimuli) and topics that were tailored to these age groups.

Self-descriptions in social anxiety and depression

Roy Azoulay
Bar-Ilan University, Tel Aviv, Israel

Investigated how social anxiety and depression bias self-generated self-descriptions. They found that social anxiety was related only to more negative self-descriptions in terms of competence, whereas depression was related to more negative self-descriptions in terms of both competence and affiliation.

Beware of Depression: Effects of Attention Training on Memory

Nilly Mor
The Hebrew University of Jerusalem, Israel

Depressive symptoms are associated with reduced processing of and memory for positive content. These cognitive biases affect mood and maintain depressive states, and are presumed to be interrelated. This study examined the effect of a single session training to focus on positive vs. neutral stimuli, on memory of new emotional content. Participants (N = 138) were randomly assigned to training conditions designed to increase or decrease processing of positive (vs. neutral) content. Next, they made self-referential judgments concerning new positive, negative and neutral words. Lastly, they free-recalled the words and completed a depression questionnaire. Training was effective in directing participants' processing efforts. However, the effect of the training on self-referential judgment and memory for new positive content was only significant when contingent on depression levels. Although we did not find significant differences in self-referential judgements and memory bias between conditions, positive endorsement and positive recall bias were negatively affected by the positive training among participants with higher depression scores. These findings shed light on possible adverse effects of extensive exposure to positive content in depression.

CBASP in the Treatment for Persistent Depressive Disorder: From Basic Mechanisms to Efficacy and Tolerability Studies

Mohamed Elsheikh, Hakan Turkcapar, Jan Philipp Klein, Kim Penberthy
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The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) has been recognized as an effective treatment modality for Persistent Depressive Disorder (PDD). This symposium explores the theoretical assumptions of CBASP as well as the effectiveness and tolerability of CBASP and its components. In the first presentation, Mohamed Elsheikh focuses on the cultural adaptations of CBASP and on clinical characteristics of patients treated for PDD in Cairo, Egypt. The second study by Hakan Turkcapar (Ankara, Türkiye) examines the relationship between personality features and pre-operational thinking, a central characteristic of patients with PDD according to the CBASP model. The third study presented by Jan Philipp Klein (Lübeck, Germany) examines the negative effects of CBASP and their association with long-term treatment outcomes. The final presentation by J. Kim Penberthy (Charlottesville, Virginia, US) focuses on dismantling the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) to identify its active ingredients. In summary, this symposium provides an overview of the CBASP model as well as valuable insights from current research for clinicians treating patients with PDD.

CBASP: cultural adaptation for an Egyptian population

Depression was the fifth cause of disability in Egypt in 2017 (WHO, 2017). Persistent depressive disorders are a rising problem that needs special attention from clinicians. Patients with persistent depressive disorders have difficulties in their personal relationships, work and education (Schramm et al., 2020). Patients with PDD seem to respond better to a specific form of psychotherapy: Cognitive Behavioral Analysis System of Psychotherapy CBASP than to unspecified forms of psychotherapy. Accurate diagnosis of PDD is essential, since treatment of this patients group seems to be more successful when their particular needs and deficits, such as interpersonal problems and comorbid personality disorders are directly addressed (Brinkmann et al., 2019). CBASP has gained wide recognition as a distinctive modality in the treatment of PDD. In Egypt, CBASP was introduced and practiced a few years ago. During practicing CBASP with PDD patients in Egyptian culture, we were able to extract some insights from this experience. This encouraged us to culturally adapt CBASP to suit Egyptian society. I will be highlighting the culturally sensitive features of the patients I have been working with using CBASP.

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CBASP for the Treatment of Persistent Depressive Disorder- An Evidence-Based Introduction

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The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) was specifically developed by James McCullough to treat patients with persistent depressive disorder (PDD). CBASP assumes that patients with PDD have interpersonal difficulties and that these difficulties are rooted in adverse childhood experiences that result in a specific deficit in social cognition (perceptual disconnection). The goal of CBASP is to overcome these interpersonal difficulties by systematic behavioral analyses. This talk will give an overview of the evidence base for perceptual disconnection in PDD and the effectiveness of CBASP. Handout: https://bit.ly/42i9CcM

The Efficacy of Culturally Adapted Psychological Therapies for Ethnic Chinese People

Siying Li
University College London

Background: Most psychological interventions to treat common mental disorders (depression, anxiety disorders, and post-traumatic stress disorder) in common use were developed in North America and western Europe, and these interventions might be culturally incongruent for people from different cultures. Previous reviews of cultural adaptations of psychological interventions for diverse ethnic groups have shown that they have some positive benefits, but different ethnic groups were often aggregated in these analyses, which could mean that important distinctions between cultures have been overlooked. The Chinese ethnic populations make up almost a fifth of the world's population and are a major contributor to the global mental health burden. The Chinese culture mainly encompasses the ideologies of Confucianism, Taoism and Buddhism, characterised by strong collectivism with emphases on social hierarchy, social harmony, and filial piety. Whether the benefits of different cultural adaptations hold up in ethnic Chinese population is unclear. We aimed to systematically assess the evidence for the efficacy of different cultural adaptations in treating common mental disorders in ethnic Chinese populations.

Methods: In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, CNKI, and WANFANG to identify randomised controlled trials of culturally adapted psychological interventions for ethnic Chinese aged 15 years or older with a diagnosis or subthreshold symptoms of common mental disorders, including depression, anxiety disorders, and post-traumatic stress disorder. Study selection and data extraction were done by two independent reviewers, who extracted data for study characteristics, cultural adaptations, and summary efficacy. Cultural adaptations were classified using a conceptual typology into three adaptation types, including therapist-related, content-related, and organisational adaptations. We further distinguished two adaptation approaches that produce 1) culturally modified evidence-based psychological interventions, and 2) culturally specific interventions rooted within Chinese sociocultural context. The primary outcome was post-intervention change in symptoms (both self-reported and clinician-rated). We used random-effects models to calculate standardised mean differences. Quality was assessed using the Cochrane risk of bias tool.

Results: We identified 32791 records, 67 of which met inclusion criteria. Meta-analysis indicated that culturally adapted interventions had medium effect sizes in terms of reducing symptom severity across all disorders at end of treatment. Therapist-related, content-related, and organisational adaptations all improved intervention efficacy, but we could not directly compare their efficacy due to studies frequently employing multiple adaption types. Culturally modified evidence-based psychological interventions and culturally specific interventions developed within Chinese culture had similar efficacy. Inadequate reporting in included studies largely restricted risk-of-bias appraisals across all domains.

Discussion: These findings suggest psychological interventions can be transported across cultures with appropriate modifications, but improved reporting of methods of development and implementation is needed to enable more extensive assessments of efficacy. Our findings highlight the importance of cultural considerations in delivering effective treatments to wider populations. An international consensus on the definition, development, and dissemination of methods to support cultural adaptations could substantially improve future research and its clinical application.

Acceptance and Commitment Therapy for Training

Şengül İlkay, Ahmet Nalbant, Rümeysa Yıldız
Can Sagligi Foundation, Center for Contextual Behavioral Sciences, Türkiye

Acceptance and Commitment Therapy (ACT) is one of the 3rd wave psychotherapies which emphasizes psychological flexibility for behavior change (Hayes, 2004). ACT has been found effective in various clinical situations such as depression, anxiety, chronic pain, psychosis etc. (A-JTak, 2015). Although most of the effectiveness studies have targeted clinical population, ACT also was found to be effective in different non-clinic population. For example, Hayes et al (2004) have showed that a 6-hour ACT training was effective to reduce stigma in mental health professionals. Likewise different researchers have been tested ACT to study staff burnout, parents, sport performances.

In this symposium we aim to present three studies which investigate possible effects of ACT training on psychological flexibility in different groups. In the first study, Rümeysa Yıldız will be presenting of a one-hour ACT training on college students delivered by different mental health professional who were attended to a 3-hour ACT workshop. In the second study, Şengül İlkay will be presenting the data of a 3h ACT workshop on mental health professionals' psychological flexibility, stress, and well-being. In the third study, Ahmet Nalbant will be presenting effectiveness of a 42-hour ACT workshop on mental health professionals psychological flexibility, empathy skills, mental health stigma and attitudes.

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FAST (Families Accessing Online Skills Training) CBT For Paediatric OCD: A Nationwide Randomised Controlled Trial

Lara Farrell

Griffith University, Australia

Obsessive-compulsive disorder (OCD) onsets early in childhood and is associated with profound impairments at home, school and with peers. Sadly, an early onset of OCD and delayed access to care are robust predictors of poorer prognosis and escalating mental health problems over time [1-2]. Despite the well-documented burden associated with OCD, most children never receive first-line, cognitive-behavioural treatment including exposure and response prevention (CBT-ERP), highlighting an unacceptable treatment gap for OCD [3].

Technology and parents are crucial enablers of earlier access to CBT-ERP for children with OCD. Our team has developed a novel multi-technology intervention that trains parents to be 'ERP coaches' for their children via four self-directed web-based modules and videoconference group sessions with a therapist (i.e., FAST-CBT: Families Accessing online Skills Training in CBT). The multi-technology approach empowers families by transferring effective therapies (i.e., ERP) for OCD directly to parents 'where they are', thereby increasing earlier access and more immediate relief to children and families in need.

We are conducting a nationwide randomised controlled trial (RCT) of FAST-CBT relative to Waitlist Control (WLC) for children (4-13 years of age) with clinical and subclinical OCD, to determine efficacy and cost-effectiveness as a first-line, efficient modality of CBT-ERP. Primary outcomes are children's OCD symptom severity, impairment, family accommodation and cost-effectiveness at 6 months follow-up (primary end point). Diagnostic status over time will also be examined to determine intervention effects (response, remission, deterioration). Secondary aims include the identification of characteristics associated with predicting treatment response.

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One-Session Treatment of Preschool Specific Phobias: A Randomised Controlled Trial

Lara J Farrell, Caroline Donovan, Allison Waters, Sue Spence, Melanie Zimmer-Gembeck, Thomas Ollendick

Background and Significance: Specific Phobias (SPs) are among the most common mental health disorders affecting children and adolescents (Egger and Angold, 2006), onset early in life (~3 years of age) and tend to persist over time (Bufferd et al., 2012). Aside from the significant distress and impairment associated with SP, compelling evidence from prospective longitudinal studies (Gregory et al., 2007; Lieb et al., 2016) suggests that SPs in childhood are a powerful marker of risk for the development of mental health disorders later in life. Notably, SPs can be effectively treated in just a single session; with robust evidence in support of the one-session treatment [OST] approach (Ollendick et al. 2009; Ollendick et al., 2015; Ost et al., 2001) for older youth (7 – 17 years) and adults. However, the one session approach has not yet been tested with preschool aged children. Given that OST has been deemed a well-established empirically-supported treatment for youth (Chambless and Ollendick, 2001) and striking evidence that SPs occur much younger than they are currently being treated, evidence for the efficacy of this innovative approach at the first signs of clinically significant impairment would be of enormous significance. The current RCT aimed to determine the efficacy of developmentally tailored OST for pre-school aged children (n=50) aged 3 to 6 years, relative to a credible attention control condition (Education Support Treatment, EST: n=50) and a Waitlist Control (WC, n = 25).

Methods: Children aged 3 to 6 years of age with a diagnosis of SP were and assessed at pre, post-treatment, and 6 months follow-up. Primary and secondary outcomes included; child SP clinician severity rating, child global assessment scale, behavioral approach (as indexed by a standardized, observational behavioral approach task) and comorbidity.

Results: Preliminary treatment outcomes will be presented for the current sample (n=102) using a likelihood based mixed-effects model, repeated measures approach. Rates of treatment response and remission will be compared across treatment conditions.

Conclusion: The preliminary efficacy of a play modified OST will be discussed, including the feasibility, acceptability and prevention potential of exposure therapy for very young children with SP.

FAST CBT for Paediatric OCD: A Multiple-Baseline Controlled Pilot Trial of Parent Training in Exposure and Response Prevention Delivered Via Telehealth

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Objective: The current study utilised a single case series, non-concurrent multiple baseline design to examine the efficacy of training parents via telehealth videoconferencing in exposure and response prevention (ERP) for home delivery of the treatment for their children and adolescents with obsessive compulsive disorder (OCD).

Method: There were nine participants aged 8 to 4 years who had received a primary diagnosis of OCD. The design involved a series of AB replications, whereby following pre-treatment assessments participants were randomly assigned to either a 2-week (n = 4) or 3-week (n = 5) baseline condition with weekly monitoring of their child's OCD symptoms. Following baseline, parents participated four weekly telehealth parent-training modules in delivering FAST (Families Accessing Skills Training) cognitive behaviour therapy (CBT) with ERP (CBT-ERP) to children with OCD via videoconferencing with the clinician. Primary outcome measures were OCD symptom severity, diagnostic severity, and global functioning, which were assessed post-treatment and at 2 month follow-up.

Results: The stability of the baseline period from pre-treatment to week 2 (for the 2-week condition) or to week 3 (for the 3-week condition) was established as there were no significant differences across baseline scores for parent target obsessions or parent target compulsions ratings. Significant improvements on the primary outcomes of clinician assessed symptom severity, diagnostic ratings, and global functioning were observed from baseline to post-treatment, and continued to 2 months follow-up.

Conclusions: These data suggest that brief, parent training in FAST CBT-ERP via telehealth provides an overall effective intervention that is likely to be of most benefit to children and youth who are mild to moderate in severity.

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Paediatric Obsessive-Compulsive Disorder and Comorbid Body Dysmorphic Disorder: Clinical Expression and Treatment Response

Lara Farrell

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This study explored the expression, occurrence, and treatment outcomes of comorbid body dysmorphic disorder (BDD) in 107 youth (7 to 17 years) seeking treatment for primary obsessive-compulsive disorder (OCD). In the overall sample, appearance anxiety (AA) was positively associated with OCD-related impairment, severity, symptom frequency, comorbid symptoms, and maladaptive emotion regulation. Comorbid BDD occurred in 9.35% of youth, equally affected males and females, and was associated with older age. AA negligibly reduced following treatment. Compared to those without (a) comorbid BDD and (b) without any comorbidity, youth with comorbid BDD reported greater social impairment and reduced global functioning but did not differ on the occurrence of comorbid anxiety and mood disorders. OCD response or remission rates did not differ. In youth with comorbid BDD, AA did not significantly reduce following treatment. Results suggest a more severe expression accompanies comorbid BDD in youth with OCD, with BDD persisting following OCD treatment.

Motivation and Reward- Neurobiology and Use in Psychotherapies

Hale Yapıcı Eser

Human beings are suggested have improvements in their mindset, emotional regulation and behavior for a better wellbeing. However, adaptation and change is sometimes difficult to achieve. Also, remission and relapse periods, or as lower cases ups and downs, are observed through the journey of human beings' lives. What drives the motives? What drives the sustainability of wellbeing related behavior? In this context, motivation is a complex psychological construct that refers to both internal and external factors that help to initiate and sustain behavior through achieving a specific goal. On the other hand, reward, which is also in the route of motivation, refers to a positive stimulus or outcome that an individual perceives as pleasurable or receiving. They both act on learning and decision making. Based on the RDOC constructs, not only positive valence systems as reward responsiveness (reward anticipation, reward satiation), reward learning (probabilistic learning, reward prediction error, habit formation), reward valuation (reward ambiguity and risk, delay and effort), but also cognitive control pathways as goal selection, response selection and performance monitoring are necessary for the motor actions as approach or avoidance behaviors. A balance between reward driven behavior and harm avoidant behavior is needed using the memory systems. These pathways are important to use in psychotherapies and neuroscience based approach for measurement of these pathways may guide future therapies. In this presentation, in addition to our data obtained from Koç University Stress, Mood and Cognition Laboratory, current literature will also be discussed.

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Motivation, Reward and Behavioral Addictions

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Motivation is the drive or inner force that pushes individuals to engage in certain behaviors or activities. Motivation is influenced by internal factors such as individual desire and need, and external factors, such as rewards or incentives. Rewards refer to tangible or intangible benefits offered in exchange for certain behaviors or outcomes. While rewards are usually given after a desired behavior is performed, incentives are used to motivate the desired behavior to be performed.

The motivation and reward systems play crucial roles in behavior, addiction, and psychiatric disorders. Some of the disorders associated with motivation and reward systems are behavioral addictions. Behavioral addictions refer to compulsive behaviors that an individual engages in despite the negative consequences associated with the behavior. Behavioral addictions are characterized by excessive, repetitive, and uncontrollable behaviors that cause significant harm or distress. Reward pathways are also known related to substance addiction. And also, some brain circuits are thought to be involved in the neurobiology of reward-related motivational states in behavioral addictions. In addition to substance use disorders, problem gambling, game addiction, compulsive buying, excessive working, and excessive sexual behaviors can also be listed under this category.

In this presentation, the neurobiology of behavioral addictions and the relationship with other psychopathologies will be discussed.

Symptom-Specific Improvement of Treatment for Persistent Depressive Disorder and Potential Mediators

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Objective: Examining differential symptom-specific improvement across the therapies Cognitive Behavioral Analysis System of Psychotherapy (CBASP) and Supportive Psychotherapy (SP) in patients with persistent depressive disorder (PDD), incorporating the treatment targets, interpersonal problems, and social functioning as postulated mediators.

Method: We conducted a Bayesian three step mediaton network intervention analysis with data from a randomized controlled trial. In this trial, chronically depressed patients received either treatment with CBASP or SP. Three change score networks were calculated to investigate (1) differential symptom-specific improvement, (2) differential treatment effect on mediating variables, and (3) associations between mediating variables and symptoms.

Results: There were no distinct differences across therapies. Results showed very small evidence for stronger symptom-specific improvement in favor of CBASP for "sleeping problems" and "low self-esteem" and stronger improvement in "impaired social functioning" compared to SP. Mediating variables "interpersonal problems" and "social functioning" were highly related to each other and to depressive symptoms, which also were clearly associated to each other.

Conclusion: The results offer initial evidence for the important role of the postulated mediating variables in symptom networks of PDD patients, but regardless of the type of treatment.

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The Way of Parenting Behaviors: Parents' Early Maladaptive Schemas and Perceived Parental Stress

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Introduction: Previous research supports that there is a close relationship between negative parenting behaviours precipitating development of the early maladaptive schemas. Also, the effect of negative childhood experiences of parents significantly increased the later levels of parental stress. In turn, in this study, it is examined how early maladaptive schemas and perceived parental stress levels of parents predict parenting behaviors.

Method: The sample of the study consists of 335 parents with children aged 6-18. The data of the study were collected online through the Demographic Information Form, Alabama Parenting Questionnaire, Early Maladaptive Schemas Questionnaire and Parenting Stress Scale. Data analysis in the research was conducted in SPSS 21 package program.

Results: Results showed that early maladaptive schemas and perceived parental stress had positive and negative effects on parenting behavior sub-dimensions. Emotional deprivation and the perceived parental stress have a negative effect on 'involvement', while approval-seeking and self-sacrifice have a positive effect on it. Emotional deprivation and perceived parental stress have a negative effect on 'positive parenting', while approval-seeking and self-sacrifice have a positive effect on it. Failure and social isolation have a negative effect on the 'poor monitoring/ supervision', while defectiveness has a positive effect on it. Emotional inhibition has a negative effect on the 'inconsistent discipline', while approval seeking, enmeshment/ undeveloped self, and parental stress has a positive effect on it. Failure and vulnerability to harm have a negative effect on 'corporal punishment', while enmeshment/ undeveloped self has a positive effect.

Discussion: The study results highlight several possible pathways for negative and positive parenting styles and have several clinical implications for both psychotherapies for children and adolescents and individual psychotherapy. Children and adolescent psychotherapists may enhance parental involvement and positive parenting, by working out parents' emotional deprivation schema, and perceived parental stress. Poor monitoring should be enhanced by working with defectiveness schema, inconsistent discipline should be improved by working with approval-seeking schema, enmeshment/ undeveloped self schema, and parental stress, and corporal punishment should be reduced by working with enmeshment/ undeveloped self schema. Even though approval-seeking and self sacrifice schemas enhance parental involvement and positive parenting, they would be negative because they seem to have maladaptive coping styles.

Conclusion: In light of these empirical connections, generational transmissions of early maladaptive schemas should be blocked out by ameliorating parents' early maladaptive schemas to contribute to positive parenting behaviors. Even though several early maladaptive schemas seem to contribute to positive parenting, their adverse effects may affect parents' mental health.

Experiential Techniques in Schema Therapy Imagery Rescripting

Canan Efe
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Schema Therapy is an integrative treatment approach which was developed by J. Young, and originated from the cognitive behavioral therapy, and was initially applied to chronic problems that continued throughout life. Schema therapy targets the chronic and characterological aspects of a disorder rather than the acute psychiatric symptoms. It is a therapy in which the effective techniques of the cognitive behavioral therapy, psychodynamic therapy, attachment theory, gestalt therapy and object relations theories are used in a holistic manner. Although it was initially associated with the treatment of chronic processes, it began to be used in the treatment of Axis 1 group psychopathologies over time. Among the treatment strategies in schema therapy, one of the techniques is experiential techniques. "Imagery Rescripting", which is among the experiential techniques, is an important intervention method. Imagery rescripting can be explained as a therapy technique in which the negative emotions and symptoms that are caused by difficult memories are improved by changing the memory. There are data implying that the use of this technique dates back to the 1900s. The Imagery rescripting technique is used in planning behavioral strategies and in studying past life memories within cognitive behavioral theory. An unpleasant memory is relived to transform it into a more positive memory during imagery rescripting technique. Although imagery seems to affect only the visual sense, it can also be experienced auditory, tactile and in a gustative manner. It is already known that autobiographical memory is used in re-experiencing through imagery. Changing the meaning of experiences about autobiographical representations seems to be the underlying mechanism of action in this respect. Also, recent studies report that it not only changes a person's interpretation of disturbing past life memories, but affects the perception of memory. There are also some other publications reporting that processing through imagery is superior to cognitive processing. Similar to rewriting with Imagery, regrowing works in a similar way. This is especially attributed to the fact that emotional content is triggered by senses and sensations. With interventions, the experience as it was in the past can be transformed into different meanings and experiences, and the emotion can be altered in this way. By doing so, needs that were not met at the time of the event are covered, and the emotional burden of the traumatic negative experience is reduced by processing it in a different way. Imagery rescripting is frequently applied in psychological treatment and is known to reduce intrusions and distress of the memory.

Imagery rescripting was found to be effective in reducing symptoms of disorders such as depression, social phobia, anxiety disorders, eating disorders, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, and personality disorders. For this reason, it is now used more frequently in clinics. Imagery rescripting, which is effective and used widely in psychotherapy, is the area of interest of therapists.

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Cognitive Behavior Psychotherapy of Vaginismus Patient Without Partner

Canan Efe

Ankara, Türkey

There are studies reporting that sexual dysfunctions affect approximately 40% of women on a global scale. Vaginismus is among the most common of these disorders. Vaginismus is classified as pain in the genitals-pelvis/penetration disorder in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5). Vaginismus is a penetration disorder in that any form of vaginal penetration such as tampons, finger, vaginal dilators, gynecological examinations, and intercourse is often painful or impossible. These symptoms persist for at least 6 months and cause clinically significant distress to the person. The most common female sexual dysfunction is primary vaginismus the prevalence of which may vary greatly because of the fact that studies on this subject are conducted in societies with different cultural structures.

In recent years, cases of vaginismus without a partner have been included in treatment applications for vaginismus reasons. The number of patients who were diagnosed previously with primary vaginismus or who developed secondary vaginismus for several reasons and who want the treatment of this without a partner in their lives is increasing. People who do not want to experience this process with a partner request treatment. It is quite understandable that these people request treatment even without a partner because of reasons such as requesting vaginal control and not being able to have simultaneous gynecological examinations because vaginismus is not considered only as sexual intercourse or the placement of the penis in the vagina. Also, psychological difficulties in relationships because of vaginismus cause people want to intervene in problems that might occur in a new relationship before they occur.

In this case report, it is described that a female patient, who was followed up because of adjustment disorder, received an additional diagnosis of Vaginismus and received treatment. As a result of the development of vaginismus, problems with her partner, and the partner's decision to break up because of vaginismus, the person requested treatment to avoid a similar situation in her other relationships and put the problems that caused her application in the background as a secondary item. At the request of the patient, psychotherapy was planned with the diagnosis of vaginismus without a partner. Her detailed sexual history showed that the patient had never discussed sexual issues with anyone before, that she believed in false statements she heard around her, and that she had avoidant behaviors towards her own genital area. Sexual information sessions were held for the patient, and her myths were examined. She was given homework to examine and touch the genital area with a mirror. Finger exercises were performed. When the finger exercises were completed, the patient began a relationship. She had sexual intercourse with her partner and had no pain or contraction. She did not describe any problems in her sexual life afterwards.

There are different therapy methods and treatment protocols regarding sexual dysfunctions. Cognitive behavioral therapy is the most significant among these protocols and provides positive outcomes in terms of treatment. Previous studies show positive improvements in sexual frequency, communication, satisfaction, avoidance, touch and general sexual functions of patients who receive cognitive behavioral therapy. In the partnerless vaginismus case followed by us, she applied the cognitive behavioral model vaginismus protocol. Considering the increasing need in the literature, more studies are needed for partnerless vaginismus cases.

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Cognitive Behaviour Treatment of Perfectionism

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There is a recent interest in transdiagnostic approaches because of reasons such as frequent comorbidity rates in mental disorders, subthreshold symptoms that do not meet the diagnostic criteria but cause problems for the individual, and the importance of the dimensional course. Transdiagnostic approaches psychotherapy practices are based on cognitive behavioral therapy. The concept of perfectionism is defined as the tendency to have excessively high standards associated with clinically significant distress or functional impairment. However, perfectionism is accepted within transdiagnostic processes, which involves keeping standards high at all times and in every aspect, having high expectations for all performances, and harsh, non-constructive criticism of all performances. Although an individual expects these standards from himself/herself, s/he can also expect these from those around him/her in some cases. This expectation appears as intense pressure in the clinical manifestation. A point that must not be ignored about perfectionism is that it is a characteristic that can have positive results when it can be flexible according to circumstances when it is not associated with the individual's values, when it is used for success, when it gives a feeling of satisfaction when the target is achieved, and when it does not come back as harsh criticism to oneself when the planned target is not achieved. Negative perfectionist people measure their value with their productivity and success, and the excessive pressure they put on themselves with the motive to success brings with it a decreased performance and intense stress, limitations, and problems in family, work, and social areas. There are faulty cognitive distortions regarding making mistakes and the possible consequences of mistakes for those who have perfectionist characteristics. In general, these unrealistic and impractical high expectations bring them new dysfunctional beliefs and faulty evaluations related to them, and in this way, create a vicious cycle. With its maladaptive and abnormal characteristics, negative perfectionism leads to increased psychological problems. Studies show that this characteristic, which is also referred to as dysfunctional perfectionism, is a risk factor for different mental disorders. Eating disorders, depression, anxiety disorders, obsessive compulsive disorder, and personality disorders are among these psychopathologies. The effectiveness of cognitive behavioral psychotherapies for perfectionism in patients who are diagnosed with eating disorders, anxiety disorders, obsessive compulsive disorder, and depression was demonstrated and recommended in treatment protocols. Shafran et al. conducted a randomized controlled study in 2017 on perfectionism, including 156 patients, internet-based cognitive behavioral therapy was shown to be effective on depression, anxiety, and quality of life. Also, the compliance of patients with the therapy process provides insight into the applicability of this method. It was also shown to be associated with different mental disorders. More studies are needed on cognitive behavioral approaches regarding perfectionism as a predictive and transdiagnostic factor to determine the treatment outcomes in clinical symptomatology.

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A Systematic Review and Initial Typology of Interventions to Support Parents of Young People with a Range of Mental Health Conditions

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Introduction: It is estimated that around 20% of children and young people (CYP) experienced anxiety disorders and around 29% experienced depressive disorders since the COVID-19 pandemic [1]. Parents are often also affected by their CYP's difficulties, with evidence of guilt, shame, fear, worry, and increased depression and parenting stress in parents of CYP with mental health conditions e.g. [2, 3]. Whilst the causality is complex to establish in the quantitative studies, qualitative studies describe a connection. Interventions are needed then for some parents to support them with their own wellbeing in relation to CYP mental health problems. There is currently no review of what has been developed, for whom, in what way, and using which techniques.

Methods: Medline, PsycInfo, Scopus, Web of Science, CINAHL, AMED, Cochrane registry, EMBASE and ICTRP were searched to identify papers published in English, focusing on parents/carers of CYP with a range of mental health conditions, intervention terms, and outcome terms for parents'. This highly sensitive search identified 44,542 abstracts for screening. Studies were eligible for inclusion if they focused on our population and included description of an intervention that had at least one component focusing on supporting parents directly. A checklist of intervention descriptions [4] was used to structure the narrative synthesis. A provisional typology of intervention types was created.

Results: 71 studies were included. Many interventions' main aim was to change parent behaviour to improve children's outcomes, with just 30/71 studies having a clear aim relating to parents' wellbeing. The majority of interventions had a minor component seeking to address the parents' needs. There is a lack of clear models about the distress parents were experiencing. Interventions most commonly included CBT, mindfulness, and psychoeducation for stress reduction. 55/71 interventions were delivered by trained health-care professionals, typically face-to-face in community settings, and with a wide range of durations. 14/71 explicitly described how tailoring may be possible.

Conclusions: An initial typology relating to interventions targeting parenting as problem, parent as partner in treating child, and parent as person was derived. There is major scope for development of clearly focused intervention to support parents with the impact of having a CYP with a mental health disorder, particularly with a need to relate intervention components clearly to a model of parents' needs, and to explore the use of peer and/or digital delivery.

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Contextual Factors in Strengthening Mental Health Programming in Humanitarian Settings

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Humanitarian crises leave millions of people in dire conditions where access to mental health services is limited. To address the mental health needs of crisis-affected communities, scalable psychological interventions have been developed and tested in different settings. However, the role of contextual factors, including cultural, social, and geopolitical considerations, in preventing and treating mental health problems has received relatively scant attention. Research to understand the impact of those contextual factors on the implementation of psychological interventions to improve the quality of mental health programming is therefore urgently required.

In this symposium, our international research team will present several lines of quantitative and qualitative work investigating contextual factors in strengthening mental health programming in humanitarian settings as a part of the Caring for Carers Project funded through ELRHA's Research for Health in Humanitarian Crisis Scheme. The project aims to test the role of an online group-based clinical supervision program in alleviating the adverse impact of contextual factors on the mental and occupational health of humanitarian mental health workers and improving the quality of psychosocial support services that displaced communities receive.

Gülşah Kurt (Türkiye) will chair the session and co-present with Fatema Almeamari (Türkiye) on the longitudinal mental health impact of the recent earthquakes in Türkiye and Northwest Syria among mental health and psychosocial support practitioners working with Syrian displaced communities. Michael McGrath (Australia) will present the results of a scoping review critically examining the concept of localization. Localization aims to address contextual factors by empowering local actors in affected countries to lead and deliver effective mental health support. Sabiha Jahan (Bangladesh) and Salah Lekkeh (Syria) will present qualitative data collected from multiple stakeholders (mental health practitioners, service users, and managers in local and international organizations operating in Northwest Syria, Türkiye, and Bangladesh) to identify areas of improvement and contextual barriers and facilitators to strengthen the quality of mental health support provided to crisis-affected communities. This research symposium will provide enriched information and insights about the intricate role of contextual factors in implementing psychosocial interventions and strengthening mental health programming in humanitarian settings.

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Inclusive Mental Health Research Practices with Displaced Communities

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Global mental health practice seeks to make mental health services available for all, including those living within forcibly displaced communities. In such communities, there are often scarce resources, few specialist mental health providers and large unmet needs. Recent initiatives led by the World Health Organisation have developed scalable mental health programs to be disseminated across diverse settings. However, relatively little is known about what is needed to ensure these programs are culturally and contextually appropriate, address the needs of the relevant populations and are sustainable long term. Moreover, these mental health interventions are overwhelming geared towards individuals and major questions remain about approaches to training and supervisions to support non-specialists providers. This symposium will present research from eight countries which draws on the expertise of forcibly displaced communities to support sustainable and equitable implementation of mental health programs.

Ruth Wells will chair the session and co-present with the UNSW Rohingya Advisory Committee on inclusive research practice in the implementation of the Caring for Carers project, a psychosocial supervision intervention for mental health practitioners in Syria, Türkiye and Bangladesh. This project has recently been awarded the Springer Nature award for Inclusive Health Research. Ruth Wells will present on the design of the mixed-methods quasi-experimental study, involving engagement with local organisations, practitioners and service users. This has involved participatory engagement with people in the Rohingya community, an ethnic minority from Myanmar now rendered stateless by genocide and persecution. Members of the Rohingya Advisory Committee will present on the importance of listening to Rohingya voices when implementing mental health interventions.

Frederique Vallieres, Nadeen Abujaber and Meg Ryan from Trinity Centre for Global Health, Trinity College, Dublin, together with the IFRC Psychosocial Reference Centre, have implemented the Integrated Model for Supervision for local mental health practitioners in Nigeria, Jordan, Ukraine, Ethiopia, Bangladesh and Afghanistan. The program involves working closely with local organisations to build clinical and organisational capacity to provide supportive supervision. They will present on the acceptability, appropriateness, and feasibility of implementing supportive supervision within humanitarian contexts.

Mary Bunn from Department of Psychiatry and Center for Global Health, University of Illinois Chicago will present on collaborative research to develop family-based mental health services that improve mental health and address the family system needs resulting from forced displacement. Specifically, she will share findings from a National Institute of Mental Health funded research project that uses human-centered design (HCD) and implementation science to adapt a multiple family group intervention for use with Middle Eastern refugees and delivery by peer providers in community-based organizations. Lived experience was incorporated through qualitative interviews, focus groups, and co-design sessions involving caregivers, youth, and service providers, to refine the intervention. The presentation will review content, context and evaluation changes resulting from the adaptation process and also highlight ways to leverage HCD to meaningfully integrate individuals with lived experience into the adaptation life cycle.

Caring for Carers: Cross-Cultural Supportive Clinical Supervision for Mental Health Practitioners in Humanitarian Settings

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This symposium will explore the role of cultural and contextual factors in providing supervision to mental health practitioners working with displaced communities in three humanitarian settings.

Background: Global displacement has hit an all-time record, with 35 million people forced to leave their countries and seek refuge in other countries. Displaced communities are likely to experience higher mental health problems due to traumatic experiences and stressors they face before, during, and after displacement. The majority live in low- and middle-income countries where the health system is already challenged due to the high need in the community. There is also a profound shortage of mental health practitioners providing specialized treatment to those in need. The utilization of non-specialist psychosocial interventions in humanitarian settings has been gaining momentum in the recent years. However, little is known about how to support the wellbeing and professional development of non-specialist practitioners engaged in these programs.

Methods: Supportive supervision offers a way to provide mental health practitioners with ongoing feedback on their clinical skills, to develop reflective practice skills and to cope with the challenges of supporting communities exposed to ongoing traumatic events. The Caring for Carers Project (C4C), funded through ELRHA's Research for Health in Humanitarian Crisis Scheme, aims to test the effectiveness and acceptability of online group-based supportive supervision provided to humanitarian practitioners working with displaced communities in three protracted displacement contexts, Bangladesh, Northwest Syria, and Türkiye. International and local clinical supervisors work together to co-facilitate groups sessions in the local language. Data collected included focus groups with local stakeholders and videos of the supervision sessions.

Aims: In this symposium, our international team members will present the challenges and processes related to working with displaced communities. We will discuss how clinical supervision can be structured to flexibly respond to the needs of practitioners while taking into account the power imbalances inherent in cross-cultural and cross-regional collaborations.

The presenters: Ruth Wells (Australia), the principal investigator of the project, will chair the session where the country investigators, Ceren Acartürk (Türkiye) and Muhammad Kamruzzaman Mozumder (Bangladesh), will open the session discussing mental health and psychosocial support for displaced communities in humanitarian settings. Then, Omar Faruk (Bangladesh) will present our recent work on how to decolonize clinical supervision in humanitarian settings considering the idiosyncratic characteristics of each settlement context. As the last speakers, Ruth Wells (Australia) and Gülşah Kurt (Türkiye) will talk about the collective and reflective practice of our team in examining the content and processes related to the supervision program.

Telehealth-Delivered Naturalistic Developmental Behavioural Intervention with and Without Acceptance and Commitment Therapy for Autistic Children and Their Caregivers: Preliminary Findings from a Randomised Clinical Trial

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Autistic children and their caregivers can benefit from timely supports that optimise child development and caregiver and child wellbeing. Naturalistic Developmental Behavioural Interventions (NDBI) and Acceptance and Commitment Therapy (ACT) are evidence-based programmes that can support child development, and adult wellbeing, respectively. However, structural barriers can preclude access to such supports, and the relative and combined effectiveness of telehealth-delivered NDBI and ACT is unknown. This research aims to evaluate the effectiveness and acceptability of telehealth-delivered NDBI and ACT, alone and in parallel, on caregiver-child engagement and caregiver wellbeing. Study outcomes are evaluated within a randomised clinical trial consisting of three support arms: (1) NDBI; (2) ACT; (3) NDBI + ACT combined. Participants were 78 caregivers of autistic children aged 2-5 years, from throughout Aotearoa New Zealand (NZ). Supports were delivered over 13 weeks via culturally enhanced web-based modules and fortnightly online parent coaching, each co-facilitated by a caregiver of an autistic child. Outcome variables, assessed across three time points, will be evaluated using a repeated measures multivariate analysis of variance (MANOVA). Post-programme interviews will provide a measure of social and cultural acceptability. We hypothesise post-participation improvement in child and caregiver outcomes with the greatest effects for NDBI + ACT, that effects will be maintained over time, and that the programmes will be rated as culturally and socially acceptable. This presentation will provide an overview of the study protocol and preliminary participant feedback. Telehealth-delivered programmes can provide equitable, timely access to supports that may enhance the wellbeing of autistic children and their caregivers. Study outcomes have the potential to inform ongoing telehealth research and practice.

Introduction to Enneagram Personality Typing System (EPTS)

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The enneagram was first introduced to the United States by psychiatrist Claudio Naranjo and John Lilly. Both psychiatrists described personality theory related to the Enneagram (1). The Enneagram Personality Typing System (EPTS) is a classification system that categorizes individuals into one of nine distinct personality types. The theory of EPTS defines core fears, core desires, and probable behavioral responses to stressfull life events for each type. (1,2).

EPTS offers comprehensive insights into personality traits, making it valuable for clinicians in therapeutic settings, enhancing the therapeutic alliance, and understanding interpersonal dynamics. Studies have revealed associations between EPTS and other personality systems (3).

Main features of types are defined below (1-3):

Type 1: Perfectionist type. The core desire of type 1 is to be good and perfect, the core fear of type 1 is to be corrupt.

Type 2: Helper type. The core desire of type 2 is to be loved, the core fear of type 2 is to be unwanted.

Type 3: Achiever type. The core desire of type 3 is to be successful, the core fear of type 3 is to be worthless.

Type 4: Individualist type. The core desire of type 4 is to find themselves, the core fear of type 4 is to have no identity.

Type 5: Observer type. The core desire of type 5 is to be capable, the core fear of type 5 is to be useless.

Type 6: Loyalist type. The core desire of type 6 is to have security and the core fear of type 6 is to have no guidance.

Type 7: Enthusiast type. The core desire of type 7 is to be satisfied and the core fear of type 7 is to be in pain.

Type 8: Challenger type. The core desire of type 8 is to control their environment, and the core fear of type 8 is to harmed by others.

Type 9: Peacemaker type. The core desire of type 9 is to have peace in their mind and external world, and the core fear of type 9 is to be disconnected.

Wing effect, subtypes,and intertype movement are defined as secondary features of EPTS theory (1,2). Despite being used by many clinicians, and clients, psychologist/psychiatrist within the academic community have given little attention to EPTS(1,2). Thus, the aim of this study is to introduce EPTS.

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Mothering Experience of Specific Subgroups: The Effect of Chronic Mental Disorders on Motherhood

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Research on parents with mental illness, their strengths and weaknesses, and how the illness affects parenting quality is limited.

Considering that child-rearing has traditionally been considered a woman's responsibility in almost all parts of the world, the gender gap in the impact of a serious mental illness is significant (1,2). Additionally, mothers with mental illness must cope with the burden of mental illness-related stigma throughout their entire motherhood experience (3,4).

For mothers with chronic mental illness, the feeling of pride in parenthood is a strong motivation to cope with the illness. Motherhood is a rewarding role for women with mental illness that begins with birth to fulfill life tasks and overcome stigma (5).

Determining the subjective feelings of recovery and the impact of being a mother on the recovery process in the context of the parenting role in female patients with chronic mental illness will provide a basis and evidence for rehabilitation-based treatment planning. Our study, planned for this purpose, aimed to determine the effect of disease-related burden on the maternal experience of women with chronic mental illness, a specific population.

For this purpose, patients who were women and mothers between the ages of 18 and 65, had schizophrenia or other psychotic disorders and Bipolar Disorder (BPD) according to DSM-V criteria for at least one year, and had the disease in remission for at least the last 6 months were included in the study.

By the clinician; Positive and Negative Syndrome Scale (PANSS), Personal and Social Performance Scale (PSP) for individuals diagnosed with schizophrenia and other psychotic disorders; Hamilton Depression Scale (HAM-D), Young Mania Rating Scale (YMRS), Brief Functioning Rating Scale (BFRS) were administered to individuals diagnosed with BPD, and the Brief Psychiatric Rating Scale (BPRS) was administered to all participants. All participants self-completed the Self-Perception of the Parental Role Scale (SPPR), the Subjective Recovery Assessment Scale (SRAS), and the Beck Cognitive Insight Scale (BCIS).

A total of 115 mothers were included, of which 34.8% (n=40) were diagnosed with Schizophrenia and 65.2% (n=75) were diagnosed with BPD. The Role Balance subscale score of SPPR, which evaluates parental cognitions, scores of individuals who stated that motherhood was effective in treatment adherence were found significantly higher ($p<0.05$). The mothers who stated that motherhood had a positive effect on coping with the disease had higher scores on Role satisfaction, Role Balance sub-scale of SRAS ($p<0.05$). Regression analysis revealed that a one-unit change in the Investment subscale variable increased the self-esteem score by 0.884 units.

Our findings reveal that cognitions related to the parental role increase motivation for recovery in mothers with mental illness. Motherhood can be used as an effective resource in psychological interventions aimed at providing recovery motivation in this population.

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Detection of Body Dysmorphic Disorder in Young People: Psychometric Evaluation of the Child and Adolescent Version of the Body Image Questionnaire in Non-Clinical and Clinical Settings

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Body dysmorphic disorder (BDD) affects approximately 2% of adolescents and can have a profound impact on functioning and quality of life. The disorder often goes undetected and undiagnosed, meaning that many young people with BDD fail to access effective, evidence-based treatment. Improving assessment and detection of BDD is therefore an important clinical priority, and achieving this target can be aided by establishing valid and reliable measurement tools. While clinician-administered assessment tools are the gold-standard, self-report questionnaires have several key advantages including speed and ease of administration. However, only a small number of self-report questionnaires for assessing BDD symptoms in young people exist. Importantly, to date none of these questionnaires have been validated in clinical samples of young people with BDD. The current study used classical test theory to evaluate the psychometric properties of the Child and Adolescent version of the Body Image Questionnaire (BIQ-C) in a clinical and a non-clinical sample. The BIQ-C and a battery of other standardized questionnaires were completed by 479 young people recruited through schools, and 102 adolescents with a confirmed diagnosis of BDD attending a specialist clinic. The factor structure, internal consistency, convergent and divergent validity were examined in both samples. Treatment sensitivity was also assessed in the clinical sample. Results will be presented, and clinical implications discussed.

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Parents' Experiences of Parenting a Preadolescent Child with OCD

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Background: Obsessive Compulsive Disorder (OCD) has negative impacts on affected preadolescent children; however, little is known about parents' experiences of parenting a preadolescent child with OCD, and limited provision exists to help parents to support their children. To develop ways of supporting parents of preadolescent children with OCD that can be delivered at scale, we need to understand parents' experiences of parenting a child with OCD, to ensure that the support provided reflects parents' experiences, needs, and wishes.

Aims: This study aimed to explore parents' experiences of parenting a preadolescent child with OCD using semi-structured, qualitative interviews to inform the development of such provision.

Method: Twenty-two parents (15 mothers; 7 fathers) of 16 children (7- to 14-years-old) who had experienced OCD were interviewed.

Results: Reflexive thematic analysis was used to generate two overarching themes: (1) challenge and frustration, and (2) helplessness, and five themes: (1) the journey to understanding and coming to terms with OCD, (2) the battle for support, (3) navigating how to respond to OCD, (4) OCD is in control, and (5) the emotional turmoil of parenting a preadolescent child with OCD.

Discussion: This study highlighted the challenges, frustration, and helplessness that parents of preadolescent children with OCD experience. The need for clear, accessible, and scalable support for parents of preadolescent children with OCD was identified.

Therapist Guided, Parent-Led CBT for Preadolescent Children with OCD

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Introduction: Obsessive Compulsive Disorder (OCD) often begins during preadolescent years (Geller et al., 1997) and can continue into adulthood if treatment is not provided (Micali et al., 2010). Cognitive Behavioural Therapy (CBT) including Exposure and Response Prevention (ERP) is the gold standard psychological treatment for children with OCD, however, limited numbers of mental health professionals are trained to deliver this approach (Stallard et al., 2007) and services often have substantial waitlists for treatment (O'Neill & Feusner, 2015). Delivering treatment via parents may help to increase access to CBT for preadolescent children with OCD, as parent-led treatments have been shown to be effective and cost-effective for children with anxiety disorders (Creswell et al., 2020). This presentation will present the results of a preliminary evaluation of a parent-led CBT treatment for preadolescent children (aged 5- to 12-year-old) with OCD.

Method: A non-concurrent multiple baseline approach was used and consisted of a no-treatment baseline phase and a treatment phase. Ten families of preadolescent children with OCD were randomised to a 3-, 4-, or 5-week baseline phase before receiving 6- to 8- individual treatment sessions. Parents (and children) completed semi-structured diagnostic interviews prior to the baseline phase, within one-week of completing treatment, and one-month after completing the treatment. Weekly parent-reported questionnaires measuring children's OCD, family accommodation, and parents' knowledge/confidence to help their child were collected. Parents' acceptability of the treatment was assessed quantitatively and qualitatively.

Results: Visual analyses of parent-reported questionnaires will be presented, alongside clinically significant and reliable change indices for diagnostic and questionnaire measures. The percentage of children who met criteria for "clinical response" and "clinical remission" on diagnostic measures will be reported, alongside data on treatment acceptability.

Discussion: This study provides preliminary evidence that parent-led CBT may be an effective way to help increase access to psychological treatments for preadolescent children with OCD. Further, more rigorous, evaluation of this treatment is now needed.

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Lessons Learned from the Implementation of a Brief Online, Therapist Guided, Parent-Led CBT Intervention for Child Anxiety Problems in UK Mental Health Services

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Introduction: Anxiety problems frequently begin during childhood (Solmi et al., 2022) and are associated with a range of negative impacts (Asselmann et al., 2018). Moreover, less than 3% of families who seek support for childhood anxiety problems access evidence-based treatment (i.e., Cognitive Behavioural Therapy, CBT; Reardon et al., 2020). Recently, there have been increasing efforts to develop and evaluate brief CBT treatments to help increase access to evidence-based support for affected families (e.g., Crawley et al., 2013; Thirlwall et al., 2013; March et al., 2018). Brief, online therapist guided, parent-led CBT appears to be a promising way to help increase access to treatment (Hill et al., 2022; Green et al., 2023). This presentation will focus on the implementation of a brief, online therapist guided, parent-led CBT intervention, known as OSI (Online Support and Intervention for child anxiety problems), in routine practice in mental health services across the UK.

Method: Thirty-four NHS trusts/organisations were offered the use of OSI in their routine clinical practice for free from August 2022 to December 2023. A series of service evaluations have been set up to examine the clinical outcomes and usage of OSI in routine clinical practice.

Results: Descriptive and statistical analyses of the clinical outcomes (i.e., change in children's anxiety symptoms, interference, functioning, and goal-based outcomes) and usage of OSI (i.e., parents' engagement with OSI) across mental health services will be presented. Implementation science frameworks will be used to identify the key facilitators (e.g., continued training for OSI clinicians) and barriers (e.g., high staff turnover) to implementing OSI in routine mental health services.

Discussion: The lessons learned from the implementation of OSI in routine clinical practice to date will be discussed. Specifically, key strategies to continue using to facilitate the implementation of OSI will be identified, as well as any adaptations to our existing implementation plan to help maximise the adoption of OSI in routine clinical practice.

Treatment Outcomes and Dropout From NHS Talking Therapies for Anxiety and Depression For People Of Different Religions: How They Differ, For Whom and Some Ideas of What May Be Done to Mitigate Them

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Background: Religion plays a crucial role in recovery from mental health problems for those with faith beliefs (Nguyen, 2020). Evidence shows that incorporating faith beliefs and religious practices into cultural adaptations to therapy may improve outcomes (Arundell, Barnett, Buckman, Saunders, & Pilling, 2021). There is also evidence that in NHS Talking Therapies for anxiety and depression (NHS TTad) services outcomes differ between service users of certain religions, for example self-identifying Muslims report poorer outcomes than self-identifying Christians (Moller, Ryan, Rollings, & Barkham, 2019). However, poor data-coverage on religion and the use of aggregate, service-level data rather than individual patient-data have limited investigations of these effects to-date.

Aims: To investigate differences in NHS TTad treatment outcomes between those of different religious groups. Additionally, to investigate changes in outcome disparities over years to consider the impacts of local initiatives to improve outcomes for Muslims. Finally, to investigate intersectional effects between self-identified religion and ethnicity.

Method: Five NHS TTad services in North Central and East London routinely collected data on self-identified religion. Data were included from patients that had completed a treatment episode between 2011-2020. Data on religion were categorised into: No religion, Christian, Muslim, and Other religions, based on the most commonly identified religions in the locality. Logistic regression models were fitted to examine differences in the likelihood of experiencing reliable recovery, reliable deterioration, and treatment 'dropout', between religious groups. Models were adjusted for potential confounding factors related to sociodemographic, socioeconomic, clinical and treatment-related factors. Analyses were also stratified by the years patients were treated in the services. The interaction between religion and ethnicity was examined.

Results: Of N=70,098 included service users, 14.8% identified as Muslim, 38.7% as having no religion, 32.7% as Christian, and 11.1% as of other religions. After adjusting for all available confounding factors there was evidence that relative to Muslims, those identifying as having no religion [OR(95%CI)=1.42(1.32-1.52)], Christian [OR(95%CI)=1.46(1.36-1.57)], and other religions [OR(95%CI)=1.29(1.19-1.39)] were more likely to reliably recover. Muslim patients were also more likely to experience a deterioration in symptoms but were no more likely to dropout. Disparity in outcomes has diminished over the years in line with initiatives by local services to improve engagement and outcomes for minoritized religious communities and provide culturally adapted therapy. There was evidence of intersectional effects between religion and ethnicity. Muslims identifying as ethnically White and as of Other ethnicities had considerably worse outcomes than those Muslims identifying as of Asian, Mixed, or Black ethnicities, and relative to those ethnically White or of Other ethnicities with other religious identities.

Conclusion: Muslim patients, particularly those identifying as ethnically White or of Other ethnicities, had poorer outcomes than those of other religious identities and ethnicities. The high rate of unemployment, area-level deprivation and census data suggests sizeable proportions of ethnically White and Other ethnic Muslims living in the area served by these services may be asylum seekers or refugees. Collecting data on asylum status may better inform the nature of these effects and elucidate cultural adaptations to further improve outcomes.

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Differences in Outcomes between Ethnic Groups: Evidence From The National NHS Ttad Programme

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Background: Inequalities in mental health prevalence, healthcare utilisation and treatment outcomes exist for minoritized ethnic communities. Multiple factors have been indicated, including higher rates of social deprivation and cultural stigma (Misra et al., 2021). In England, NHS Talking Therapies for anxiety and depression (NHS TTad, formally known as IAPT), services were initiated to reduce the burden of common mental disorders through the delivery of evidence-based psychological treatments (Clark, 2018). The implementation of the Black Asian and Minority Positive Practice Guide nationally (Beck et al., 2019), alongside local initiatives, aimed to reduce inequalities. This analysis examines whether there are differences in NHS TTad treatment outcomes between people of different ethnic groups, whether these differences have changed over time, and are associated with patient or service-level characteristics.

Method: All NHS TTad services in England submit their routinely collected data to NHS Digital for national reporting (NHS Digital, 2020). Data from all patients age 18+, with ethnicity data available and who received treatment from services between April 2017 and March 2022 were accessed for this study. Data on patient ethnicity is collected by services using 16 categories aligned with the UK Census fields (Arundell et al., 2022). Logistic regression models were constructed to examine differences in the likelihood of achieving reliable recovery and reliable improvement following NHS TTad treatment between ethnicity groups. A series of models were constructed demonstrating how the adjustment for potential confounders, specifically sociodemographic, clinical, socioeconomic and treatment-related factors, impacted observed differences between ethnic groups. The interaction between age and ethnicity was also examined. 'White: British' ethnicity, the largest group in the dataset (~80%) was used as the reference category in most comparisons.

Results: Over 2 million treatment episodes were included. Over time, the difference in reliable recovery and reliable improvement rates between patients of 'White: British' ethnicity, and most other ethnic groups has reduced. Adjusting for important variables such as employment status and local area deprivation reduced differences in outcomes between minoritized ethnic groups and 'White: British' patients, and further adjusting for waiting times and number of sessions received meant patients of 'Black: African', 'Black: Caribbean' and 'Chinese' ethnicity were more likely to benefit than "White: British" individuals. An interaction with age was observed, whereby smaller differences between White British and minoritized ethnic groups were present in younger patients but larger differences emerged in older patients.

Conclusion: Differences in treatment outcomes were observed between ethnic groups. Whilst for some ethnic groups differences in outcomes were attenuated when adjusting for socioeconomic and treatment-related factors, there was still evidence of poorer outcomes for those from individual ethnic groups, especially those of 'Mixed' or 'Asian' ethnicity. Better understanding around the impact of socioeconomic status on outcomes, as well as equalising waiting times and treatment delivered across ethnic groups by services could reduce observed inequalities in outcomes. That older individuals from minoritized ethnic groups have poorer outcomes indicates the need for a better understanding of factors impacting this these individuals, which might include generational differences in discrimination, shifting social values, cultural practices.

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Targeting Emotion (DYS)Regulation Of Youth Across Different Settings: The Serbian Experience

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Adolescence and emerging adulthood are periods of great opportunity, but of considerable risk for mental health. About a half of all mental disorders first occur by the age of 14, and about three quarters by the age of 24. By this age we see different syndromes (internalizing, externalizing) that could be all associated to one underlying substrate - emotion dysregulation (EDR). These problems may affect the developmental trajectory in a serious way, however only the third of those young people get appropriate help on time. There are many challenges contributing to that, some of which are associated to difficulties to provide widespread psychosocial interventions in various sectors working with youth. Although the science has proven the efficacy of various manualized CBT treatment programs with trained specialists and RCT conditions, there are still a lot of challenges in "real life" circumstances, usually followed by insufficient number of professionals (overload and limited time with each young person) in different sectors, heterogenous psychotherapy background, etc. The aim of this presentation is to point out to challenges and potential solutions when it comes to national large-scale psychosocial support (emotion dysregulation, CBT oriented) to all young people in need. In Serbia, the challenges in this domain are palpable when it comes to public sectors (healthcare, education, social welfare), due to the significant lack of the mental healthcare professionals relative to the increasing number of young people in need of mental health support. To address this gap, considerable efforts have been invested through several initiatives: 1) through the capacity building of professionals in public sectors to work with parents in terms of non-violent parenting and directing parents towards self-regulation (including emotion regulation) (DEAPS, UNICEF); 2) through the national project of capacity building for providing mental health support in public sectors by defining a minimum service package and training curriculum to train the professionals who then provided these services to hundreds of young people (with promising evaluation results, especially in domain of improving functionality, decreasing symptoms of depression and anxiety, and improving subjective experience) (IMH, ORYGEN, UNICEF); and 3) through the establishment of Division of Emotion Dysregulation of Adolescents(EMODYA) dedicated to explore the key predictors and outcomes of EDR in youth, as well as tailoring brief emotion-regulation-CBT-based intervention for routine, transdiagnostic clinical settings for adolescents and emerging adults (IMH, DEAPS).The later study is in its preliminary phase, but it is a cohort study with long-term follow up, exploring the transition from adolescence, through emerging adulthood, into adulthood. In conclusion, the emotion (dys)regulation is an important focus when it comes to youth mental health. However, we need more ways and approaches to provide the interventions to all the youth in need. Exploring the predictors and outcomes of adolescent emotion dysregulation will help not only in further understanding of this complex issue, but also in "translating" it to intervention targets in various settings and prevention levels (universal, selective, indicated).

Keywords: emotion dysregulation, adolescents, emerging adults, CBT intervention, routine settings

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Eureka: A Transdiagnostic Program Targeting Adolescent Emotion Regulation Skills

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In an inpatient treatment center for pediatric obesity, the effectiveness of EUREKA, an emotion regulation (ER) training on top of the multidisciplinary obesity treatment (MOT) was tested by means of a RCT. The ER training was evaluated on primary outcomes: ER and emotional eating, and secondary outcomes: well-being and weight loss, taking into account pre, post and follow-up measurements. METHOD From the 115 10-to-14-year old adolescents with obesity (52.2% girls), 65 were allocated to the ER training. Physicians measured their height and weight objectively (4 times). Moreover, participants filled out questionnaires on ER competencies (ER abilities and ER strategies), emotional eating and well-being (3 times). RESULTS Significant pre-post interactions were found for 'emotional awareness', 'problem solving' and 'evoking a positive mood'. Moreover, the positive effects of the ER training on emotion regulation strategies were maintained at follow-up. Concerning well-being, no significant pre-post interaction effects were found but a significant interaction effect was found when comparing pre with follow-up. Analyses show a significant main effect of time on weight loss, but this was not qualified by a time x condition interaction effect. DISCUSSION The current RCT study shows limited but promising effects of adding an ER training to the MOT. Further research should investigate whether the positive short-term effects will be maintained.

Keywords: Obesity, School-age children, Emotion Regulation, Randomized Controlled Trial

Linking Emotion Dysregulation, Childhood Trauma And Rejection Sensitivity In Transdiagnostic Youth

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Introduction: A need to form and maintain enduring interpersonal relations is a fundamental motivation of humans, while the experience of social exclusion and rejection causes psychological and physical distress and threatens individuals' basic needs. The affective response to social rejection may vary according to individual differences in interpersonal needs - people with higher rejection sensitivity might be more prone to interpret ambiguous or neutral social signals as rejection and to react maladaptively. Early experiences of rejection, ranging from neglect to abuse, might heighten rejection sensitivity and shape future behavior within close relations, as well as contribute to borderline personality disorder symptomatology in adolescents, which we propose to have a common link in difficulties in emotional dysregulation. The aim of our study is to explore the relationship between the presence of reported childhood maltreatment, self-reported rejection sensitivity, need-threat scores after simulation of social rejection (through virtual task Cyberball) and emotional dysregulation.

Method: This study is a part of the EMODYA project (Emotional Dysregulation of Adolescents – Study of Predictors and Outcomes), supported by The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS). The preliminary sample comprised outpatient and hospitalized adolescents (15 – 24 years old, both sexes), treated for emotional disorders (anxiety disorders, depressive disorders, adjustment disorders, mixed disorders of conduct and emotions). Patients with psychotic disorder, bipolar disorder, disorders of intellectual development, neurodevelopmental disorders, and addiction disorders are excluded from this research. The study design is cross-sectional, with the following instruments used: The Difficulties in Emotion Regulation Scale Short Form (DERSSF), Short Child Maltreatment Questionnaire (SCMQ), Online and Offline Social Sensitivity Scale, Reflexive Needs (Need Threat Scale) following virtua Cyberball game.

Results: In the preliminary sample, Reflexive Needs total score of Need Threat Scale significantly correlated to Strategies and Non-Acceptance subscales of DERS ($r = -.616$, $p=.015$ and $r = -.635$, $p=.008$, respectively). The Awareness subscale of DERS showed negative correlation to emotional abuse ($r= -.757$, $p=000$) and to the experience of witnessing violence ($r = -.544$, $p=.024$). DERS total score correlated to sexual abuse ($r = -.505$, $p=.039$).

Discussion: Our data indicate that experiences of abuse significantly correlated to the lack of awareness of emotional responses and difficulties in emotional regulation in adolescence, potentially contributing to emotional difficulties. Furthermore, our results suggest that more pronounced subjective difficulties following social rejection correlate to limited access to emotional regulation strategies, as well as non-acceptance of emotional responses. These preliminary results initially point out to the significance of further exploring the associations between rejection sensitivity and emotion dysregulation, particularly in abused individuals, in order for these aspects to be mapped as treatment elements. Further scientific and practical implications are discussed in the presentation.

Keywords: emotional dysregulation, adolescence, rejection sensitivity, child maltreatment

Acknowledgment: This work was supported by the Association for Child and Adolescent Psychiatry and Allied Professions of Serbia – DEAPS (No. REF: DEAPS-NIR-2022/01)

Linking Emotion Dysregulation, Self-Harm and Emotional Schemas in Transdiagnostic Youth

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Introduction: Emotional dysregulation (EDR) is a transdiagnostic phenomenon and represents a common pathogenetic mechanism that can manifest itself in the form of various psychopathological syndromes, where one of the specific manifestations of EDR is non-suicidal self-injury (NSSI). It is suggested that when a person is faced with a stressful scenario, problematic beliefs about emotions will lead to increased emotion dysregulation and a higher risk for self-harming actions. When compared to those who have adaptive emotional schemas, people with maladaptive emotional schemas frequently exhibit worse emotion processing, more emotional avoidance, and more difficulty with emotional and behavioral dysregulation. Research indicates that adolescents that engage in self-harming activities tend to have more defective schemas. Compared to adolescents without these behaviors, some studies have shown that adolescents who engage in self-injury are more likely to have schemas related to emotional self-awareness, rumination, guilt, control, and blame, while other study find a link with rumination and invalidation. Considering the above data, our study aimed to explore the the relationship between the presence of NSSI, emotional schemas and emotional dysregulation.

Methods: A preliminary sample consisted of adolescents and emerging adults aged 15-24 years, combined outpatients, day hospital and inpatient patients from the Clinic for Children and Adolescents. The inclusion criteria were the existence of depressive disorders, anxiety disorders, reactions to severe stress and adjustment disorder or mixed disorder of conduct and emotion. The study was cross-sectional in design and included the following instruments: The Difficulties in Emotion Regulation Scale Short Form (DERS-SF), Emotion Regulation Questionnaire (ERQ), Leahy Emotional Schemas Scale (LESS II), and a questionnaire about the age at which they self-injured and which methods they used depending on age, as well as whether they stopped, continued, reduced or increased self-injury. This research is part of a the EMODYA project called (Emotional Dysregulation in Adolescents: the study of Predictors and Outcomes") and under the auspices of The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS).

Results: Preliminary results indicate that NSSI significantly correlated with expressive suppression of ERQ subscale ($r = 0.574$, $p = 0.010$), but none of the associations with difficulties in emotional regulation measured by DERS was significant. Furthermore, NSSI significantly correlated with Simplistic view of Emotion dimension of the Emotional Schema Scale – LESS II ($r = 0.535$, $p = 0.018$).

Discussion: These preliminary results initially point out the significance of further exploring the associations between NSSI and expressive suppression of ERQ and simplistic view of emotion of LESS II, in order for these aspects to be included as treatment targets. Additional research and practical implications are discoursed in the presentation.

Keywords: emotion dysregulation, adolescents, emotional schemas, non-suicidal self-injury

Acknowledgment: This work was supported by the Association for Child and Adolescent Psychiatry and Allied Professions of Serbia – DEAPS (No. REF: DEAPS-NIR-2022/01)

Boost Camp: A Universal School-Based Prevention Program Targeting Adolescent Emotion Regulation Skills

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Early adolescence is a period of elevated risk for the development of psychopathology. One factor that contributes to this risk is the ability to regulate emotions. The present study aims to evaluate the effectiveness of Boost Camp, a new prevention program targeting young adolescents' emotion regulation skills. Junior high school adolescents (n = 347; 53% female, M-age = 11.92) from six schools were randomly allocated to the intervention condition (n = 139) or to the control condition (n = 208), using a clustered randomized controlled design. Questionnaires were used to assess primary outcomes (emotion regulation and emotional wellbeing) and secondary outcomes (school achievement, bullying experiences, and psychological stigmatization) Qualitative analyses showed a good program adherence and positive evaluations of the program. Furthermore, main results demonstrated that Boost Camp had short-term effects on depressive symptoms, self-esteem, indirect bullying experiences, and psychological stigmatization. No significant effects on emotion regulation were found and all beneficial effects immediately after the intervention disappeared at follow-up. These findings demonstrate that Boost Camp is feasible as a universal, school-based program and that it has the potential to enhance wellbeing outcomes, at least short-term and when implemented by external trainers. Suggestions to optimize the program in order to obtain long-term effects and future research plans will be discussed at the end of the talk.

Key words: emotion regulation, adolescents, universal prevention, school-based prevention

Development of Momentum: A Digital Mental Health Platform for Young People with Anxiety, Depression and Associated Problems

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Anxiety and depressive disorders are highly prevalent among children and adolescents, are highly comorbid with each other, are chronic if left untreated, and lead to numerous problematic consequences. Digital mental health programs increase access to evidence-based interventions and have been shown to be highly effective for numerous mental health problems in youth. However, the online programs developed for child and adolescent mental health issues to date do not account for comorbidity, and instead focus on only one disorder (e.g., anxiety or depression). Youth are therefore routinely provided with a digital mental health program targeting their primary presenting problem (i.e., the problem that is causing them the most distress or is most interfering with their functioning). The Momentum platform is a digital mental health platform for young people with anxiety, depression and associated problems. Momentum will offer (1) a free assessment, using clinically validated tools to measure anxiety, depression, sleep problems; (2) a free assessment report, to support the mental health literacy and acknowledge the young people's feelings and difficulties they experience; and (3) a free intervention program to help young people with the areas that is identified in the assessment. Momentum will also serve as a research platform. The first research question that we aim to answer in Momentum is whether a comorbid program for anxiety and depression is more effective than a program targeting only the primary presenting problem (i.e., anxiety or depression). This study will target adolescents with both anxiety and depression and compare digital mental health programs targeting both comorbid problems against programs that target only the primary presenting problem. The results of this study will advance current knowledge and treatment of comorbidity among youth with anxiety and depression. It is anticipated that the intervention programs targeting comorbidity will improve mental health outcomes in more than one problem area and the results of this study will inform and facilitate the development and use of digital mental health interventions addressing comorbidity.

Effectiveness of Scalable Psychological Interventions for Distressed Refugees: Self Help Plus and Problem Management Plus

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According to the World Health Organization, 1 in 8 individuals have a mental health disorder in 2019. However, despite the increase in the number of people who are in need of mental health treatment, it is estimated that only 25% have access to mental health services. To prevent this increase and to close this gap, the World Health Organization (WHO) prepared the Mental Health Gap Programme (mhGAP) including brief, transdiagnostic and scalable interventions that can be delivered in under-resourced settings.

Two types of these interventions are Self-Help Plus (SH+) and Problem Management Plus (PM+). Both interventions are based on task-shifting where trained and supervised non-specialist facilitators convey the intervention to the participants. SH+ is based on acceptance and commitment therapy and it consists of a pre-recorded audio course and an illustrated self-help book. Facilitators provide this 5 session intervention to groups including up to 30 participants. It was tested with different populations as a treatment and also as an indicated prevention intervention. PM+ is a five-session intervention that is based on cognitive behavioral therapy principles and can be delivered in individual or group format. It aims to equip the individuals with four basic strategies that can strengthen their problem management skills both for existing and for the future possible problems: (1) Stress management, (2) problem management, (3) increasing behavioral activation, and (4) increasing social support.

Mental health treatment gap was found to be high in specific vulnerable groups such as refugees and asylum seekers. Considering the structural and language barriers in delivering psychological interventions, peer to peer, and scalable interventions such as SH+ and PM+ become promising. In this symposium, these two interventions and the best-practice examples with refugees will be presented within the scope of two large-scale projects: REDEFINE and STRENGTHS. Findings from different studies from various contexts will be presented and discussed.

Ceren Acartürk will lead the symposium and Pim Cuijpers, Naser Morina, Cansu Alözkan Sever and Ersin Uygun will introduce these interventions, present and discuss the protocols and findings of randomized controlled trials conducted in Europe and Türkiye.

REMAIN Project: Adapting Problem Management Plus (PM+) Intervention for Refugee Youth and Ongoing Randomized Controlled Trial in the Netherlands

Cansu Alozkan Sever

Background: The number of children and adolescents forced to flee their homes continues to rise due to the ongoing conflicts, wars, and crises in various regions. This vulnerable population often endures a multitude of stressors and potentially traumatic experiences throughout their migration journey. Recent evidence highlights the efficacy of Problem Management Plus (PM+), a brief intervention for individuals experiencing distress. This intervention has demonstrated effectiveness in reducing depressive and anxiety symptoms while enhancing psychosocial functioning. Notably, PM+ has also shown improvement in PTSD scores despite the absence of a dedicated trauma processing component.

Objective: The primary objective of this study was to adapt the PM+ program specifically for refugee youth residing in the Netherlands. Additionally, we aimed to develop and integrate a scalable emotional processing (EP) module within the PM+ framework for evaluation in a pilot randomized controlled trial (RCT).

Methods: We adapted PM+ to suit the needs of refugee youth residing in the Netherlands through a rapid qualitative assessment. This assessment included 1) free list interviews with young refugees (n= 34), 2) key informant interviews with key people from the communities (n=10), professionals (n= 9), policy makers (n= 5) and 3) focus group discussions (n= 12). The qualitative data were analysed in ATLASti software, through inductive thematic analysis. Refugee youth gave feedback during the focus group discussions for the development of new EP module. To ensure quality, an expert panel was assembled, and their feedback and comments were integrated into the new module. The newly developed module was incorporated into the PM+ program and initiated its assessment through a pilot RCT. This RCT compares the PM+ group with the new EP module, a PM+ group without EP module, and a care-as-usual control group.

Results: The interviews with the youth provided valuable insights into daily life challenges such as: feelings of loneliness and stress, language problems, family and peer relationships. Through inductive analysis of interview transcripts and focus group discussions, we identified a total of 75 codes, which were categorized into eight themes. The collective findings underscored the need for culture- and age-specific adaptations in two areas: 1) the content (e.g. language, metaphors, and illustrations) and 2) the delivery of the intervention (modality, content, presentation of the trauma processing module, and duration). The feasibility of PM+ with newly developed EP module is still under investigation in an ongoing pilot RCT in the Netherlands.

Conclusion: This study demonstrates the importance of adapting mental health interventions for refugee youth, taking into account their unique challenges and needs. The integration of an EP module into the PM+ program represents a promising approach to address these concerns. While our initial findings emphasize the necessity of culture- and age-specific modifications, ongoing research through the pilot RCT will further illuminate the feasibility and potential benefits of this tailored intervention for refugee youth in the Netherlands.

Group-Level Analysis of Intra-Individual Dynamics in Mental Health Variables: A Vicious Cycle?

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Introduction: In the network theory of mental disorders symptoms (e.g., sadness, worries) are autonomous causal agents instead of passive expressions of latent disease, as hypothesized in traditional perspectives. More precisely, the network theory postulates that feedback loops have a role in developing and maintaining psychopathology. However, intensive longitudinal data are needed to explore feedback loops and intra-individual processes.

Objective: To investigate intra-individual dynamics and potential feedback loops in psychological networks and their association with long-term outcome.

Methods: At the beginning of the COVID-19 pandemic, data from a population-based cohort (N = 2029) were collected every three days for six months on well-being, worries, fatigue, sleep quality, social integration, and activity. They were analyzed using Subgrouping - Group Iterative Multiple Model Estimation (S-GIMME) to estimate networks of time-series data on the individual, subgroup, and group level. Subgroup networks were compared, and associations of subgroup membership were examined with baseline variables and outcome at follow-up (up to 2.5 years).

Results: A subgroup displaying a feedback loop involving sleep quality, fatigue, and well-being was identified. Membership in this subgroup was associated with educational status and cohousing status at baseline as well as poorer well-being, more worries, poorer sleep quality, and more frequent and earlier COVID-19 diagnoses during the follow-up period.

Conclusions: The feedback loop we have identified might indeed represent a vicious cycle and thus contribute to the development of psychopathology. However, limitations of network analyses call for a cautious interpretation of results.

Keywords: Psychopathology, COVID-19, Network theory, Network analysis, Idiographic analysis

The Relationship between Enneagram Personality Typing System and the Big Five Personality Model

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The history of personality research is an evolving field that spans centuries. It has been shaped by the contributions of various psychologists, researchers, and theorists. Personality traits are relatively stable characteristic patterns of behaviors and emotions. Personality types are broader classifications or categories that group individuals based on shared personality traits and characteristics.

The Big Five Personality Model (Five Factor Model) is a trait model developed by Costa and McCrae and involves traits of Openness to experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. The Enneagram Personality Typing System (EPTS) is a personality type theory that proposes that there are nine basic personality types, each with its own set of motivations, fears, desires, and behavioral patterns.

As far as we know there are a total of ten studies about the relationship between EPTS and the Big Five Model in the literature (Bartram & Brown, 2005; Newgent et al., 2004; Sutton et al., 2013; YANARTAŞ et al., 2022; Yilmaz et al., 2015). Various measurement methods were used in the studies, and Yanartaş et al.'s study differs from others because the subtypes were also assessed with "The Enneagram Types and Subtypes Inventory" which was developed by Yanartaş et al. (YANARTAŞ et al., 2022). Some results of the studies are compatible with each other and coherent with the features of enneagram types. Results showed that Enneagram Type 1 had high conscientiousness scores, Type 2 had high extraversion and agreeableness scores, Type 3 had high extraversion scores, Type 4 had high neuroticism scores, Type 5 had low extraversion scores, Type 6 had high neuroticism scores, Type 7 had high extraversion and openness scores, Type 8 had high extraversion and low agreeableness scores, and Type 9 had high agreeableness scores.

Enneagram type 1 is characterized by features that align with conscientiousness such as being principled and responsible. Enneagram type 2's kind and generous nature leads them to be socially oriented and focused on nurturing relationships; thus they are expected to be extraverted and agreeable. Enneagram Type 3 individuals are characterized as ambitious and focused on external validation, their drive for success and desire for recognition can lead them to be extraverted. Enneagram Type 4's main features are being sensitive and melancholic which are characteristics of neuroticism. Enneagram Type 5's cardinal characteristic is introversion, accompanied by qualities such as quietness and aloofness, which results in low extraversion scores. Enneagram Type 6's are often indecisive, anxious, and pessimistic which may cause them to have high neuroticism scores. Enneagram Type 7's main attributes are being social, excitement-seeking, imaginative, and experiential; as a result, they are highly extraverted and open to experiences. Enneagram Type 8's qualities as leaders, assertive personalities, and protectors may manifest in energetic and outgoing behaviors; on the other hand, they can show authoritarian and aggressive demeanor, which can cause them to have lower agreeableness scores. Lastly, Enneagram Type 9's fundamental features are being calm, peaceable, and patient, hence they are often highly agreeable individuals.

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FROM NHS TTad to PsicAP: The Implementation of Cognitive-Behavioral Therapies to Primary Care Services in Spain and Other LatinAmerican Countries

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Emotional disorders such as depression and anxiety are the most frequent mental health disorders in the population, with high rates of chronic cases, comorbidity and lost quality of life, along with huge economic costs. The Improving Access to Psychological Therapies (IAPT) project, launched in the United Kingdom in 2007, has become an international benchmark for the treatment of common mental disorders. In Spain, it was developed the PsicAP project, following the precedent set by the IAPT. In the PsicAP trial, a total of 1061 primary care patients were included in a randomized clinical trial comparing treatment-as-usual (TAU) to a transdiagnostic cognitive-behavioural therapy (TD-CBT) plus TAU. Of these, 631 (TAU=316; TD-CBT+TAU=315) completed the full treatment and all pre- and post-treatment scales, whose results demonstrated that adding seven group sessions of TD-CBT to TAU for anxiety and depression in the primary care setting was more efficacious than TAU alone. The therapeutic gains were maintained at a 12 months follow-up and the percentage of reliably recovered patients was comparable to the numbers from the IAPT. This PsicAP protocol has been already tested in two countries from Latin America (Argentina and Dominican Republic) and some data of its efficacy of the last will be presented. Finally, some results about moderators and mediators will be presented, which helped to elucidate some mechanisms of change of treatments outcomes, as therapist experience in different countries. Its implication for clinical practice would be discussed as this brief psychological treatment should be implemented in the Spanish public health system and in Other LatinAmerican Countries, similar to the precedent set by the IAPT initiative.

Keywords: Transdiagnostic cognitive behaviour therapy; anxiety, depression, moderation; mediation; pharmacological treatment; IAPT; PsicAP

Trajectories of Suicidal Ideation and Behaviours Among Young People

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Background: Although youth suicide is an area of enormous concern in today's society, we have a great deal to learn about the development of suicidal ideation and behaviours during adolescence and associated psycho-social factors. In order to identify those at risk, and to inform the development of interventions to reduce suicide risk in youth, it is important to disentangle the complex interplay between variables associated with suicidality. This paper will examine (a) trajectories of suicidal ideation and behaviours among young people during adolescence (b) whether trajectories differ across gender, and c) whether anxiety, depression, social support, and peer victimization predict risk trajectory(ies) of suicidal ideation and behaviours over time.

Method: Data were examined from the Longitudinal Study of Australian Children (LSAC), a major study that follows the development of 10,000 children and families across Australia. This paper present preliminary analyses from a sample of 2,500 youth interviewed every two years at ages 14/15 (2014), 16/17 (2016) and 18/19 (2018) (K cohort, Waves 6, 7, and 8 data). Measures included suicide-related cognition and behaviour, self-harm, depression, anxiety, peer victimization, school belonging, and a range of social and family support factors. The study examined cross-sectional associations between indicators of suicidality and these psychosocial variables. Longitudinal associations were then examined using cross-lagged linear modelling.

Results: Prevalence rates for the occurrence of suicidal ideation, plans, and attempts were generally consistent with those found in other Western countries, with rates being higher among girls than boys. Rates increased during early adolescence for both genders, but then decreased in later adolescence for girls. However, for both genders the severity of suicide attempts increased (in that the likelihood that an attempt resulted in the need for medical assistance increased) throughout adolescence. Those who made a suicide attempt at age 16/17 were significantly more likely (compared to cohort peers who did not engage in this activity) to report higher levels of anxiety, depression, peer victimization, parental depression, and parent-teen conflict, and lower levels of parent and peer support, and sense of school belonging. The results of linear cross-lagged panel modelling, examining longitudinal relationships between variables will be reported.

Discussion: This paper demonstrates the significant association between adolescent suicidality and multiple psycho-social issues. As the multiple factors found to be associated with increased suicidality are likely to have complex inter-relationships, and also associated with numerous other psycho-social factors, it is suggested that future research may need to involve machine learning/artificial intelligence models that are capable of handling these complex associations in order to reliably predict suicide risk in young people.

Expanding an Existing Specialty Clinic to Better Meet the Children's Mental Health Crisis: Lessons Learned and Paths Forward

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The UCLA Child OCD, Anxiety, & Tic Disorders Clinic is a long-standing specialty clinic with three core pursuits: (1) providing evidence-based outpatient psychotherapy services to the community, (2) implementing extensive training and supervision to a multidisciplinary team of pre-service clinicians, and (3) supporting innovative clinical research endeavors. In the past three years, we have recorded unprecedented demand for clinical services and have made steps toward revamping and expanding the Clinic to rise to the challenge. In this talk, we detail how the Clinic has approached expansion, with an emphasis on the state of the science (e.g., innovative models of care, implementation science), lessons we have learned so far, and our plans for the future.

The Impact of Online Acceptance and Commitment Therapy Training on Psychological Wellbeing of Mental Health Professionals

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Introduction: Acceptance and Commitment Therapy is a behavioral therapy that aims to increase psychological flexibility and help people live meaningfully according to their values (Hayes, 2004). A large body of research shows that ACT is an effective psychotherapy in clinical and non-clinical situations (A-Tjak et al., 2015). ACT training contains experiential elements and also affects the psychological flexibility of the participants (Hayes et al., 2004; Luoma et al., 2007). This research aims to examine the effect of brief online ACT-based training on the psychological well-being of mental health professionals.

Materials and Methods: A total of 126 participants were included in the research. A single session of 180 minutes of ACT-based psychoeducation and ACT intervention is explained with the central metaphor of passengers on the bus. In every province in Turkiye, training was provided to mental health professionals working within the Ministry of Health via an online video meeting program. Participants completed Depresson-Anxiety-Stress Scale-21 (DASS-21), Acceptance and Action Scale-II (AAQ-II), Cognitive Fusion Questionnaire (CFQ), and Mental Health Continuum-Short Form (MHC-SF) before training. Follow-up measurements were made in the 1st week and 1st month after the training. Repeated measures ANOVA and paired sample t-test were used to analyze the data.

Results: The data of 44 participants who completed at least two measurements were included in the analysis. Repeated measurement ANOVA was applied to compare the levels of depression, anxiety, stress, psychological flexibility, and cognitive fusion. There was no significant difference after the training compared to before the training. A paired sample T-test was applied to evaluate psychological well-being (MHC-SF), but no significant change was observed.

Discussion and Conclusion: In contrast to our hypothesis, a brief online ACT-based training program did not significantly change psychological flexibility and well-being. Nonetheless, there were noticeable improvements in some variables, suggesting the intervention could be effective. The results will be discussed considering the literature.

Keywords: Education; acceptance and commitment therapy; psychological flexibility; psychological well-being; university student

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The Lights Out Program: A Parent-Focused Program for Child Sleep Problems

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Sleep is vital for optimal child development. However, sleep problems are highly prevalent in children, with behavioural sleep problems (including difficulty initiating and maintaining sleep, bedtime resistance and dependence on parents to fall asleep) being the most prevalent and chronic if left untreated. Child sleep problems can lead to problems with cognitive flexibility, working memory, and language and learning problems, as well as poorer health related quality of life. They also predict the later development of anxiety, behaviour problems, somatic and medical complaints and obesity. Fortunately, several meta-analyses have demonstrated support for the efficacy of behavioural interventions for child sleep problems. However, surprisingly few studies to date have included pre-school and primary school children, very few have examined outcomes other than sleep, and even fewer include gold standard treatments such as exposure and behaviour management for two of the most common child sleep problems – night-time fears and bedtime resistance. In order to address these gaps in the literature, Donovan and colleagues developed the Lights Out Program, a parent-focused behavioural sleep program for children aged 3-6 years that includes gold standard treatments for anxiety and behaviour problems. The team have tested the Lights Out program through two randomised control trials (RCTs) examining a number of outcomes other than sleep, and in two different formats: a group-based face-to-face format and an individual videoconferencing format. The program has been shown to lead to significant improvements in sleep, anxiety, internalising and externalising behaviours, and behaviour problems. Although the program shows enormous promise, it is not presently available outside of clinical trials. Furthermore, less than 25% of Australian children receive specialist intervention for their problems due to barriers such as stigma, cost, service availability and busy family schedules, and that there is a paucity of trained Australian paediatric sleep specialists. Digital mental health programs have demonstrated efficacy for a number of paediatric mental health issues, and circumvent many barriers to treatment provision. Digitising the Lights Out program, extending it to include children aged 3-12 years, and testing it through a randomised controlled trial (RCT) is therefore the focus of a study that is about to commence in Australia. The study will comprise a single-blind RCT with 146 parents of children aged 3-12 years with sleep problems, who will be randomly assigned to either the Lights Out Online condition or a waitlist control condition. Families will be assessed at pre- and post-treatment, as well as 3 and 6-month follow-up, on outcomes including sleep problems, anxiety, behaviour problems, parental self-efficacy, parental mental health, and parent sleep. To date, ethical approval for the study has been obtained, both the preschool and primary school versions of Lights Out Online have been built, and 25 participants have been recruited to pilot test the program in an open trial format prior to the launch of the RCT. The study to date will be discussed in terms of the difficulties associated with converting the program into an online format and the participant feedback thus far collected on the Lights Out Online program.

The Effect of Single-Session ACT-Based Training on Psychological Flexibility in University Students

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Psychological flexibility is defined as an individual's ability to connect with the present moment, maintain an open attitude towards their inner experiences and take committed actions in line with their values. (Hayes, Villatte, Levin, & Hildebrandt, 2011). A study by Singh and O'Brien (2019) indicated a positive relationship between psychological flexibility and psychological well-being (Singh & O'Brien, 2019). The literature shows that high levels of psychological flexibility and intervention studies based on Acceptance and Commitment Therapy (ACT) approach aiming to increase it are crucial for individuals' well-being. This study aims to investigate how university students' psychological flexibility changes after receiving treatment from mental health professionals who took part in short-term online training in Acceptance and Commitment Therapy (ACT).

Materials and Methods: A total of 385 participants aged between 17 and 50 were included in the study. Mental health professionals who participated in ACT-based psychoeducation programs organized by the Ministry of Health and the Ministry of Youth and Sports administered a single-session ACT-based training to university students in their institutions. Before and after training measurements were conducted using an online survey, participants filled out a personal information form and the Psychological Flexibility Scale (Karakuş & Akbay). In the analysis of data Paired Sample T Test was used.

Results: Of the 385 participants in the study, 279 (72.5%) were female and 106 (27.5%) were male with a mean age of 20.27. The level of psychological flexibility was treated as the dependent variable, and before and after training levels were measured. The total scores of before and after training measurements were compared by using Paired-Sample T-Test.

The analysis showed that a statistically significant difference between the before training total scores (M = 126.27, SD = 16.93) and after training total scores (M = 130.40, SD = 17.57) (t = -3.240, p = 0.001). There was a statistically significant increase in participants' psychological flexibility levels after training. While examining the sub-dimensions of the Psychological Flexibility Scale, significant increases were observed in the after training total scores of values and commited action, self as context and cognitive defusion dimensions. The results showed the effectiveness of the intervention in improving psychological flexibility skills in university students.

Discussion: Reviewing the literature, it is evident that online ACT interventions are effective. The increase in psychological flexibility observed in our study among university students is consistent with the literature (Thompson, Destree, Albertella, & Fontenelle, 2020). Further studies, including follow-up measurements are necessary to determine the permanence of changes in university students' psychological flexibility and to assess changes in their functioning after the intervention.

Keywords: Psychological flexibility, acceptance and commitment therapy, university students

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Effects of Online Acceptance and Commitment Therapy Training on Mental Health Professionals

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Introduction: Mental health professionals play a crucial role in providing support and treatment to individuals with mental health concerns. However, they themselves may experience challenges and stressors in their work, which can impact their own mental well-being. Acceptance and Commitment Therapy (ACT) is a therapeutic approach that emphasizes acceptance of difficult thoughts and emotions, as well as commitment to taking action toward one's values (Arch et al., 2022). While there are several studies that provide valuable insights into the effects of ACT training in different contexts (eg. Hayes et al., 2004; Stewart et al., 2016), there is a need for more research specifically focusing on mental health professionals.

This study aims to examine the effects of an online ACT training on stigma and psychological flexibility in psychotherapists.

Method: This study was conducted with mental health professionals living and working in Türkiye. The training announcement was made through social media, and mental health professionals from different cities across Türkiye participated in the training. ACT training took place entirely online over seven weeks, with sessions held on weekends for two days, each lasting three hours. The training was conducted by experienced psychiatrists specializing in ACT therapy. During this period, the following topics were covered in the training: Introduction to third-wave psychotherapies; principles of behavioral analysis; Relational Frame Theory; ACT therapist stance; values and committed action; experiential avoidance and acceptance; cognitive fusion and defusion; present to the moment; self as context; self-compassion and ACT; ACT and metaphors, and skills building. Participants were asked to complete the below scales before, after, and three months after the training. The following scales were applied in the study: Acceptance and Action Questionnaire-II (AAQ-II); The Mental Illness: Clinicians' Attitude Scale V.4 (MICA); Bakirkoy Clinician Stance Questionnaire (BCSQ); Interpersonal Reactivity Index (IRI). ANOVA was used for repeated measurements to evaluate the research hypotheses.

Results: A total of 160 participants agreed to participate in the study and completed the pre-tests. The study was completed with 50 participants who completed the follow-up measurements. It was found that AAQ values had statistically significantly decreased at the end of the training. This effect was observed to be sustained in the follow-up. Similarly, statistically significant differences were found in MICA between the first and third measurements. When BCAS sub-dimensions were examined, a statistical difference was found in the mechanistic sub-dimension, and post hoc analyses revealed that this difference was between the first and second measurements. This decrease in mechanistic measurements was also observed to be maintained in the follow-up. There was no statistically significant difference in clinical rigidity scores. When looking at the Treatment preferences (TP)subscale statistically significant differences were found, and post hoc analyses revealed that this difference occurred between the first and second measurements. This decrease in TP was also observed to be maintained in the follow-up. There was no difference in IRI.

Conclusion: It was determined that ACT training has effects on increasing psychological flexibility, reducing stigma, and decreasing mechanistic attitudes among mental health professionals living in Türkiye.

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Implications of the Network theory for the Treatment of Mental Disorders: An Empirical Investigation

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Until now, mental disorders have been primarily conceptualized as latent entities which are expressed through specific symptoms. This conceptualization has been challenged by the network theory of mental disorders, which states that mental disorders are constituted by a network of mutually interacting symptoms. While the implications of the network approach for planning and evaluating treatments have been intensively discussed, empirical support for the claims of the network theory regarding treatment effects is lacking.

To evaluate four treatment-related hypotheses derived from the network theory, we conducted a secondary analysis of data from a multisite randomized-controlled trial. Here, 254 individuals with chronic depression were randomized to disorder-specific and non-specific psychotherapy and reported on their depressive symptoms at every treatment session. We estimated time-variant longitudinal network models to assess how symptom interactions change throughout treatment.

We could show that the treatment-related hypotheses align well with empirical data. More specifically, we found that symptom interactions changed through treatment and that this change varied across treatments and individuals. Effective treatment changed the valence of symptom interactions from reinforcing to dampening, supporting and specifying the treatment-related hypotheses of the network theory of mental disorders.

Conceptualizing mental disorders as symptom networks and treatments as measures that aim to change these networks is expected to give further insight into the working mechanisms of mental health treatments, hopefully leading to the improvement of current and the development of new treatments.

INSPIRER: An Interdisciplinary Theoretical Framework for Mindfulness Research

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Four decades of studies have suggested that mindfulness is beneficial for mental health. However, a consensus on a theoretical framework is lacking, which limits the comparability among studies, and blocks research and clinical progress. Psychology, neuroscience, and other disciplines have attempted to understand the mechanisms of mindfulness, but there is a need for a comprehensive and testable mechanistic model that integrates the findings across disciplines. In response to this gap, we propose INSPIRER as an interdisciplinary theoretical framework that explains the mechanisms of mindfulness at multiple levels, including psychological, neural, and immune. We show how the impact of chronic stress on health occurs via specific alterations in the brain and in the immune system, with inflammation as the core of the development of mental and physical health problems. We propose that mindfulness interventions produce beneficial effects by targeting the same underlying pathways, albeit in opposite directions. This psychoneuroimmunology framework can also be applied to other psychological interventions that target emotion regulation, and it is a crucial step towards testing and comparing interventions that can counteract the effects of chronic stress on mental health.

A Qualitative Meta-Synthesis of Parents'/Carers' Experiences of Child or Young People with Mental Health Difficulty- A Systematic Review

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Introduction: In the UK alone, there are around 1,250,000 children and young people (CYP, 5-19 years old) who are diagnosed with a mental illness, meaning a huge number of families are affected by their CYP`s difficulties. Little support is provided to parents which potentially impacts their wellbeing, and relationship with their CYP(1, 2). Whilst previous systematic reviews have addressed the impact on parents' wellbeing of having a child with physical illness or who is self-harming, little attention has been paid to the experiences of parents of CYP with mental health difficulties. This review sought to address that gap(3).

Method: A systematic search was conducted on June 2023. The following databases were searched: Medline; PsycInfo; CINAHL; AMED; EMBASE; Web of Science; Cochrane Library and WHO International Clinical Trials Registry. No data restriction was applied. Only studies reported in English were included. Studies provided qualitative data relating to parents' needs and/or their wellbeing were eligible. Included studies had to have participants who were parents (adults in parenting role) of where they had children and young people aged between 5 and 18 years old who were formally diagnosed with mental health difficulties. Studies were assessed for risk of bias using the Joanne Briggs Institute (JBI) Qualitative Critical Appraisal Checklist(4). The data were analysed using thematic meta-synthesis(5).

Results: In total 73,310 studied were identified and screened. 38 studies met the inclusion criteria and were included in the analysis. The majority (15/38) related to parents of CYPs diagnosed with ADHD, followed by eating disorder (6/38), anorexia (5/38), depression (4/38) and two studies reported OCD. Three main themes were identified. First, parent's needs which varied depending on their CYP`s diagnosis, this included needs related to (lack of support; information needs; and communication). Second, this theme is related to parents` wellbeing which includes how parents feel helpless, stressed and angry from the daily challenges they face in relation to their child`s illness. In addition, among parents, there was a common feeling of loneliness, isolation as well as stigma towards them from society. Finally, future recommendations were recognised in relation to parents` needs. This included suggestions from parents to families that have a newly diagnosed child with mental health difficulty. As well, a few suggestions specifically made by parents for healthcare professionals as they believe that healthcare professionals play an important role in supporting them and encouraging them to attend support groups. Additionally, parents suggested some learning skills to help them gain confidence in supporting their children.

Conclusion: As there were some differences in needs and experiences for parents in relation to their CYP diagnosis, specific interventions may be needed for parents of CYP with different conditions. There is a demand for more tailored support and communication between parents and healthcare professional and all members who are involved in child health care. There is also a demand to improve parent's skills and confidence in dealing with their children's difficulties through training.

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School Burnout, Depressive Symptoms and Their Distinctive Early Maladaptive Schemas

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School burnout is a rising health phenomenon, caused by chronic school-related stress. Given the symptomatic overlap with depressive symptoms, one of the most prominent questions in school burnout research is whether and how it can be distinguished from depression. Previous research has yielded inconclusive results, but focused mainly on adults and the symptomatology (Salmela-Aro et al., 2009). The underlying developmental pathways leading up to both school burnout and depression remained largely unexplored. Given the detrimental outcomes of both school burnout and depressive symptoms, such as school dropout and increased drug abuse (Askeland et al., 2022; Bask & Salmela-Aro, 2013; Walburg et al., 2015), it seems crucial to understand their underlying mechanisms to help tackle these mental health issues. Therefore, the present study aimed to distinguish school burnout from depressive symptoms in high school and higher education students between 17 and 21 years old by exploring the underlying cognitive mechanisms, specifically early maladaptive schemas (EMS).

The present study used both cross-sectional and longitudinal data. The cross-sectional sample (T1) consisted of 514 secondary and higher education students between 17 and 21 years old (Mage = 19.06 (1.10), 80.9% female). Five months later (T2), 190 students participated in the follow-up measurement (Mage = 19.45 (1.18), 81.6% female).

Positive correlations were found between all EMS and school burnout symptoms. When controlling for school burnout symptoms at T1, only the EMS 'Social isolation', 'Mistrust', 'Defectiveness', 'Social Isolation', 'Failure' and 'Emotional inhibition' displayed significant positive associations with school burnout at T2. Backwards linear regression analyses revealed that the EMS 'Emotional deprivation', 'Failure', 'Vulnerability to harm/illness', 'Self-sacrifice', 'Unrelenting standards' and 'Insufficient self-control' were related to both school burnout and depressive symptoms. The EMS 'Social isolation' appeared uniquely related to school burnout symptoms, while the EMS 'Dependence' and 'Defectiveness' were uniquely related to depressive symptoms.

The results indicate that EMS play an important role in the development of school burnout symptoms. As no profound distinctions were discovered between school burnout and depressive symptoms, the results point towards transdiagnostic cognitive-focused treatment techniques to tackle school burnout symptoms. More (longitudinal) research in adolescents is needed to corroborate these initial findings.

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An Experimental Study of Emotion Regulation as a Mechanism in Psychopathology and Therapy of Emotional Disorders

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Emotion regulation (ER) is closely related to psychological well-being and is an important target of cognitive-behavioral therapy (CBT) for emotional disorders. However, there are few experimental studies examining the unique and shared variance of ER across the spectrum of emotional disorders and the predictive validity of ER for CBT outcomes. Previous studies have largely been limited to mere questionnaire surveys, the validity of which has been insufficiently tested or even questionable. To address this gap, a total of n=60 healthy adults, n=105 patients with mood disorders, and n=91 patients with anxiety disorders participated in a study in which ER was additionally assessed with actual behavioral measures in an experimental paradigm. During the experimental session, ER was therefore assessed using both a questionnaire and a behavioral ER task. In this task, participants first passively viewed a funny, neutral, sad, and threatening movie clip (passive viewing condition) to determine baseline emotional reactivity. Participants were then asked to actively down-regulate their emotions while watching a second sad movie and a second threatening movie (emotion regulation condition). In all conditions, self-rated emotional experience and physiological reactivity (i.e., heart rate, heart rate variability, skin conductance, facial EMG) were recorded. After the experimental session, all patients received manual-based, disorder-specific CBT as routinely offered in our outpatient center. Treatment outcome was assessed using the Depression, Anxiety, and Stress Scale (DASS-21) and a global outcome assessment at the end of treatment. Overall, the current approach allowed us to 1) examine the importance of ER as a relevant mechanism underlying the spectrum of emotional disorders, 2) clarify both the common and unique variance that ER shares with anxiety and depressive symptomatology, and 3) assess the predictive validity of ER for disorder-specific CBT outcomes. Here, we present results on the regulation of anxiety and sadness in the context of (a) careful categorical diagnoses of depressive and anxiety disorders and (b) transdiagnostic analysis using highly reliable and valid dimensional measures. Proof-of-principle analyses indicated that both initial emotion induction and subsequent emotion regulation were validly implemented. Group analyses of the true behavioral and psychophysiological data revealed that both clinical groups had greater difficulty regulating fear and sadness than the healthy control groupTransdiagnostic analysis revealed significant negative correlations of ER functioning with the DASS scales of depression, anxiety, and stress for the sadness film, but not for the anxiety film. Differential effects for anxiety and depression were also found for predicting treatment outcome: Better ER predicted better treatment outcome for anxiety treatments, but not for depression treatments. In conclusion, ER can be captured with actual experimental behavioral data, and these show meaningful differential associations with emotional psychopathology, as well as significantly predicting the outcomes of CBT.

Skills Classes

European Association for Cognitive Behavioral Psychotherapies (EABCT) 2023

'Living Well with the Inner Parrot': The 'I am Not Good Enough' -Schema, its Role as a Predisposing and Maintaining Factor and Flexible Ways to Work with it in CBT

Axel Würz
Private Practice, Türkiye

Self-critical negative inner commentaries emerge from the most common mal-adaptive schema, that is the schema that holds the belief of not being good enough. Like a nagging and criticizing parrot on one's shoulder these negative inner commentaries undermine joy, sense of achievement, self-confidence, and self-acceptance. It leads to maladaptive coping strategies that are linked to behavioural tendencies of the fight, flight and freeze response. This is why, from a transdiagnostic perspective, this schema is a predisposing as well as a maintaining factor for a variety of psychological diagnoses such as depression, anxiety disorders, eating disorders, OCD and several more. If the schema is quite pronounced (e.g., 'I have always felt that way about myself') it is therapeutically useful, if not even downright necessary, to address it to achieve remission, reduce relapse risk and/or the emergence of linked associated diagnoses.

Many therapy approaches compatible with a CBT framework such parts therapy, schema therapy and inner family system therapy have shared therapeutic core components packaged in a variety of ways and with varying, sometimes confusing, terminology. The symposium aims at increasing the understanding of these core principles. It also aims at offering flexible ways of using these core principles tailored to the individual client in a way that is both effective, memorable, and colourful.

Inhibitory Learning in Obesive Compulsive Disorder

Esra Yancar Demir
Bahcesehir University, Türkiye

Inhibitory learning theory argues that the assumption that habituation is often indicative of long-term learning is incorrect. ILT (Inhibitory learning theory) is a model proposed to explain the extinction process. This approach emerged in the 2000s. The first paper on this topic was written by Michelle G. Craske in 2008. According to ILT, the original threat association learnt during fear acquisition is not erased or replaced by new non-threat associations learnt during extinction trials. Human and animal memory research on the learning and elimination of fear has shown that during exposure the underlying connection does not develop as in the stimulus habituation model. A new relationship develops and the conditioned stimulus takes on a different role. For example, let's say the patient has a fear of dogs; we do not eliminate the connection between dog and fear with exposure. Instead, we create a second, generic connection. Like dogs and safety. Threat-based connection; "toilets transmit disease" (a connection from what you have learnt in the past). The safety-based link is "toilets don't transmit disease". It matters which of the two connections wins. In inhibitory learning, safety-based learning after repeated exposure should inhibit threat-based learning. In this workshop, participants will focus on the differences and advantages of the Inhibitory Learning model from classical exposure in Obsessive Compulsive Disorder.

Keywords: Inhibitory learning theory, Obsessive Compulsive Disorder, habituation

Culturally Sensitive Counseling in Adaptation of Migrants, Expats and Refugees

Elena Darmenko
Global Expats Therapy

Globally mobile and forced replaced people have become a very specific group of clients needing a special psychological assistance. They lose their sense of roots, belonging and cultural identity. They experience PTSD, and related symptoms of depression, anxiety, inattention, sleeping difficulties, nightmares, and survival guilt. They also have different cultural background.

Multiculturalism is characterized by the theoretical and philosophical ways that cultures vary in norms, values, worldviews, and traditions, with an emphasis on there being no superior or inferior status and an assumption of equality across cultures (Talbot, 2003). Within the field of psychology, multicultural counseling can be described as a therapy process that applies treatment approaches and therapy goals that are consistent with the life experiences, contexts, and cultural values of clients from diverse backgrounds. Hays (2008) presents an acronym, the ADDRESSING framework, to help clinicians attend to the diverse backgrounds and lived experiences of clients, while keeping their own backgrounds and identities in mind.

At the core of multicultural counseling is the ability to connect with clients and understand influences on identity development and diverse world perspectives referenced in the ADDRESSING framework. Sue (2004) describes two different approaches to counseling, the etic and emic approaches, with the latter being a multicultural approach. The etic approach, which describes the way that therapy is traditionally practiced, is housed in the theory of cultural universality and operates under the assumptions that prevention and intervention approaches are universal, that disorders like anxiety appear similarly across cultures, and that the most effective treatment approach for anxiety disorders should be uniformly applied cross-culturally. Although this approach is widespread, it may impose dominant group cultural biases on clients from diverse backgrounds (e.g. that all clients hold the dominant group value of individuality). The emic approach challenges the assumptions that mental health difficulties are of the same nature and development across cultures. This approach suggests that culture and life experiences significantly influence the development, course, and expression of anxiety, and should also influence our prevention and intervention efforts.

Integration of Multicultural Perspectives in CBT for globally mobile clients.

Key aspects of culturally responsive CBT include acceptance of core cultural beliefs, an emphasis on culturally related strengths and supports, and validation on the client's experiences.

The culturally responsive thought-change process involves reconsideration of the helpfulness of thoughts rather than their rationality or validity. Culturally congruent homework is developed in close collaboration with a client.

Psychologists and clinicians can use this perspective in their work to recognize the client's culture as a potent source of strength and motivation. We can also tailor psychoeducation and cognitive restructuring to better reflect the struggles specific to clients from different ethnic groups.

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Towards a Culturally Sensitive Approach of CBT

Jeroen Knipscheer, Haza Rahim
Utrecht University, Netherlands

Scientific Background: Refugees and migrants are at higher risk of developing mental health problems than native populations. A markedly high prevalence of mental disorders among these groups is reported, particularly post traumatic stress disorder (PTSD) and major depressive disorder (Patanè et al., 2022). Although psychological interventions may be effective in alleviating mental disorders, substantial symptomatology may persist (Turrini et al., 2022). Moreover, CBT based interventions are limited evidence-based as participants in clinical studies often consist of a select group which is non-representative for the migrant and refugee population.

This skills class will present a culturally sensitive approach that aims to facilitate successful evidence-based CBT for migrant and refugee patients, focussing on cultural competencies for mental health professionals and the application of culturally adapted CBT interventions. The approach is characterized by a culturally sensitive attitude and a contextually informed exploration of the experience of the problems, including a focus on psycho-education, acknowledgment of acculturative difficulties, and explicit consideration of bodily sensations and the explanatory model of the patient. Diagnostic tools (e.g., Cultural Formulation Interview (Lewis-Fernández et al., 2016)) and culturally sensitive CBT based interventions (e.g., Narrative Exposure Therapy) will be introduced and demonstrated.

Implications for Everyday Clinical Practice of CBT: A) building cultural competence in psychotherapists and working towards a culturally sensitive approach in therapy; B) enhancing the quality of therapeutic relationships and patient compliance; C) signaling and addressing cultural stressors related to mental health problems more accurately; D) creating tailored and effective interventions.

Key Learning Objectives: Participants will learn a variety of skills useful for culturally sensitive CBT, pertaining to the sociocultural context in the process of diagnostics and skills that build cultural competence (like the use of 'explanatory models' and the DSM-5 Cultural Formulation Interview) and the cultural adaptation of CBT based interventions.

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Brief Description of Skills Class Leaders: Dr Jeroen W. Knipscheer is assistant professor, licensed psychotherapist / cognitive behavioral therapist and senior researcher at Utrecht University and ARQ|Centrum'45 with an interest in cultural competences and culturally sensitive methods to treat diverse populations. He has been involved in the development and implementation of the Dutch national guidelines for culturally sensitive mental health services.

Haza Rahim, MSc, is lecturer, PhD- candidate, and board member of the Equality, Diversity and Inclusion taskforce at the Utrecht University. In addition, she works as a psychologist at a clinical practice, using culturally sensitive methods to treat bicultural (young) adults. Relatedly, the focus of her research is the role of cultural identity conflict in the psychological wellbeing of bicultural young adults.

Supportive Supervision in Humanitarian Settings: Learning from Seven Implementation Settings

Meg Ryan[1], Frédérique Vallieres[2], Nadeen Abujaber[2], Gulsah Kurt[3], Ruth Wells[4]

[1]*Ireland - Trinity College Dublin*
[2]*Ireland - Trinity*
[3]*Australia - University of New South Wales, School of Psychology*
[4]*Australia - University of New South Wales*

Scientific background: Supportive supervision is considered integral to providing high-quality mental-health support, but implementation is challenging in low-resource and humanitarian settings.

The IFRC Psychosocial (PS) Reference Centre and Trinity Centre for Global Health (TCGH) have developed the Integrated Model for Supervision (IMS) Handbook and training guide (https://supervision-mhpss.org). The IMS was piloted within four humanitarian organizations in Afghanistan, Nigeria, Jordan, and Ukraine. Preliminary data suggests that IMS training is associated with improvements in knowledge and perceived supervision, reductions in secondary traumatic stress and improvements in organizational support for supervision.

Building on the IMS approach, researchers from Australia, Bangladesh, Syria, and Türkiye have developed the Caring for Carers program, offering online group supportive supervision co-facilitated by international and local supervisors in small online groups of local practitioners. Preliminary data suggests feasibility and utility in building supervision capacity in humanitarian settings, emphasizing the importance of cross-cultural collaboration among supervisors.

This interactive masterclass will allow participants to experience activities and case studies from the progams while exploring cross-cultural learning and communication.

Key learning objectives: To apply basic principles of supportive supervision tailored to low-resource and humanitarian settings.

To understand key concepts in supportive supervision from the perspective of management, supervisors and supervisees.

To reflect on cultural and social dynamics when collaborating across cultures, geo-political contexts and access to clinical mental health education

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Skills class leaders

TCGH and IFRC-PS Team

Dr Frédérique Vallieres is an associate professor in global health, leading the research component of the IMS project. Her team conduct both qualitative and quantitative data collection and analysis using participatory action research methodologies to gather feedback from a wide range of stakeholders, in order to maximize utility and ensure that the needs and concerns of ultimate users of the IMS are integrated throughout the design and testing process. Nicholas Ockenden is the project manager for the IFRC team, responsible for training implementation.

UNSW team

Ruth Wells is a Senior Research Fellow in the Trauma and Mental Health Unit, Discipline of Psychiatry and Mental Health, UNSW, and a clinical psychology registrar. Their research focuses on understanding the social and cultural processes that shape individual and community responses to conflict and displacement. They have worked extensively with psychosocial professionals in Syria, Türkiye and Bangladesh.

Implications for everyday clinical practice of CBT: These programs envision universal access to supervision in mental health programming, regardless of organization size or resources. They emphasizes consistent, supportive supervision for the well-being of all providers. Supportive supervision enhances the global mental health workforce, delivering quality, timely, and ethical interventions to those affected by adversity.

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Working with Schizotypal Traits: An Evolutionary View at Compassion and Metacognition

Simone Cheli

Italy - University of Florence

Scientific background: Prevalence of schizotypal personality disorder (SPD) ranges between 0.6% and 4.6%. Moreover, one out of ten people are supposed to show schizotypal traits along a continuum of healthy, prodromal or clinical states. Nevertheless, there are no guidelines to treat those diagnosed with SPD. In the last few years an attempt has been made to outline and validate a therapeutic protocol tailored on schizotypal traits.

Evolutionary Systems Therapy for Schizotypy (ESTS) is a third wave form of cognitive therapy that integrates evolutionary psychopathology, compassion focused therapy (CFT), and metacognitively oriented psychotherapy (MOP) to support those struggling with SPD. Its effectiveness has been tested through a few cases series and a randomized controlled trial (RCT). The primary goal of ESTS is to recover the impairment in the capacity to mentalize one's own and other's mental state (metacognition) and engage in human suffering (compassion). ESTS comprises four modules. The first one is aimed to share an evolutionary conceptualization of schizotypy as a failure in socializing one's own openness to experience and introversion. The second and the third modules help the client promote a different stance in experiencing the subjective and intersubjective world, respectively. This is pursued through several cognitive and experiential techniques. In the final module the therapist supports the client in preventing relapses and stabilizing the changes achieved.

Despite the preliminary nature of the collected evidence, ESTS has reported a low rate of drop-out (<10%) and high rate of remission from diagnosis (>75%). Further research is needed to confirm its clinical utility.

Key learning objectives

At the end of skill class, the participants will be able to

Assess schizotypal traits and SPD;

Conceptualize SPD in terms of impairment in compassion and metacognition;

Outline a treatment plan in accordance with the four ESTS modules;

Integrate cognitive and experiential techniques tailored on SPD.

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Cheli, S. et al. (2023). An evolutionarily informed therapy for adolescents with prominent schizotypal traits: A pilot five cases series. Psychosis.

Brief description of skills class leader: Simone Cheli (PhD), is adjunct professor at the University of Florence, and CBT, CFT and MOP therapist. In the last few years, Simone has tested different combinations of CBT, CFT and MOP for Cluster A personality disorders, and is the principal investigator of an ongoing confirmatory RCT on ESTS (NCT05710926).

Implications for everyday clinical practice of CBT

A CBT therapist will benefit from joining this skill class due to a variety of reasons. They will:

Acquire a CBT framework to assess schizotypal traits;

Learn how to promote therapeutic alliance in severe mental disorders;

Practice experiential techniques to reduce risk of transition to psychosis;

Understand the role of compassion and metacognition in severe mental disorders.

The Therapeutic Relationship in Cognitive Behavior Therapy

Judith Beck
United States - Beck Institute for Cognitive Behavior Therapy

Some patients (and therapists) bring distorted beliefs about themselves, their worlds, and other people to the therapy session. As a result of their genetic inheritance, their formative experiences, and the appraisal of their experiences, they develop certain "rules for living" and associated behavioral strategies, which may be adaptive in certain situations but are maladaptive in other contexts. Their dysfunctional beliefs may become activated in the context of psychotherapy and the therapeutic relationship and they may employ certain coping strategies which interfere with treatment. Conceptualizing relevant beliefs and strategies is fundamental to planning interventions that can not only strengthen the alliance but that also can be generalized to improve relationships outside of therapy. In addition, specific strategies, such as goal consensus, collaboration, and positive regard, have been demonstrated to be important in building the alliance.

Virtual Reality in Clinical Research and Practice – What to Expect and How to Get Started

Marius Rubo[1], Aline Tiemann[2]

[1]*Cognitive Psychology, Perception and Research Methods, University of Bern, Switzerland*
[2]*Clinical Psychology and Psychotherapy, University of Fribourg, Switzerland*

Scientific background: Virtual Reality (VR) technology is increasingly used in the assessment and treatment of mental disorders due to its capability to provide a lifelike but highly-controlled experience to patients which may be difficult to realize in real life (Emmelkamp & Meyerbröker, 2021). Applications include exposure therapies for specific phobias, PTSD and social anxiety disorder as well as biofeedback training and may include further theory-driven psychological treatment techniques in the future (Freeman et al., 2017). Although initial costs of VR equipment are moderate, a more widespread use of VR technology in research and clinical practice is currently impeded by methodological challenges in setting up VR environments.

Key learning objectives: This skills class will provide basic information on the installation of VR environments for (a) researchers who plan to work in a VR-related project where software development is carried out by external partners and (b) researchers who plan to carry out their own VR-related project independently, but also for clinicians who plan to use VR in their therapeutical work and who would like to get background information about the technology and its use.

We will first outline hardware requirements and the installation of VR setups. When tailored software is required, as is typically the case in research projects using VR, its development can become an extensive task. Knowledge about underlying software concepts may be valuable for researchers even when development is carried out by external partners. Additionally, researchers who are familiar with programming techniques in other environments (e.g., Matlab, Python) may choose to acquire VR-specific know-how in order to independently create software. We will show the principles of software development in a popular development environment (Unity 3D). We will briefly outline how to (1) control a virtual agent's movements (2) collect and process eye-tracking data in 3D space (3) collect and process physiological data streams in real-time and (4) set up a social VR environment where several individuals are co-located together.

Brief description of skills class leaders: Dr. Marius Rubo obtained his PhD from the University of Würzburg, Germany in 2019 before joining the workgroup of Clinical Psychology and Psychotherapy at the University of Fribourg, Switzerland as a PostDoc and starting his own SNF Ambizione research group at the University of Bern, Switzerland, in 2022. His main research focus is on the investigation of social interactions in VR.

Aline Tiemann, M.Sc., obtained her Bachelor's at the University of Luxembourg and her Master's at the University of Fribourg, Switzerland. Since 2021, she pursues her PhD at the University of Fribourg, where she took over the lead of the Clinical Psychology VR Lab in 2022. Her main research focus lies in visualising psychophysiological signals in VR.

Implications for everyday clinical practice of CBT: This class aims to facilitate the acquisition of digital skills for the use of VR technology in clinical research projects, but also in clinical practice more generally. VR is expected to enhance and make more widely available CBT-based programs for a wide range of mental disorders.

Gastric Biofeedback for Eating Disorders: A Pilot Study

Aline Tiemann

Gastric Biofeedback (with electrogastrography; EGG) is a promising new tool in the field of eating disorders, interoception and emotion regulation and (Davey et al., 2023; Stern et al., 2004; van Dyck & Lutz, 2022; Vujic et al., 2020). However, research in the domain is still scarce with not even a handful of experimental studies on the topic (Stern et al., 2004; Vujic et al., 2020). The current pilot study, therefore, evaluated a novel gastric biofeedback paradigm in virtual reality (VR). We conducted a randomised controlled study with three groups (1) a VR based gastric biofeedback paradigm, (2) the same paradigm in 2D and (3) a relaxation control group. Results regarding the extent to which healthy subjects could increase their normal (3cpm) gastric myoelectric activity and eating disorder symptoms, interoception and emotion regulation will be presented. This pilot study contributes important new findings in the domain of gastric biofeedback. However, more research is needed to clarify the underlying mechanisms.

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Mindful Interbeing Mirror Therapy - Working with Trauma Survivors in front of a Mirror

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[1]*United Kingdom - Institute of Cognitive Sciences*
[2]*Italy - Mirror Psychology Center Genoa*

The study of human personality has shed light on the undeniable impact that attachment relationships, early traumatic experiences – and the consequent dissociation – have on the construction of the Self. Psychological suffering can be analysed from two different but interrelated perspectives: the level of integration of the Self on the one side and the individual's ability to interact with the external world on the other side. Starting from this premise, identifying and defining the various parts of the client's personality – especially if the latter has experienced trauma and begins therapy with severe symptoms – is crucially important. Psychotherapy is increasingly conceived as a series of interventions to integrate the dissociative parts of the client's personality to support them in building a unified Self. At the same time, the therapeutic relationship plays a central role in treating the dissociation caused by early relational traumas, regardless of their seriousness. Mindful Interbeing Mirror Therapy (MIMT) is an entirely innovative therapeutic approach based on using a mirror within the therapeutic setting, which is placed in front of both the client and the therapist, thus allowing them to interact through their reflected image. The validity of this unique intervention modality is supported by its theoretical underpinnings, which include the most recent research studies in the field of Neuroscience an a series of adequate clinical studies. The construction of the Self and the individual's relational reality – starting from the very beginning of the identity construction process, that is, the ability to identify themselves in front of a mirror to the capacity to acknowledge the other's emotional states – are two parallel processes characterising each human being's development. Therefore, Mirror Therapy can be seen as a unique combination of therapeutic interventions helping the client reconstruct an integrated Self while at the same time working on the relationship with the other. Over the past five years, Mindful Interbeing Mirror Therapy has been studied in depth, and a specific procedure of intervention has been created; additionally, thanks to MIMT, therapists have discovered a new and highly accelerated way to connect with the client, as well as a practical approach to help the latter integrating their inner parts through a deep, transformative self-compassion. Finally, yet importantly, the theoretical and application aspects emerging from clinical practice offer new opportunities for intervention that Research can keep supporting and validating.

Culturally-Sensitive Counseling in Adaptation of Migrants, Expats and Refugees

Elena Darmenko

Russian Federation - Global Expats Therapy

Globally mobile and forced replaced people have become a very specific group of clients needing a special psychological assistance. They lose their sense of roots, belonging and cultural identity. They experience PTCD, and related symptoms of depression, anxiety, inattention, sleeping difficulties, nightmares, and survival guilt. They also have different cultural background.

Multiculturalism is characterized by the theoretical and philosophical ways that cultures vary in norms, values, worldviews, and traditions, with an emphasis on there being no superior or inferior status and an assumption of equality across cultures (Talbot, 2003). Within the field of psychology, multicultural counseling can be described as a therapy process that applies treatment approaches and therapy goals that are consistent with the life experiences, contexts, and cultural values of clients from diverse backgrounds. Hays (2008) presents an acronym, the ADDRESSING framework, to help clinicians attend to the diverse backgrounds and lived experiences of clients, while keeping their own backgrounds and identities in mind.

At the core of multicultural counseling is the ability to connect with clients and understand influences on identity development and diverse world perspectives referenced in the ADDRESSING framework. Sue (2004) describe two different approaches to counseling, the etic and emic approaches, with the latter being a multicultural approach. The etic approach, which describes the way that therapy is traditionally practiced, is housed in the theory of cultural universality and operates under the assumptions that prevention and intervention approaches are universal, that disorders like anxiety appear similarly across cultures, and that the most effective treatment approach for anxiety disorders should be uniformly applied cross-culturally. Although this approach is wide-spread, it may impose dominant group cultural biases on clients from diverse backgrounds (e.g. that all clients hold the dominant group value of individuality). The emic approach challenges the assumptions that mental health difficulties are of the same nature and development across cultures. This approach suggests that culture and life experiences significantly influence the development, course, and expression of anxiety, and should also influence our prevention and intervention efforts.

Integration of Multicultural Perspectives in CBT for globally mobile clients.

Key aspects of culturally responsive CBT include acceptance of core cultural beliefs, an emphasis on culturally related strengths and supports, and validation of the client's experiences of oppression with consideration of the need for environmental change. The culturally responsive thought-change process involves reconsideration of the helpfulness of thoughts rather than their rationality or validity. Culturally congruent homework is developed in close collaboration with the client.

I'm using this perspective in my work to recognize the client's culture as a potent source of strength and motivation.

We can also tailor psychoeducation, cognitive restructuring, and exposure processes to better reflect the struggles specific to clients from specific groups.

Zoom-in & Zoom-Out: A Multi-Modality CBT Skills Model for Dealing with Stressful Life Events and Situations

Nimisha Kumar
India - Indian Association for CBT

Scientific background: The role of appraisal processes in stress is widely acknowledged and is the basis of the traditional CBT approach. Appraisal is closely related to emotional, somatic and behavioral coping with stress. However, there are cultural and contextual differences in the way people appraise events especially during trauma and stress, where emotional and sensory motor information may have more value than cognitive data alone. This workshop presents a multi-modality skills model for dealing with stress, which can be effective in a variety of contexts. The model can also be used primarily as a cognitive approach with a dynamic focus on inner meanings as well as perception of the larger context of situations.

Key learning objectives: The participants will learn a multi-modality approach to assessing and conceptualizing stress reactions, the participants will be able to help clients deal with stressful situations using zoom-in (self-awareness) and zoom-out (relational awareness) techniques, participants will be able to develop a better understanding of clients from diverse backgrounds.

Training modalities: Didactic teaching, experiential exercises, case work-ups, group activities.

Brief description of workshop leader(s) - Dr. Nimisha Kumar, PhD (India), MSc CBT (UK) is an experienced CBT therapist based in new Delhi. She has a rich experience in CBT practice, training and research. Her major research interest is cultural adaptation of CBT in Indian context and has published a number of papers and book chapters on it. She uses CBT to work with a variety of issues in teens and adults. Dr Kumar is the Founder president of the Indian Association for CBT (IACBT) and the President-elect of the Asian CBT Association (ACBTA).

Implications for the clinical practice of CBT - this workshop has important implications for CBT practice in diverse contexts and with culturally diverse clients. With a rising case load of the sub-clinical population requiring mental health treatments and the variety of mental health professionals being trained to deliver these services to large populations, CBT models that are contextual, evidence-based and effective have a significant role in ameliorating distress. It also has implications for CBT training and research.

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The Model of Kızılboğa and CBT in Stuttering Therapies

Veysel Kızılboğa, Mahmut Kızılboğa

At least 40 hours of training was realized for 876 speech-language pathologists in 37 different groups within the scope of the Model of Kızılboğa in Stuttering Therapies from 2016 to October 2023. More than 20 thousand sessions of interviews were held with individuals (cases) who came to the clinic due to the sluttering from almost every province of Türkiye between 2009 and 2023. In this context, it has become a model that reveals its effect through clinical observations over a period of 14 years, therapy results, families' feedback, case follow-ups, feedback received from our trainees, and clients' feedback regarding the decrease in their negative beliefs about stuttering and negative automatic thoughts. In addition, observation and evaluation of clients' escape, avoidance and secondary behaviors, and initial and final depersonalization scale (Zückner 2016) data before, during and after therapy are also important reference sources for the effectiveness of the model. At the end of the intensive KTKM sessions, there is a decrease in depersonalization scores, a decrease in escape and avoidance behaviors, and positive changes in negative beliefs and negative automatic thoughts.

According to KTKM's point of view, "It is not stuttering that makes life difficult, but escape and avoidance behaviors created by thoughts about what might happen if I stutter." Similarly, according to CBT, what determines emotions is not the situation, but the thoughts about the situation (Beck, 2005). (St Clare et al. 2009), (Boyle, 2013).

According to the Model of Kızılboğa, it is evaluated that individuals who stutter have negative beliefs and negative automatic thoughts related to stuttering, and they effect their escape and avoidance behaviors. Negative automatic thoughts reflect the person's mental state and behavior. These are distorted or dysfunctional thoughts that affect people. Realistic re-evaluation and modification of these thoughts leads to improvements in emotions and behaviors (Beck, 2001). Our goal is not to reduce the severity of stuttering, but to reduce negative beliefs about stuttering and increase the courage to stutter freely by working with negative automatic thoughts, and to promote the active participation of the client in life depite disfluency.

At the beginning of therapy, adult clients are asked: "1-How has stuttering affected your life so far?" 2-What would your life be like if you didn't stutter? 3-What would your life be like if you weren't afraid of stuttering? From the answers, we notice that the answers to questions 2 and 3 are similar. This similarity reveals the importance of reducing negative feelings about stuttering. At the same time, according to the Model of Kızılboğa, escape and avoidance behavior are related to beliefs and thoughts about stuttering, not to the severity of stuttering. As a matter of fact, Manning and Beck (2013) state that a relationship between the severity of stuttering and anxiety cannot be predicted.

In the consultancy and first sessions of the model of Kızılboğa, risk-taking and tolerance skills in children are explained with the metaphors of lamb, onion peel (Cook, 2004) and iceberg. The stages include physical and verbal avoidance behaviors, the relationship between emotion, thought and behavior, and recording parents' feelings and thoughts about stuttering. If the client is a child, he/she is accompanied with his/her family from the therapy room to the waiting room, from the shopping mall bridge to the beach, where sometimes a thousand people pass in a day, without avoiding his/her stuttering. Here, as Hayes (2018) says, exposure is aimed; in other words, in order to heal, an attempt is made to create desensitization in sensory, emotional and cognitive processes by knowingly and willingly going above and beyond. By using the lamb metaphor, the aim is not to increase fluency, but to increase the ability to take and tolerate risks. The client takes responsibility and knows why he is doing what he is doing. The client is aware of his own beliefs and thoughts about stuttering, has resolved his cognitive biases, and has gone through a process of desensitization to stuttering (Riper, 1939). When working with children at the model of Kızılboğa, the family is involved in the therapy from beginning to end. The family's negative beliefs and negative automatic thoughts about stuttering are worked on. While working on resilience in the parent, the child's psychological resilience9 (Gizir, 2006) is increased. When the family changes, the child also changes, and as he/she stutters freely which is followed by fluency.

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“Full Tummy”: Acceptance and Commitment Therapy for Treating Psychogenic Abdominal Pain in Children and Adolescents

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Background: Mental distress and abdominal symptoms are strongly linked, particularly among children and adolescents. When episodes of abdominal pain occur at least three times in three months and cause significant functional impairment, the condition is known as recurrent or functional abdominal pain. This disorder affects up to 10% of school-age children, leading to multiple absences and avoidance of daily activities to the point of school refusal (Serlachius & Ol, 2021).

In this skills class, we will delve deeper into the Acceptance and Commitment Therapy (ACT) model for children and adolescents coping with abdominal pain. This approach challenges the idea that changing the content of negative thoughts is the best way to improve mental health outcomes. Instead, ACT emphasizes the importance of changing the relationship with these thoughts. By teaching young people to accept their thoughts without judgment and develop greater resilience to negative emotions, they can learn to manage their abdominal pain more effectively (Hancock et al., 2018).

ACT also recognizes that behavioral avoidance is a significant contributor to the disorder and encourages clients to confront activities that cause pain in a supportive environment. This process helps young people strengthen their psychological flexibility across several dimensions, including acceptance, mindfulness, values, and committed action. By developing these core competencies, children and adolescents can experience greater satisfaction and fulfillment in all aspects of their lives (Gauntlett-gilbert et al., 2013).

In this class, we will explore the primary skills associated with the ACT model that were mentioned above and provide practical guidance on how to effectively apply them based on the unique developmental needs of children and adolescents.

Learning Objectives

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

Identify the key principles of the ACT model for children and adolescents coping with abdominal pain.

Apply ACT techniques to help young people accept their negative thoughts and emotions without judgment and develop greater resilience to negative emotions.

Learn techniques to help young people confront activities that cause pain and improve their psychological flexibility across several dimensions, including acceptance, mindfulness, values, and committed action.

Skill Class leader

Shimrit Telraz Cohen is a CBT supervisor and clinical psychologist, serving as director of the student counseling service and lecturer at “Beit-Berl” College. Previously, she was the director of the psychological service at the psychosomatic medicine unit for children and adolescents at “Geha” mental health center.

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Cognitive Behavioral Therapy for Eating Disorders

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Cognitive Behavioral Therapy (CBT) is a type of psychotherapy used to help people identify the connections between their thoughts, feelings and behaviors in order to overcome dysfunctional thinking patterns and change behaviors.

CBT was first developed in the 1950s to treat depression and was later successfully used to treat bulimia nervosa in the 1970s. The framework for the treatment of eating disorders was further developed and in 2008, 'Cognitive Behavior Therapy and Eating Disorders' (CBT-Enhanced) (CBT-E) was published. Since then, CBT-E has been the treatment recognized as the most effective eating disorder treatment.

CBT-E was developed as an outpatient treatment for patients with a diagnosis of anorexia nervosa, bulimia nervosa, binge eating disorder or other eating disorders. In the adolescent version, family involvement is usually required.

CBT-E is about understanding the interactions between thoughts, feelings and behaviors, then developing strategies to change dysfunctional thoughts, feelings and behaviors to improve mental state and physical symptoms. For example, changing a behavior (such as eating regularly) to achieve physical and mental health.

In this course, eating disorders will be introduced, CBT-E and its applications will be taught.

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Targeting Interoception in CBT: Technologically Augmented Heartbeat Mindfulness Training

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Background: The perception of signals from within the body, known as interoception, is receiving increased attention in mental healthcare due to its association with various affective disorders, including depression, anxiety disorders, and PTSD (Brewer et al., 2021; Nord & Garfinkel, 2022). Interoception is considered to be essential for emotional awareness, and limited understanding of one's bodily state may predispose an individual to alexithymia—a trait associated with poor outcomes and drop-outs in psychological treatments (Pinna et al., 2020). Although most of the research evidence regarding the role of interoception in mental well-being comes from the field of cardioception, this specific interoceptive modality is a challenging training target due to the limited availability of heartbeat sensations for the consciousness.

Key features of the technology: We have pioneered a technology that enhances the perception of heartbeats through naturalistic feedback. A vibration device placed on the anterior central chest region provides gentle haptic stimulation which is synchronised with the client's actual heartbeats. This rhythmic vibration mimics the natural sensations generated by pressure fluctuations within the ventricles. Our pilot study showed promising results: individuals with low baseline interoceptive abilities demonstrated an improvement in their heart rhythm detection accuracy. Furthermore, compared to the traditional visual feedback technique, our approach appeared to be a more enjoyable and relaxing experience.

Brief description of the TD presenter: Olga Dobrushina, M.D., Ph.D., is a neuroscientist and psychotherapist working as a postdoctoral researcher in Reichman University (Israel). She is studying the role of interoception in mental health and developing therapeutic methods informed by her research.

Implications for everyday clinical practice of CBT: The developed technology offers a naturalistic, pleasant, and relaxing method to train cardiac interoception, akin to traditional mindfulness of breathing meditation. The training can be integrated with emotional awareness tasks. This strategy could prove advantageous for clients who have difficulty accessing their own bodily and emotional experiences, particularly those with alexithymia. Additionally, our technology could be used for interoceptive exposure therapy for patients suffering from panic attacks.

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What if…I can't…and Please Don't Make Me: Empowering Parents of Anxious Youth to Become Effective CBT Coaches

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Substantial research indicates that youth anxiety disorders can be effectively treated with cognitive behavioral therapies. When working with youth, understanding a child's immediate home environment and parental responses to anxiety-related behaviors is critical for best outcomes. While fears are a normative part of development, many parents struggle with knowing how to respond skillfully to children with clinical levels of anxiety and associated impairments. Various forms of parental accommodation when children are faced with anxiety-provoking situations may negatively reinforce anxiety and avoidance or escape behaviors (Etkin, Zilcha-Mano, & Lebowitz, 2022). Parents often experience understandable difficulties observing their offspring in distress, have their own struggles with anxiety, stress or depression, and/or set expectations or give provide feedback that may be inadvertently maladaptive (Settipani & Kendall, 2017). Individual parents may also disagree in their parenting styles and messaging which can lead to conflicted and conflictual coaching, especially in higher-anxiety situations. Evidence consistently supports the role of parents in the maintenance of youth anxiety disorders (Wei & Kendall, 2014); yet, more work is needed on how best to optimize parental involvement in CBTs for anxious youth.

This interactive and experiential skills class will explore how to empower parents to be key allies in effective CBT for their child's anxiety. Rooted in robust conceptualization that will account for cultural and sociodemographic variable, we will discuss how to engage parents fully in psychoeducation about CBT anxiety treatment, such that they can understand their role in supporting their child in treatment. Further we will tackle managing parents' discomfort with tolerating their child's distress, particularly how to discuss this in light of the parents' own psychopathology. Special attention will be paid to engaging reluctant/ resistant parents, helping overly involved or anxious parents, and working with highly motivated parents to engage their reluctant child. Implementation of novel modalities (e.g., online or computer-assisted resources) will be discussed. At the end of the class, participants will feel more comfortable engaging parents to decrease accommodation of anxiety and support child's treatment, addressing the "elephant in the room" of parents' own anxiety, and adapting these skills across developmental levels.

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Learning Objectives:

Objective #1: Participants will learn strategies to educate parents about how many parenting strategies may inadvertently maintain anxious behaviors in youth.

Objective #2: Participants will learn strategies for engaging reluctant, resistant, or anxious parents in the CBT of their anxious child or adolescent.

Objective #3: Participants will learn how to modify these strategies for parents given the different developmental needs of children, adolescents, and young adults.

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Integrating Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI) in Addiction Treatment

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The skills class titled "Integrating Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI) in Addiction Treatment" aims to provide an in-depth understanding of these therapeutic approaches in addressing the complex issues related to substance use and other addictive behaviors. The ultimate goal is to equip participants with the knowledge and skills necessary to apply ACT and MI effectively in addiction treatment, enhancing their everyday clinical practice of Cognitive Behavioral Therapy (CBT).

During the class, participants will explore the concept of Psychological Flexibility in ACT and its application in addiction treatment. Psychological Flexibility comprises six dimensions that will be discussed in the context of the therapy sessions. The class will also cover the management of craving, a complex emotional experience that plays a significant role in relapse processes. Participants will learn how to address this phenomenon using both ACT and MI approaches.

The training will delve into the high relapse propensity of addictive behaviors, emphasizing the importance of focusing on relapse prevention efforts. Participants will discover how ACT, with its proven effectiveness in treating substance use and other addictive behaviors, can be employed in clients' treatment processes. Similarly, MI, a therapy method used in addiction treatment, aims to activate the clients' internal motivation to initiate the change process. The class will examine how MI can be integrated with ACT to increase clients' desire and confidence to achieve their goals.

Key references for this skills class include Hayes, Strosahl, and Wilson's "Acceptance and Commitment Therapy: An experiential approach to behavior change" and Lundahl and Burke's "The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses." These sources provide essential background information and support for the techniques being taught in the class.

The skills class will be led by İlker Aktürk, a Social Work Specialist and ACT Therapist currently pursuing his Ph.D. in the Department of Social Work at Istanbul University-Cerrahpaşa. Aktürk has extensive experience in ACT and MI, having received training and supervision in these areas for an extended period while also continuing to see clients. In addition to his clinical work, Aktürk is actively involved in academic research.

By the end of the session, participants are expected to have gained a comprehensive understanding of how ACT addresses addictive behaviors, session planning, and the integration of MI techniques within the framework of ACT. This knowledge can significantly improve the everyday practice of Cognitive Behavioral Therapy (CBT), as practitioners will be better equipped to address the unique challenges that come with treating addiction.

Suicide Prevention Contract: A Tool to Reduce the Risk of Suicide in Outpatient Psychotherapy Care

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Scientific background: The prevention of suicide and self-harm are particularly important in psychiatric care. The pandemic and the crises of recent years increased the rate of deaths from intentional self-harm by 10% in 2020 compared to the previous years. In the WHO European Region, mental illness accounts for 21.1% of work capacity losses, with depression accounting for more than a quarter (26%) of these (WHO, 2017). Even if CBT is recommended as the primary therapeutic modality for mild to severe mental disorders, European surveys have found that a significant proportion of patients with depression, around 45%, do not receive treatment (Kazdin 2017). It is well-known that people suffering from depression show higher risk for suicide than other groups of the population. Therefore it is extremely important to prevent suicide in psychoherapy care. One promising form of prevention is the use of "suicide prevention contracts" which are verbal or written agreements, are intended to prevent suicidal behavior and became part of the general suicide prevention protocol (Perczel-Forintos et al, 2020). The use of such contracts can be seen as a way of solving the "problem" of a suicidal crisis, since problem solving training had also been established as a way of preventing recurrent suicide attempts (Salkovskis et al, 1990).

Key learning objectives: participants can learn ways how to introduce the suicide-prevention contract in clinical practice especially in psychotherapy care, its indications, how to explain to patients of different ages (children, adolescents, adults) and with different mental disorders. Specific ways of using it with borderline patients will also be demonstrated. We also discuss the positive effects of contracts and demonstrate the use of no-suicide contracts in clinical practice by presenting selected cases. We'd involve the audience to share their own experiences.

Implications for everyday clinical practice of CBT: suicide risk always puts a burden on the therapeutic relationship with suicidal depressed or borderline patients. In the shadow of the suicidal threat, it is difficult to manage the therapy as crises can hinder the progress. The no-suicide contract fits to the structered way of CBT on an excellent way, demonstrating that even serious crises can be overcome by this way.

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Class leaders: both of us is specialized in suicide prevention

Perczel-Forintos, Dóra: professor of clinical psychology, CBT therapist, Head of the Dep. of Clinical Psychology at Semmelweis University.

Zinner-Gérecz, Ágnes: clinical psychologist, CBT therapist

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Stoic Philosophy and Frankel's Logotherapy Serve as a Foundation for Furthering and Developing New Tools in an ACT-Based Processing Conceptualization

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The general concept of CBT, as well as the notion that a person's distress is caused by thoughts rather than reality, derives from Stoic philosophy. But the Stoic philosophy goes further, emphasizing the pursuit of virtues and in general, rejecting everything transitory in life, such as honor, property, and power. This concept is permeated by the concept of meaning in life, which intersects with Frankel's logotherapy main ideas of being meaningful to others, mutual relationships, and commitment to the world.

In this workshop, we will look at how this concept fits into the central treatment processes reflected in ACT, like avoiding fixing unpleasant emotions for the sake of values commitment, assisting the individual in taking an elevated look at themselves, overcoming automatic responses and set new goals, overcoming fusions and strengthening the ability to be in the moment. We will discover and practice new tools derived from the Stoic concept of the necessity to stop focusing on everything transitory in life and instead focus on relationships, as well as ways to improve the essential treatment processes described above.

The workshop goal is

1. To understand how the Stoic philosophical concept and logotherapy ideas, which emphasize renunciation of self-validation in favor of focusing on the connection to the other, intersect with the central principles of ACT.

2. To present simple techniques that assist in the integration of these ideas into the ACT processes.

3. To practice these techniques in the workshop.

Enhancing Cognitive Behavioral Therapy (CBT) for Anxiety Disorders: Advanced Exposure Techniques

Selin Aslan

Scientific background: Anxiety disorders are a highly prevalent and debilitating range of conditions that are often treated using CBT. Exposure-based techniques, which involve gradually confronting feared stimuli, are one of the most effective approaches to treating anxiety using CBT. However, traditional exposure techniques have limitations and may not be effective for all patients. Advanced exposure techniques based on recent research provide an opportunity to optimize treatment outcomes for patients with anxiety disorders.

Key learning objectives: This skills class will provide participants with an in-depth understanding of advanced exposure techniques for anxiety disorders. Participants will learn to implement these techniques in a CBT treatment plan to enhance outcomes for patients and build their confidence in delivering exposure-based interventions.

Brief description of skills class leader(s): Dr. Jane Doe is a licensed clinical psychologist with expertise in CBT and anxiety disorders. Her research focuses on the development and optimization of effective CBT interventions for anxiety disorders using exposure-based techniques.

Implications for everyday clinical practice of CBT: This skills class will provide attendees with an advanced understanding of exposure-based techniques and their applications in CBT for anxiety disorders. The skills acquired will enhance the ability to deliver more effective treatment to patients, improving their outcomes and quality of life.

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Theoretical Background of Bipolar Disorder: From Existing Knowledge to New Approaches

Sevinç Ulusoy

Classification systems and our very definitions of illness have evolved throughout the history of psychiatry, yet a definitive consensus remains elusive. Perhaps the most controversial area of psychiatric nosology is the distinction between bipolar disorder (BD) and psychosis. The concept of dichotomy was first described by Kraepelin with the diagnosis dementia praecox and manic-depressive insanity. To this day, criteria and classifications have continued to evolve, giving rise to diverse viewpoints regarding the categorization of various subtypes within BD, as in the Akiskal's classification. Classification systems have influenced not only diagnoses but also treatment and research in this field. Although the evidence for the theoretical foundations of all of them is not very strong, there are treatment models with proven efficacy in BD. Behavioural Activation System, Behavioural Sensitization and Kindling, Circadian Disturbance and Internal Appraisal and Cognitive-Behavioral Therapy (CBT), appear to encompass these three approaches, offering explanations for BD within the context of Stress-Diathesis model. Nolen-Hoeksema underlined the role of coping strategies such as rumination, distraction, risk taking etc. on the maintenance of affective disorders. One of the most current evidence-based treatment approaches for bipolar disorder is CBT. An encouraging approach in the treatment of BD is Acceptance and Commitment Therapy (ACT) which is based on functional contextualism. Data indicates that individuals with bipolar disorder, even those in a euthymic state, tend to exhibit low psychological flexibility. While the current evidence may not be sufficient, available data does suggest that ACT could serve as an alternative approach to enhance functioning and psychological flexibility in patients with BD.

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Cultural Adaptations for Hindu Clients Presenting Depression and Anxiety

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CBT theory and practice was developed primarily by the western world to be used with its populations, however as the population in the Europe becoming more diverse, it is incumbent on us to adapt the approach to meet the needs of our society. Traditional routes of mental health support are unable to provide a culturally sensitive and relevant experience of therapy which needs to be embedded within the culture and leads to sustainable long-term benefit. The awareness of the culture, engagement and adjustment in therapy is a significant part of the adaptation process (Naeem et al, 2015), as suggested by many advocating the need for adaption Hinton & Patel (2017), Bhargav, Kumar and Gupta (2017). There is growing knowledge on religion informing the adaptions, and the focus of this skills class will focus on Hindus accessing mental health support. Hinduism appears to be the world's oldest religion and is practiced by around 1.2 billion people globally. On closer inspection and being the followers of Hinduism being trained in Western CBT the speakers are able to draw their own understanding of the religion to create the roots of modern CBT the ancient theory and text of Hinduism, sacred texts and current day practice align well to CBT e.g. CBT in the Mahabharata (Angiras, 2020).

In this skill class the speakers will explore how this spiritual framework informs the engagement, assessment, formulation and treatment phases within depression. The use of metaphors, parables and conceptualisation embedded within Hinduism become key in engaging populations in a salient way which directly acknowledges their experience of life. This skill class will aim to provide an empowering space in which the audience will be able to enhance their understanding in adapting CBT for Hindu clients.

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

1. Recognise an awareness of Hindu Perspective regarding mental health.
2. Engage Hindu clients in therapy and appraise the efforts need to be made.
3. Construct a culturally sensitive formulation of Depression for these clients.
4. Revise the CBT treatment for depression for Hindu clients to achieve better outcome.

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Integrating Motivational Interviewing Techniques and Acceptance and Commitment Therapy

İlker Aktürk

Integrating motivational interviewing techniques and acceptance and commitment therapy (ACT) can be a powerful approach to treating addiction. Motivational interviewing (MI) is a client-centered counseling style that aims to elicit and strengthen motivation to change. It focuses on exploring and resolving ambivalence about change, enhancing intrinsic motivation, and promoting self-efficacy (Rooij et al., 2010). On the other hand, ACT is a form of cognitive-behavioral therapy that emphasizes acceptance of unwanted thoughts and feelings, commitment to values-based actions, and mindfulness (Bricker & Tollison, 2011).

The combination of MI and ACT can be particularly effective in addressing addiction because both approaches share common goals and strategies. Both MI and ACT aim to enhance commitment to behavior change and use a client's values to enhance this commitment. They also emphasize the importance of working with ambivalence and promoting intrinsic motivation. By integrating these two approaches, therapists can provide a comprehensive treatment that addresses both addiction's motivational and behavioral aspects (Bricker & Tollison, 2011).

In the case of addiction, the integration of MI and ACT can be applied in various ways. For example, therapists can use MI techniques to explore and resolve ambivalence about quitting substance use while also using ACT strategies to help clients develop acceptance of cravings and urges and commit to values-based actions that support recovery. This integrated approach can help individuals with addiction develop a stronger motivation to change while providing them the skills and strategies to manage cravings and maintain their recovery effectively.

Research has shown the effectiveness of integrating MI and ACT in treating addiction. For example, a study conducted by Smallwood et al. (2016) found that ACT effectively treated patients with chronic pain and addiction. Another study demonstrated the long-term outcomes of ACT in drug-dependent female inmates (Menéndez et al., 2014). These studies provide evidence for ACT's efficacy in treating addiction and support its integration with MI.

In conclusion, integrating motivational interviewing techniques and acceptance and commitment therapy can be valuable in treating addiction. This integrated approach combines the strengths of both MI and ACT, addressing addiction's motivational and behavioral aspects. Research has shown this integrated approach's effectiveness in treating addiction and other mental health conditions. By integrating MI and ACT, therapists can provide a comprehensive and tailored treatment that promotes motivation for change and supports long-term recovery.

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Cognitive Behavioral Therapy for Eating Disorders

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Eating disorders are serious mental health disorders that require effective treatment. Cognitive-behavioral therapy (CBT) has been widely investigated and shown to produce significant improvements in eating disorder symptoms, making it the treatment of choice for bulimia nervosa (BN), binge eating disorder (BED), and other specified feeding and eating disorders (OSFED). CBT has also been identified as one of the front-running treatments for anorexia nervosa (AN). However, there is a need for an enhanced version of CBT that addresses the psychopathological processes external to the eating disorder and improves treatment outcomes for patients who do not respond well to traditional CBT.

The enhanced version of CBT, known as CBT-E, is a transdiagnostic treatment that is suitable for all forms of eating disorders. It focuses on self-monitoring as an important feature to measure eating problems and direct the focus of therapy sessions. Unlike classical CBT, CBT-E does not use thought recording but instead emphasizes the regulation of eating habits and addresses the main mechanisms that sustain the eating disorder, such as body perception, diet restriction, and the relationship between events, emotions, and eating.

Research has shown that CBT-E is effective for non-underweight patients with eating disorders, including bulimia nervosa, binge eating disorder, and other specified feeding and eating disorders. It has also been found to be effective in cases where family-based treatment (FBT) was not fully effective or not applicable. Additionally, studies have highlighted the importance of therapist adherence to CBT-E in achieving positive treatment outcomes.

Overall, CBT-E offers a comprehensive and transdiagnostic approach to the treatment of eating disorders. It addresses the underlying psychopathological processes and provides tailored interventions to target the specific mechanisms that maintain the eating disorder. Further research is needed to explore the differential effects and working mechanisms of CBT-E, as well as its effectiveness in specific populations and settings. This abstract provides an overview of a skill class focused on CBT for eating disorders, including the four phases and techniques involved.

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“Full Tummy”: Acceptance and Commitment Therapy for Treating Psychogenic Abdominal Pain in Children and Adolescents

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Background: Mental distress and abdominal symptoms are strongly linked, particularly among children and adolescents. When episodes of abdominal pain occur at least three times in three months and cause significant functional impairment, the condition is known as recurrent or functional abdominal pain. This disorder affects up to 10% of school-age children, leading to multiple absences and avoidance of daily activities to the point of school refusal (Serlachius & Ol, 2021).

In this skills class, we will delve deeper into the Acceptance and Commitment Therapy (ACT) model for children and adolescents coping with abdominal pain. This approach challenges the idea that changing the content of negative thoughts is the best way to improve mental health outcomes. Instead, ACT emphasizes the importance of changing the relationship with these thoughts. By teaching young people to accept their thoughts without judgment and develop greater resilience to negative emotions, they can learn to manage their abdominal pain more effectively (Hancock et al., 2018)

ACT also recognizes that behavioral avoidance is a significant contributor to the disorder and encourages clients to confront activities that cause pain in a safe and supportive environment. This process helps young people strengthen their psychological flexibility across several dimensions, including acceptance, mindfulness, values, and committed action. (Wicksell et al., 2011). By developing these core competencies, children and adolescents can experience greater satisfaction and fulfillment in all aspects of their lives (Gauntlett-gilbert et al., 2013). In this class, we will explore the primary skills associated with the ACT model that were mentioned above and provide practical guidance on how to effectively apply them based on the unique developmental needs and characteristics of children and adolescents.

Learning Objectives: By the end of the class, participants will be able to: Identify the key principles of the Acceptance and Commitment Therapy (ACT) model for children and adolescents coping with abdominal pain.

Apply ACT techniques to help young people accept their negative thoughts and emotions without judgment and develop greater resilience to negative emotions.

Learn techniques to help young people confront activities that cause pain in a safe and supportive environment, and improve their psychological flexibility across several dimensions, including acceptance, mindfulness, values, and committed action.

Skills Class Leader: Shimrit Telraz Cohen is a clinical psychologist and supervisor in CBT. She is the student counselling service director and a lecturer in the art therapy program at “Beit-Berl” College. In the past, she served as the head psychologist in the Behavioral Dysregulation Unit for children and adolescents, as well as a senior psychologist at the Anxiety and Psychosomatic Unit for children and adolescents at the ‘Geha’ Mental Health Centre.

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What If...I can't...and Please Don't Make Me: Empowering Parents of Anxious Youth to Become Effective CBT Coaches

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Substantial research indicates that youth anxiety disorders can be effectively treated with cognitive behavioral therapies. When working with youth, understanding a child's immediate home environment and parental responses to anxiety-related behaviors is critical for best outcomes. While fears are a normative part of development, many parents struggle with knowing how to respond skillfully to children with clinical levels of anxiety and associated impairments. Various forms of parental accommodation when children are faced with anxiety-provoking situations may negatively reinforce anxiety and avoidance or escape behaviors (Etkin, Zilcha-Mano, & Lebowitz, 2022). Parents often experience understandable difficulties observing their offspring in distress, have their own struggles with anxiety, stress or depression, and/or set expectations or give provide feedback that may be inadvertently maladaptive (Settipani & Kendall, 2017). Individual parents may also disagree in their parenting styles and messaging which can lead to conflicted and conflictual coaching, especially in higher-anxiety situations. Evidence consistently supports the role of parents in the maintenance of youth anxiety disorders (Wei & Kendall, 2014); yet, more work is needed on how best to optimize parental involvement in CBTs for anxious youth.

This interactive and experiential skills class will explore how to empower parents to be key allies in effective CBT for their child's anxiety. Rooted in robust conceptualization that will account for cultural and sociodemographic variable, we will discuss how to engage parents fully in psychoeducation about CBT anxiety treatment, such that they can understand their role in supporting their child in treatment. Further we will tackle managing parents' discomfort with tolerating their child's distress, particularly how to discuss this in light of the parents' own psychopathology. Special attention will be paid to engaging reluctant/resistant parents, helping overly involved or anxious parents, and working with highly motivated parents to engage their reluctant child. Implementation of novel modalities (e.g., online or computer-assisted resources) will be discussed. At the end of the class, participants will feel more comfortable engaging parents to decrease accommodation of anxiety and support child's treatment, addressing the "elephant in the room" of parents' own anxiety, and adapting these skills across developmental levels.

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Learning Objectives:

Objective #1: Participants will learn strategies to educate parents about how many parenting strategies may inadvertently maintain anxious behaviors in youth.

Objective #2: Participants will learn strategies for engaging reluctant, resistant, or anxious parents in the CBT of their anxious child or adolescent.

Objective #3: Participants will learn how to modify these strategies for parents given the different developmental needs of children, adolescents, and young adults.

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Culturally-Sensitive Cognitive Behavioral Therapy: Applications in the Migration Context

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Universitat Ramon Llull

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-Behavioral 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 Behavioral 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 make generalizations 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, behaviors, 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 counseling 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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Group Acceptance and Commitment Therapy for Psychotic Disorders: Sharing Experience

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Psychotic spectrum disorders are severe mental disorders that lead to disability (Global Burden of Disease Study, 2015). Medication is the first-line treatment option in the treatment of psychotic disorders. Nevertheless, while medication can effectively manage symptoms, it typically does not lead to a corresponding improvement in a person's overall functioning. Furthermore, individuals with these disorders often struggle with low medication compliance, and treatment resistance is a common issue in this patient population (Nucifora et al., 2019). This situation increases the importance of psychotherapy in the treatment of psychosis. Psychotherapy is an important treatment option that has been studied in recent years in the treatment of psychosis (NICE, 2014). Studies on Acceptance and Commitment Therapy (ACT)'s effectiveness in psychosis have gradually increased over the years, and it has begun to be included in treatment guidelines (Morris et al., 2023). ACT for Life is a group ACT protocol for psychosis developed by Joe Oliver et al (Oliver et al., 2011). The protocol was implemented in a community mental health center in Turkiye. During the therapy process, the aspects of the protocol that worked and those that needed improvement were clinically evaluated.

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Group Therapies in CMHCs

Ayşe Döndü

Schizophrenia and other psychotic disorders significantly affect a person's quality of life and cause difficulties in many areas of life. Studies in the literature reveal that the quality of life and daily functionality of patients with schizophrenia decrease depending on the symptoms and severity of the disease

Weakening of the social skills of the patients, deteriorationin their daily functioning and cognitive functions, and the problems experienced by the caregivers reveal the need for psychosocial interventions in addition to medical treatment.

The literature presents many approaches and techniques that are applicable to patients with schizophrenia. Some of these techniques are based on psychoeducation and others are based on behavioral approaches. It is known that psychoeducation improves treatment compliance and the qualityof life of patients with schizophrenia. In addition, there are studies showing that patients with schizophrenia also benefit from various behavioral techniques. For example, it has been found that the self-care abilities of patients with schizophrenia improved,and with intervention programs based on the token economy, their physical activity levels and their quality of life increased

When the literature is examined, it is possible to encounter many psychosocial intervention methods carried out as group interventions in the treatment of schizophrenia in order to improve the functionality of patients. it was found that increasing the grocery shopping skills of patients with schizophrenia resulted in the improvement of executive functions and instrumental activities.

There are also psychoeducations practices in Türkiye, including group practices, cognitive and behavioral interventions, and various practices involving families in Türkiye. These interventions aim to provide improvements in different areas, such as strengthening the functionality, treatment compliance, and social interactions of patients. As an example, Social Skills Training: Coping with Symptoms and Medication Management Approach (Mental-Social Skills Training) stands out as a program developed for patients with schizophrenia, includingvarious cognitive behavioral techniques.

One of the points recommended to be considered in programs developed for patients on the schizophrenia spectrum is cultural characteristics. Researches show that the course of treatment and prognosis for the disorder may differ in different cultures.It has been reported that cultures vary in terms of sociocultural variables, religious characteristics, and family values, and because of this variability, the prognosis of the disease is milder (benign) compared with that of developed countries, especially in developing countriesWhen the programs in Türkiye are reviewed, it is noteworthy that most of these programs have been developed in other cultures and have been used through adaptation studies. Although there are programs that have been successfully adapted, it is thought that an intervention developed in our own culture is important and will contribute to treatment. In line with the findings in the literature, the "I Can Ride the Storm" program was developed,in which many behavioral techniques were brought together and homework assignments were made in accordance withthe cultural characteristics of the patients.

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Cognitive Behavioral Therapy for Vaginismus with Generalized Anxiety Disorder

Ayşegül Kart

Vaginismus is defined as a genito-pelvic pain/penetration disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Any form of vaginal penetration (e.g tampons, vaginal dilators, gynecologic examinations, intercourse) is usually painful in vaginismus. Vaginismus is both a psychologic disorder (fear and anxiety) and physical disorder (vaginal spasm). Women that have vaginismus often feel shame and embarrassment. Vaginismus may cause marital problems and women with vaginismus can feel depression and isolation. Prevelance of vaginismus is estimated to vary between 1% to 6%. Although the prevelance of anxiety disorders found to be increased in vaginismus women, depression and vaginismus comorbidity rates were not found to be increased. Studies on the relationship of vaginismus and marital distress found no significant relations.

In the CBT model for vaginismus, catastrophic (dysfunctional) interpretation of vaginal penetration leads to fear of vaginal penetration. As a coping mechanism women may avoid from or be hyper-vigilant to pain. Defensive pelvic floor muscle contractions block vaginal penetration. Incomplete vaginal penetration attempts turns to negative expectations. By reducing avoidance behavior and increasing successful penetration behavior, dysfunctional cognitions can be removed. In the treatment of vaginismus, gradual exposure exercises are assigned for homework, with gradual habituation to vaginal touch and penetration, usually beginning with the woman's fingers or artificial devices specifically designed for this purpose. These core elements are often part of a broader approach involving cognitive restructuring.

Generalized anxiety disorder (GAD) is a prevalent and disabling disorder that can be chronic and effect quality of life. The main features of GAD are persistent, uncontrollable worries about a number of topics. Physical symptoms such as restlessness, tiredness, poor concentration, irritability, sleep difficulties, and muscle tension are main complaints seen in GAD patients. Recent studies on the treatment of GAD examined the effects of different drugs, cognitive–behavioural therapy (CBT) or relaxation therapies. CBT, which is the most empirically supported psychotherapy, is the first psychotherapy choice for GAD. Studies that used CBT for GAD found that 50% of GAD patients are clinically improved and significant improvement in GAD patients at 2 years follow-up. Metacognitive therapy (MCT) is a more recent approach to GAD and seems to be especially effective to GAD. 72–80% recovery rates with MCT in anxiety and depression patients has been reported. MCT differs from CBT regarding cognitive restructuring, exposure, applied relaxation or breathing techniques, which are at the core of CBT but do not exist in MCT.

In this case, a woman with a history of 5 years of vaginismus and newly diagnosed GAD, MCT for GAD and CBT for vaginismus were applied. The tecniques that she learned from MCT were very helpful for her to copy with her dysfunctional thoughts. Psycho-education and gradual habituation were the other key parts of her therapy.

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The Way of Healthy Adult: Experiental Techniques, Case 1: Lonely Child Who Wants to be God

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A 33-year-old, married, and university-educated client has presented with several complaints, including intense anxiety and anger in his interpersonal relationships and a pervasive sensation of numbness extending from the roots of his hair to his fingertips. During the initial session, he articulated his therapy objective as "I want to be God." However, as therapy progressed, it became evident that this desire to be God was essentially a coping mechanism employed to counteract the feelings of weakness and isolation within him.

Through experiential techniques, which focused on the emotions of loneliness, anger, and numbness that he was currently experiencing, numerous childhood memories began to surface. For instance, he recounted an incident from when he was 8 years old when he and his older sister were abandoned on the side of a rainy intercity road because they had been making noise in the car. The car drove away, leaving them about 200 meters from where they were. Even before fully delving into this memory, another scene emerged swiftly. He recollected his mother's words, "If you don't behave, we will give you to the gypsies; we've already taken you from there."In subsequent therapy sessions, he disclosed that his mother had resorted to threatening to throw herself out of a window during moments of "misbehavior" at home. Moreover, he noted that there was always an underlying theme of death in his mother's lullabies.

In all of these scenes, the therapist employed imaginative interventions in response to the child's evident neglect and abuse. Firstly, the therapist conveyed his presence to the child and reassured him that he was there to protect and ensure safety. Secondly, the therapist established a clear boundary with the punishing mother or father, using statements such as "you have no right to do this; he is just a young child." Any justifications provided by the mother defending her actions were rejected, and the focus shifted towards addressing the child's needs.

When the mother remained silent and refused contact with the child, the child's need for security and affection was addressed through a concept known as "limited re-parenting." Initially, the child was given a red button that symbolized the therapist's immediate availability whenever the child found himself in similar distressing situations. Subsequently, discussions centered on feelings of inadequacy and guilt, emphasizing the child's rights as a child and normalizing the so-called "naughtiness." Efforts were made to explain that sometimes the mother faced challenges in her parenting skills.

When the child expressed feelings of loneliness, the therapist offered to stay with him, and per the child's request, the scene concluded with them walking hand in hand towards the park, basking in beautiful weather with the sun shining. At the conclusion of each scene where these experiential techniques were applied, the therapist engaged in discussions with the client regarding how he felt and what he thought about the experience.

In the Context of Metacognitive Therapy; Attention and Self in Fluid & Digital World

Hilal Bebek, Ali Engin Uygur
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The relationship between attention and psychopathology is a focused topic especially in recent years. According to metacognitive therapy approach, Adrian Wells takes attentional properties as centered feature about mental illness. In this Panel, attention will be discussed not only in the context of clinical psychology also in the context of cultural issues. In a digital and fluid world lot of stimulu distracts and manipulate our attentions. People seem to make desicions in a less concious state. Personality is effeced and shaped by a digital image engineering. So according to MCT what can we say about the relationship between attention and mental ilness with seting a bridge to filuid world, desicion processes, inhibition difficulties, will and self disipline. On this axis these three topics will be discussed by acredited MCT Therapists;

1. Attention and psychopathology: İnformaiton processing, updating problems about beliefs, frozen informations and learning problems
2. Attention problems in digital world
3. Attention, desicions, self and will.

Schema Therapy Applications in Community Mental Health Centers

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CMHCs are centers that provide psychosocial support services to patients with psychiatric diagnoses (psychotic disorders such as schizophrenia, schizoaffective disorder and bipolar affective disorders), provide follow-up and treatment, plan home follow-up, treatment and patient-family education when necessary, and provide effective and accessible services. In addition to the psychopharmacological treatment plan, it is known that the multifaceted approach applied to individuals with chronic psychiatric diseases significantly reduces patients' non-compliance with treatment, increases treatment compliance and quality of life, and increases the awareness and ability of family members to cope with and respond to the symptoms of the disease. For this purpose, CMHCs organize psychotherapy methods, psychosocial support programs, psychoeducational practices, and social skills training appropriate to the needs and abilities of patients (1). Psychotherapeutic approaches to be applied to patients with chronic psychiatric disorders, in addition to drug treatments, include problem-solving-supportive, helping the patient adapt to reality, insight-oriented, and strategies that address the patients' recurrent inappropriate interpersonal relationships. Schema therapy is a form of psychotherapy that integrates cognitive, behavioral, psychodynamic, object relations and existential approaches, developed by Jeffrey Young for personality disorders and behavioral problems that respond poorly to other therapy methods. According to Young, early maladaptive schemas are lifelong, widespread and comprehensive cognitive patterns about oneself and one's relationships, including memories, emotions, cognitions and body adaptations (2). Studies have shown that negative childhood experiences and traumas may constitute a risk factor in people with chronic psychiatric disorders such as schizophrenia and bipolar affective disorder, and may be associated with psychotic symptoms, especially positive symptoms (3). Our panel will focus on the place and importance of schema therapy and early maladaptive schemas among psychotherapeutic methods that can be applied to patients in CMHCs.

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Cognitive Behavioral Therapy Applications in Test Anxiety

Fatih Yığman

Test anxiety is a clinical condition that can increase the risk of anxiety and depression and is directly linked to poor academic performance. It involves a process associated with dysfunctional thoughts about the testing process and its outcomes, along with associated behavioural consequences and physiological symptoms. It has been suggested that test anxiety, which is not classified as a separate diagnosis in DSM, may be a subtype of other anxiety disorders. The prevalence of test anxiety has been reported in the literature to be 15-40% and is generally more common in females (Von der Embse, Jester, Roy, & Post, 2018).

According to the cognitive model, there are studies showing a significant positive correlation between negative automatic thoughts, intermediate beliefs and core beliefs and test anxiety. In the study conducted by Wong et al. in 2008, it was found that negative automatic thoughts, intermediate beliefs, core beliefs and irrational beliefs about the exam showed a significant positive correlation with test anxiety. The most important predictor among these was determined to be the " negative self-concept" sub-dimension of automatic thoughts (Wong, 2008).

In the cognitive model of test anxiety, emotional reactions (e.g. anxiety, malaise), physical symptoms (e.g. excessive sweating, dry mouth, palpitations, stomach complaints), behavioral reactions (e.g. avoiding studying) or mental avoidance (e.g. worrying about the exam) that arise as a result of cognitive factors (e.g. trying not to think).

Cognitive distortions regarding the exam process and the exam result (e.g. "I can't pass, if I don't pass, it means I've completely failed") are the most important factor of the process. Additionally, people tend to catastrophize and overgeneralize regarding exam results. As a result of these cognitions, anxiety and anxiety-related physical symptoms emerge. Finally, the likelihood of failure increases due to avoidance behaviors.

The first step in treatment is to provide detailed psychoeducation about test anxiety and the sympathetic nervous system. Then, their cognitive distortions are addressed and they are helped to develop alternative thoughts (e.g., I will be sad if I fail this exam, but it will not be the end of life). Clinical practice points to the importance of breaking down test anxiety into three stages (anticipation, confrontation and outcome) and separately examining the different anxiety experiences it triggers (before the exam, during the exam and after the exam).

Behavioral interventions, on the other hand, aim to enable new behavior planning by conducting a cost-benefit analysis of avoidance behaviors (e.g., will not studying math because I think I am unsuccessful in math class increase my chances of succeeding in math class?)

In conclusion, cognitive behavioral therapy is an effective option for the treatment of test anxiety. Cognitive behavioral therapy can be used in the treatment of these patients to improve their academic performance.

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Schema Therapy Applications in Generalized Anxiety Disorder

Fatih Yığman

Generalized Anxiety Disorder (GAD) is a clinical condition that progresses with excessive anxiety and worry most of the day, for at least six months, and is accompanied by at least three of the following symptoms: restlessness, being easily fatigued, irritability, muscle tension, difficulty concentrating, and sleep disturbance (APA, 2013). The lifetime prevalence of GAD is reported as 4.3% in the literature (Kessler, Petukhova, Sampson, Zaslavsky, & Wittchen, 2012).

Cognitive Behavioral Therapy (CBT) is an effective method in the treatment of GAD. Some experts have defined GAD as a chronic and incurable cognitive-behavioral disorder. For this reason, classical cognitive-behavioral therapy may be ineffective in treatment.

Schema therapy was developed for patients with serious, chronic psychological problems who were unable to achieve significant gains in traditional cognitive therapy (Young, Klosko, & Weishaar, 2003) . Schema theory does not contradict traditional CBT; it expands it to include treatment-resistant patients.

At the center of the schema model are early maladaptive schemas (EMSs), which develop depending on childhood experiences and determine some character traits. In this context, 4 schema domains and 18 schemas were determined (Bach, Lockwood, & Young, 2018). The second component of the theory is "schema modes." Schema modes represent the individual's current emotional state within the framework of the EMSs activated at a particular moment.

Although there are many studies showing the effect of EMSs on anxiety disorders, there are few studies focusing directly on the relationship between GAD and EMSs. In a study examining the relationship between GAD and EMS, abandonment/instability, pessimism/negativity, vulnerability to harm, punitiveness, self-sacrifice, emotional deprivation and status seeking scores were found to be significantly higher in GAD patients than in the control group. Additionally, a positive correlation was found between generalized anxiety symptom severity and all schemas (except failure, insufficient self-control, and defectiveness/shame) (Kocakaya & Özturan). Similar to studies examining the relationship between schemas and GAD, there are a limited number of studies showing the effectiveness of schema therapy in GAD.

In the light of clinical practices, it can be said that the schemas of vulnerability to harm, abandonment/instability, mistrust/abuse, and pessimism/negativity are at the forefront in GAD patients (Karaosmanoglu, 2016). These 4 schemas are generally more closely associated with anxiety and worry. In addition, self-sacrifce and punitiveness schemas are also prominent in these patients.

It is thought that Schema Therapy, as well as other therapy schools, may be an effective alternative for GAD patients who are resistant to CBT. Especially the application of experiential techniques and schema modes exercises may be a useful strategy for these patients. For this reason, there is a need for further studies evaluating the relationship between EMSs and GAD and the effectiveness of schema therapy in patients diagnosed with GAD.

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Theoretical Background of Psychosis: From Existing Knowledge to New Approaches

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Psychosis is a complex phenomenon characterized by a range of symptoms that affect emotion, perception, thought, and behavior. The illness model of psychosis, which has been dominant throughout the last century, has primarily focused on "schizophrenia" as an illness. However, the concept of schizophrenia has faced criticism for its heterogeneity and lack of predictive validity. This concept combines symptoms that are so heteregoneous that two individuals with the same diagnosis may not share any symptoms in common. Additionally, the boundaries between schizophrenia and other diagnoses, such as bipolar disorder, are subject to debate. Furthermore, the concept fails to predict the course of the illness or the response to treatment. As a result, the usefulness of the "schizophrenia" concept has been called into question, and there has been a need to move beyond traditional diagnostic categories. Alternative approaches have been proposed to better capture the complexity of psychotic experiences. One approach suggests a single psychosis syndrome that encompasses the categories of schizophrenia, schizoaffective disorder, and bipolar disorder found in traditional classification manuals. Another approach advocates for dimensional models, which are supported by a phenomenological continuum between psychotic symptoms and normal mental states. A further approach focus on specific phenomena, such as auditory-verbal hallucinations and paranoid beliefs and has led to significant progress in understanding their causes. This paradigmatic shift has led to enormous progress in understanding psychotic phenomena. Furthermore, the role of emotions, trauma, and environmental factors in the development of psychosis has been explored.

In addition to understanding the causes of psychosis, effective treatment approaches are essential. Despite medication, individuals with schizophrenia often experience persistent symptoms and limited functional improvement, highlighting the need for effective psychotherapy. Recent studies have demonstrated the efficacy of psychotherapy, such as cognitive-behavioral therapy and mindfulness, in addressing psychotic symptoms.

In conclusion, the theoretical background of psychosis encompasses various approaches, including social, psychological, and biological perspectives. Understanding the complex interplay between these factors is crucial for developing new approaches to the diagnosis, treatment, and support of individuals with psychosis. However, further research is needed to fully understand the effects of these interventions on psychotic symptoms and to optimize treatment outcomes.

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Case Formulation: New Directions in its Clinical Role

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The panel discusses three new directions of the clinical role of case formulation in the process of Cognitive behavioral therapy (CBT). The first direction aims to integrate all the historical components of CBT: standard cognitive therapy, constructivism and "third wave" process therapies and correspond to a integrated and validated case formulation procedure called LIBET (Life themes and semi-adaptive plans: Implications of biased Beliefs, Elicitation and Treatment; Sassaroli et al., 2016, 2021) which would allow to 1) sharing with the patient the formulation of the explanatory model of emotional suffering and the rationale for the treatment strategy proposed to the patient; 2) negotiating the goals of the therapy; 3) monitoring of therapeutic progress and its feedback action on the treatment strategy. The second direction discusses the cultural components of the case formulation procedure and is based on the Culturally Adoptable Motivational Cognitive Affective/Determination Therapy (CA-MCA/DT) introduced by Artiran (2019, 2020). CA-MCA/DT is a type of therapy that helps people meet their three basic psychological needs (Deci & Ryan, 2011), satisfy their need for love, find their meaning in life, and reach a peaceful-minimalist lifestyle. It is therefore essential that these four goals be measured during the first phase of the session. CA-MCA/DT incorporates the techniques of Rational Emotive Behavior Therapy (REBT), CBT, and Positive Psychotherapy (PP) (Seligman, Rashid, & Parks, 2006) in treatment. In the second stage, the dysfunctional thoughts and unhealthy negative emotions that are preventing the client from reaching their goals are included in the formulation. In the third stage, the client's strengths and skills are assessed. In the fourth stage, the client's cultural values about themselves, their relatives, the society they live in, and the future are determined. At the final stage of the formulation process, the client's preferences in terms of desired outcomes and goals are elicited, and these are integrated into the formulation. In other words, CA-MCA/DT is not only concerned with problem areas or psychological disorders, but also includes positive elements. In this presentation, we will explore how to integrate RDDT, CT, Positive Psychology, Sufism and Self Determination Theory in a psychotherapeutic treatment. The third direction discusses the contribute of Albert Ellis, who pioneered the cognitive-behavioral therapy approach known as REBT during the 1950s. REBT helps individuals identify and change these negative thought patterns by challenging underlying beliefs and assumptions. The therapy is structured and goal-oriented, with a focus on teaching client's specific skills. Case formulation is a key aspect of REBT, as it involves the therapist and client working together to understand the client's presenting problems and identify the underlying irrational beliefs that are causing these problems. Through this collaborative process, the therapist can help the client develop a more rational framework for understanding their experiences. The process of case formulation holds significant importance in the objectives of therapy, and it encompasses two key components: elegant and inelegant solutions. Formulating solutions is equally crucial as analyzing problems, and it is highly beneficial to have a solution-focused case formulation.

Cognitive Behavioral Therapy in the Treatment of Bipolar Disorder

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Scientific Background: Bipolar Disorder is a disorder with a lifetime prevalence of 1-1.5%, with relapses, the probability of recurrence increases as the number of attacks increases, and comorbidity, which is also a predictor of poor prognosis, is almost the rule. Interpersonal relationships due to symptoms and accompanying diseases during exacerbation periods and sometimes between attacks. Significant disability occurs in many areas, such as work, family, academic life, budget management, health, self-care, parenting, driving, and legal and social adjustment. Approximately 75% of patients are non-adherent to treatment. While pharmacotherapy is the first-line treatment, all psychotherapy methods are used as add-on therapy.

Cognitive Behavioral Therapy (CBT) is one of the evidence-based therapy methods that is useful and effective in treating Bipolar Disorder. Providing psychoeducation about symptoms with CBT approaches, increasing treatment cooperation and compliance with medication, handling comorbid conditions, coping with stressful life events to increase the quality of life, the protective effect of family and other social supports, social and occupational functioning and adjustment, identifying and responding to psychosocial triggers that increase the risk of relapse; exacerbation, recurrent suicide risk; It is possible to reduce labeling and insecurity and help organize daily life.

Key learning objectives: In this course, we will give information on disease management, compliance with treatment, interpersonal relationships, and regulation of lifestyles in the treatment of Bipolar Disorder will be given. In addition, it is aimed that the participants gain essential knowledge and skills about Cognitive Behavioral Therapy (CBT) applications in the treatment of Bipolar Disorder.

Training modalities: In this course, CBT approaches used in the treatment of Bipolar Disorder as titles: "psychoeducation, reactive symptom management, symptom monitoring, and early warning symptom system development, increasing treatment compliance, symptom control, CBT and cognitive strategies (cognitive restructuring, behavioral activation, increasing problem-solving skills) and stress reduction," will be presented. After the oral presentation, the session will end with a question, answer, and discussion.

Implication for the clinical practice of CBT: Cognitive Behavioral Therapy (CBT) is one of the evidence-based therapy methods that is useful and effective in the treatment of Bipolar Disorder.

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Emotion Regulation; Definition, Development and Psychological Well-Being

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Emotion regulation (ER) is composed of both unconscious and conscious processes serve as a pivotal mechanism in increasing, decreasing, or maintaining feelings, behaviors, and physiological responses so that individuals can respond to environmental demands appropriately (Gross, 2001; Campbell-Sills & Barlow, 2007). Over the three decades, ER has received significant attention and is still a very popular theme under investigation in all the major sub-areas within psychology (Gross, 2015). One of the reasons why it receives so much attention is based on the evidence that ER is accepted as a transdiagnostic factor. There is an enormous amount of evidence that displays ER significant impact on the development and maintenance of psychopathology of various forms of disorders (Gratz & Roemer, 2004).

In this panel talk, I aim to briefly discuss the conceptualization of emotion regulation and its developmental trajectory. To achieve this, it is vital to start discussing what is being regulated, the emotion. Following this, I will speak on how and why people achieve or regulate or experience dysregulation of their emotions by utilizing the Gross Process Model of Emotion Regulation (Gross, 2015).

Comparison of Mindfulness and Cognitive Behavioral Stress Reduction Approaches

Ayşegül Yay Pençe

Cognitive behavioral therapy (CBT) and mindfulness-based interventions (MBIs) are both effective approaches for managing stress, but they have distinct differences in their underlying principles and techniques. Some key differences between the two will be discussed in four groups. Those are the differences between foundational principles, approach to thoughts and emotions, the techniques applied, perspective on mind-body connection.

Regarding with foundational principles, CBT is based on the premise that our thoughts, feelings, and behaviors are interconnected. It focuses on identifying and changing maladaptive thought patterns and behaviors that contribute to stress and other psychological issues. On the other hand, MBIs, such as mindfulness-based stress reduction (MBSR) and mindfulness based cognitive therapy (MBCT), are rooted in mindfulness meditation practices. They emphasize cultivating present-moment awareness, acceptance, and non-judgmental observation of thoughts and emotions to reduce stress. In terms of approaches to thoughts and emotions, CBT seeks to modify negative thought patterns and beliefs that can contribute to stress. It helps individuals change irrational or unhelpful thoughts and replace them with more balanced and rational ones. MBIs encourage individuals to observe their thoughts and emotions without judgment instead of changing them. The focus is on accepting them as they are and learning to respond to them with equanimity. These interventions also benefit from different techniques. CBT often includes cognitive restructuring (identifying and changing negative thought patterns), behavioral interventions (changing behaviors that contribute to stress), and problem-solving skills. MBIs primarily involve meditation practices, body scans, and mindful breathing exercises. These techniques help individuals become more aware of their internal experiences and develop a non-reactive attitude toward stressors. Concerning the approaches to mind-body connection, while CBT acknowledges the connection between thoughts, emotions, and physical sensations, it doesn't emphasize the mind-body connection as explicitly as mindfulness-based therapies. On the other hand, MBIs place a strong emphasis on the mind-body connection and how stress can manifest physically. They often include body awareness and relaxation techniques.

To conclude, CBT focuses on changing thought patterns and behaviors related to stress, while mindfulness-based therapies emphasize cultivating acceptance to reduce stress. The choice between these approaches depends on individual preferences, the nature of the stressor, and the therapeutic goals. Some individuals may benefit from a combination of both approaches as well. It is essential to determine the most appropriate approach for a specific individual.

Cognitive Developmental Level and Psychopathological Symptoms

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Summary: Jean Piaget presented a stage theory of cognitive development to explain cognitive development from infancy to adolescence. The second stage of Piaget's theory of cognitive development, the preoperational thinking stage (between 2-7 years of age), is characterized by egocentrism, centrality and difficulty in reversibility. This structure of "preoperational thinking" described by Piaget also provides an excellent tool to explain the primitive thinking and language patterns of chronically depressed adults. According to CBASP theory, chronically depressed patients are stuck in the preoperational stage of cognitive-emotional development in the social-interpersonal domain, either as a result of low-level but prolonged negative events or experiences such as severe traumatic events, chronic apathy or loss of important family members. That is, chronically depressed adults (1) use overly general and pre-logical thinking; (2) have thought processes that are not influenced by the reasoning and logic of others; (3) are pervasively egocentric in their views of themselves and others; (4) communicate verbally largely in monologue form; (5) are unable to express genuine interpersonal empathy; and (6) exhibit poor emotional control under stress.

While Piaget's theory observes general errors in the reasoning of preoperational children, it is hypothesized that chronically depressed adult patients show preoperational patterns only in the social-interpersonal domain (McCullough, 2003).

On the other hand, some clinical observations suggest that preprocessing features may be present not only in depressive disorders but also in patients with personality disorders and chronic psychiatric patients. Therefore, CBASP theoretical assumptions and principles may help us in explaining and treating these psychopathologies (Driscoll 2004). Furthermore, some psychiatric patients may temporarily regress to earlier stages of cognitive development when they show intense emotional reactions.

We conducted two studies to test these assumptions. The first study was conducted in a sample of 388 university students (285 females, 92 males) aged 18-24 years. In this study, we used Beck Depression Inventory, Beck Anxiety Inventory, Personality Belief Inventory Short Form (PBI-SF) and Luebeck Preoperative Thinking Questionnaire (LQPT) to investigate the relationship between cognitive development levels and psychological symptoms. In this study, a significant negative correlation was found between Luebeck Scale and BDI scores ($r=-0.61$; $p<0.01$) and all sub-dimensions of PBI-SF ($p<0.05$). The results of this study showed that as the preoperational thinking styles of individuals increased, the level of psychiatric symptoms and the rate of having negative personality beliefs increased.

In the second study (Tabur et. Al 2023), we examined the relationship between dysfunctional personality beliefs determined by the PBQ scale and the level of preoperational thinking determined by the Luebeck scale in 61 outpatient psychiatric patients. In this study, we found a significant correlation between all negative personality beliefs and the level of preoperational thinking determined by the Luebeck scale. Accordingly, as the level of preoperational thinking increases in psychiatric patients, negative personality beliefs also increase.

In summary, we can say that the level of cognitive development is associated with psychological and psychiatric symptoms for both healthy controls and psychiatric patients. Therefore, the development and implementation of techniques to reduce preoperational thinking, which is an important factor leading to an increase in the level of psychopathology, is extremely important in the treatment of these patients. This insight will help in the understanding and psychotherapeutic and clinical management of individuals with personality disorders, depression and anxiety.

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Application of Different Models in CBT of Generalized Anxiety Disorder

Application of the Metacognitive Model

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Anxiety is a future-oriented emotional response characterized by uncontrollability and unpredictability regarding potentially distressing events. Worry is a mental process that includes volitional cognitive elements, is evaluative, predictive, and often has emotional content (Wells, 1995). According to Borkovec, worry is defined as a chain of negative thoughts that aim at problem solving and have predominantly verbal content (Borkovec, Robinson, Pruzinsky, & DePree, 1983). Studies show that metacognitive therapy is beneficial with or without medication treatment. Although both MCT and CBT are effective in the treatment of generalized anxiety disorder, there are studies suggesting that MCT is more effective than conventional cognitive behavioral therapy (CBT) (Nordahl et al., 2018; Solem et al., 2021). In GAD patients, worry is predominantly seen as a means of anticipating future problems and generating ways to cope with them. The worry process that occurs in response to usual triggers like negative events or uncertainties is called "Type 1 worry." The use of worrying as a way of coping is related to positive metacognitive beliefs. However, the most important element in the transition to GAD is the activation of negative metacognitive beliefs (i.e., worrying about possible problems will help me to prepare). Other than positive metacognitive beliefs negative metacognitive beliefs are important for the MCT model of GAD. Two types of negative beliefs are important: negative beliefs about the uncontrollability of worry (e.g., I can't stop thinking on possible future catastrophes) ; and negative beliefs about the harmful or dangerous consequences of worry (e.g., worrying will make me mentally sick) (Wells, 2011). In the theory, although positive metacognitions are important to the development of GAD negative metacognitions especially uncontrollability beliefs are crucial.

GAD General Treatment Structure: 1.Case formulation, 2.Socialization, 3.Encouragement of metacognitive mode, 4.Challenging metacognitive beliefs about uncontrollability, 5.Challenging metacognitive beliefs about the danger of worry, 6.Challenging metacognitive beliefs about the danger of worry , 7. Structuring new plans for processing worry, 8. Relapse prevention. Detached mindfulness (DM) and Worry Postponement (WP) are about the attitude with which a person relates to his or her thinking (more generally, to his/her mental event) processes. DM is the state of being aware of internal events without responding to them with evaluations, without trying to control or suppress them, or without a behavioral response. Managing the worry postponement and developing DM skills means that the worry could arise after triggering thoughts yet it can be postponed. It also gives the message that worry is not actually uncontrollable (Wells, 2011).

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Application of Different Models in CBT of Generalised Anxiety Disorder

Application of Cognitive Behavioral Model (CBT)

Turkan Aghakishiyeva
Madalyon Psikiyatri Merkezi

Generalized anxiety disorder (GAD) is a common mental disorder that includes anxiety symptoms such as restlessness, tension, somatic symptoms such as easy fatigue and sleep disturbance, and difficulty in concentration, accompanied by persistent worrying about daily events or problems that the person has difficulty controlling.

The effectiveness of CBT in generalized anxiety disorder: Studies have shown that CBT is beneficial with medication or alone. CBT is practical and effective both in the short and long term. CBT is also the preferred method in clinical research due to its structured and easy applicability.

Cognitive Model of Anxiety: The cognitive model emphasizes the importance of various distortions in the information processing resulting anxiety - in particular, over-arousal, false alarms, lack of objectivity, generalization of danger to other stimuli, catastrophising, excessive focus on negative consequences, inability to tolerate uncertainty and lack of habituation.

There are many models of GAD (schema-based cognitive model, metacognitive model, Borcovec's model, Quebec model...). This shows us that GAD has many cognitive domains. According to Borcovec and Newman (1999), worry is an effort to avoid the threatening mental image and accompanying physical distress. Although worry is disturbing, the image of the primary "threat" is more disturbing. According to the Quebec model, intolerance of uncertainty is at the center of GAD. These individuals find uncertainty distressing and negative and try to avoid it at all costs and are unable to function normally in such situations.

GAD General Treatment Plan:

1. Assessment
2. First Session of Cognitive Therapy (Introducing Cognitive Model and Therapy)
3. Treatment Sessions (Cognitive Interventions, Adapting the patient's symptoms to the model, Cognitive restructuring for worrying and rumination, Assessing the cognitive nature of worrying)
4. Behavioural Interventions (Avoidance detection and exposure, Stress reduction and problem-solving training, Interpersonal interventions, Coping Strategies, Relaxation Training)

In the assessment interview, problem areas (sleep disturbance, inability to control worry, alcohol use) should be determined, the worst-case scenario related to anxiety should be determined, a list of goals and expectations should be created.

The goals in the treatment of GAD should be to see anxiety as normal, to construct cognitions related to the content of anxiety, to construct negative and positive metacognitions, to eliminate worrying from anxiety, to intervene in strategies to control anxiety, to develop confidence in problem solving, to increase tolerance to negative emotion, to increase tolerance to uncertainty.

Cognitive restructuring: Anxiety episodes are analyzed and specific feared consequences are identified, followed by an examination of evidence, probability of danger and degree of malice.

Intolerance of uncertainty: The goal of treatment is not to eliminate uncertainty, but to recognize, accept and use coping methods. Individuals with GAD may have many dysfunctional behaviors to reduce uncertainty. Dysfunctional behaviors are identified. Uncertainties to face for the individual are gradually increased.

De-fusion for Worries: Worry is a chain of thoughts or predictions in the mind that something bad will happen. Believing/thinking that something bad will happen is unrelated to something bad actually happening.

Problem Solving Training: The aim is to correct the way of approach to problems, to reduce anxiety by improving coping and to plan what to do. Firstly, dysfunctional cognitions about problem solving should be examined, the problem should be defined, goals related to the problem should be determined, alternatives should be produced, applications should be made and re-evaluation should be made.

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Psychosocial Skills Training (Psst) in Community Mental Health Centers

Aybike Telkok Sen

Schizophrenia and Bipolar Disorder are serious chronic mental disorders that occur with the interaction of genetic, biological and environmental factors. Attacks occur mostly in the early stages of life, leading to recurrent loss of functionality at varying rates. While drug treatment is significantly effective in controlling positive symptoms in individuals with these disorders, it is insufficient in negative symptoms, and its effectiveness increases when supported by psychosocial treatment. Community Mental Health Centers (CMHC) were established with the aim of ensuring treatment compliance and social participation of individuals with severe mental disorders in an environment outside the hospital, through psychosocial treatment, in addition to drug treatment. The main goal of psychosocial treatment is to increase treatment compliance and effectiveness, support the prevention of attacks, increase mental and social functionality, alleviate the burden of caregivers, and strengthen the individual against stigmatization. In this context, Psychosocial Skills Treatment (PSST) interventions have been shown to have positive effects on the symptoms of the disease, treatment compliance, quality of life and functionality. Psychosocial Skills Training (PSST) is an educational model developed by Robert Paul Liberman and his friends. As it is applied in various group trainings in Türkiye, its content has been adapted according to the needs of the target community. In the adapted PSST program, individuals with severe mental disorders are taught communication skills, problem-solving skills, psychosis and antipsychotic drug treatment evaluation and monitoring, recognizing and coping with drug side effects, recognizing and coping with warning signs, recognizing and coping with persistent symptoms, avoiding alcohol and substance use, and increasing interaction and social activities. Acquisitions gained in training programme are reinforced with various homework, role playing and social activities. In various controlled studies conducted on the effectiveness of the training, a decrease in disease symptoms, increase in insight, social functionality and quality of life, and an improvement in cognitive functions were observed.

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Reviewing the Schema Therapy Model in the Light of New Research Findings

Bahar Köse Karaca

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In Schema Therapy, Early Maladaptive Schemas (EMS) have been predominantly considered as core vulnerable points stemming from childhood injuries. The aim of this panel is to review the concepts of schema therapy model based on Turkish clinical data conducted by our research group in recent times. In the light of the studies listed below, a discussion will be conducted by reviewing Young Schema Questionnaire, Schema Mode Inventory, The Dusseldorf Illustrated Schema Questionnaire for Children, and utilizing the Polyvagal Theory and aims to inform both schema therapy researchers and practitioners about new studies and what to pay attention to during planning research or therapy practices. Accordingly, our recent scientific investigations propose a groundbreaking perspective, suggesting that not all of these schemas are primarily about vulnerability; some might fundamentally be coping mechanisms. This perspective is grounded in evolutionary theories that elucidate these schemas' survival and adaptive significance. Furthermore, our research dives deep into the Polyvagal Theory and its interplay with schema modes, offering a nuanced understanding of coping responses within the schema theory framework. This presentation will shed light on these novel insights, reshaping how we perceive and approach EMS in therapeutic settings.

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What is Psychoyoga in Terms of Body and Playfulness?

Banu Erdem

Psychoyoga is a combination of Psychology and Yoga; a style developed to use "Playfulness" as the bridge to combine these two interrelated areas.

We now know that any physical activity is known to contribute to general health status including both physical and psychological health. Especially once it is regular, it boosts the endurance, helps as a prevention to chronic diseases and premature death, and supports individuals' wellbeing which results diminishing of having depression. (Warburton, 2006)

Within the broad range of physical activities, Yoga appears to be the one which is more comprehensible, integrative, and effective in some senses. As an ancient philosophy, Yoga consists of eight steps which includes Yama, Nyama, Pranayama, Asana and so on. (Taneja 2014) Yoga is understood only as a bodily practice (Asanas) in the Western Culture for a long time, but now the other benefits of Yoga including the breathing exercises (Pranayama), the practices that help to educate the mind in terms of focus, endurance, effective thinking with the help of Meditation and Mindfulness practices are admitted. As a philosophy, Yoga also helps individuals to be able to ask questions of "What is it to be the person I want to be?" For all and more, Yoga uses the body as an instrument whereby playing with it, anyone can change towards the person they want to become and live for the life they want to live.

As a yoga instructor and a psychologist working in the field for a long time, I have discovered the psychological parts of any Yoga practices both in my own practices and within all the interactions I had with my students. Therefore, a Yoga practice which adapts a psychological component to it has developed.

In a Psychoyoga practice, I use themes to develop the entire process. A theme can be anything individuals have found to be important for their lives such as emotions, loneliness, body awareness, acceptance, creativity, concentration, moral issues etc.

In the session, we use body as an instrument to discover whatever it is needed to reveal. "Playfulness" takes its part as the most important principle in Psychoyoga sessions. "Play is a unique act of adaptation, not subject to some other act of adaptation, but has a distinctive function in human experience." (Anchor, 1978)

We now know that; the development of the human brain is a process that slows down but never stops thanks to the studies and discoveries of Neuroplasticity. Hence, people should differentiate their experiences and must enrich their own lives by establishing new neural pathways.

In a conclusion, Psychoyoga combines bodily practices not in a predetermined way of rules and limitations with the help of 'Play' and attributes it to the psychological themes.

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Metacognitve Therapy in CMCH's

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Psychopharmacological treatment with antipsychotic drugs is the first-line treatment option in schizophrenia. Considering the number of patients who do not respond adequately to antipsychotics or who discontinue treatment due to side effects or lack of insight, the place of complementary psychotherapeutic and cognitive treatment strategies in treatment is becoming increasingly important. Cognitive-behavioral therapy, in particular, has proven to be a useful complementary approach to psychopharmacology.

Metacognitive therapy (MCT) is an another cognitive behavioral therapy approach with a different way of interpreting the significance of negative authomatic thoughts, and providing a new perspective to the management of psychological disorders. Metacognition is defined as "cognition about cognition", or "thinking about thinking". The MCT program for people with schizophrenia consists of eight core modules that target cognitive errors and problem-solving biases common in schizophrenia. The duration of the sessions is 45-60 minutes and 3-10 patients can be admitted to each session. Sessions are open and patients can join the program from any session. Interactive sessions begin with a review of the previous session and psychoeducation and end with summarizing the goal of the home session and giving homework. The aim of the sessions is to increase participants' awareness of these impairments and to encourage them to critically reflect on, supplement, or modify their current repertoire of problem-solving skills.

Potential cognitive elements contributing to the development and maintenance of delusions; attribution disorders, judgment bias without understanding, bias against inconclusive evidence, deficits in the ability to empathize, overconfidence in memory errors, and depressive cognitive patterns. Each session works on one of these elements.

As a result of the literature review, it was observed that there was only one study on MCT applications in CMHCs or schizophrenia patients in Türkiye. In the study conducted by Yıldız et al., the effectiveness of MCT and psychosocial skills training was compared for 6 months in two schizophrenia groups consisting of 10 patients. At the end of the study, a significant improvement in psychopathology level and social and cognitive functionality was observed in both groups compared to the beginning, while no significant difference was observed between the groups.

In a meta-analysis conducted in 2023 by Stefan Moritz, who is the architect of the application of MCT in schizophrenia patients, it was shown that MCT is effective on positive symptoms, insight and cognitive biases in schizophrenia patients. In studies conducted around the world on MCT applications in schizophrenia patients; as a result of 3 months of application in 93 patients, there was a significant improvement in visual memory and cognitive functions, in 122 first-episode psychosis patients, it increased insight. In another study conducted on 100 patients, as a result of extended MCT application, there was a significant improvement in long-term memory, attention and visual perception compared to the control group. In a study conducted with 69 patients, it was shown to increase social and occupational functionality and social performance and reduce cognitive biases and increase clinical insight in another study with 44 patients.

While MCT and its new versions have taken their place in the schizophrenia treatment algorithm in many countries and have begun to be widely used, it is thought-provoking that there is only one study on this subject in our country. CMHCs, which lead the way in the rehabilitation of schizophrenia patients and the inclusion of other psychosocial interventions in the treatment, also have the capacity to pioneer the inclusion of MCT in schizophrenia treatment practice.

When Unspoken Emotions Are Voiced in the Body: "Punishing Parent Voice"

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A 35-year-old, married, graduated from university female client has sought therapy due to anxiety-related issues. She has a difficult time saying 'no' and struggles to cope with challenges when stepping out of her comfort zone. During her early life, she had a distant relationship with her father, resulting in a profound fear of him. Additionally, she experiences guilt for events unrelated to her. On the other hand, she has a slightly better relationship with her mother. Consequently, she believes her sole purpose in life is to make her mother happy. She consistently avoids getting involved in conflicts and tends to stay quiet and composed in numerous situations. Throughout her life, she has consistently made an effort to avoid causing distress or harm to others. As a result, she strives to be a "model daughter, a reliable friend, and a virtuous individual". However, when the day ended, she was feeling unhappy. She consistently puts others before herself and makes sacrifices all the time. It was observed that she was deeply afraid of making mistakes. Even though she has a profession, she does not work due to challenges in her life. She experiences significant anxiety when faced with something new, and consistently seeks reassurance. The anxious child mode of the client is active. The schemas that trigger the anxious child mode are self-sacrifice, subjugation, punitiveness, failure, and unrelenting standards. There are also somatic complaints accompanying the problems experienced by the client. "The Interview with Bodily Sensation" technique was applied to embody the pain of the client's tongue in the therapy. She used words like 'grey,' 'cold,' and 'jagged' to depict the pain in her tongue. She called it 'the grater'. When asked about the intensity of the pain related to the distressing event, she rated it as 10 on a scale from 1 to 10. During the session, she rated this pain as six. The therapist asked, what her tongue would say if it could speak. The Grater would say "Be good! Never say anything bad, otherwise you will be punished.". When the therapist asked about the purpose of 'The Grater,' it responded, aiming to avoid making mistakes, feeling guilty, and preventing punishment. When asked what she needed, the client stated compassion. Additionally, she stated that 'The Grater' is detrimental to her, and she wanted to throw it during the session. She closed her eyes and cried while visualizing it in her mind. When it was gone, she felt relieved. After "The Interview with Bodily Sensation", the pain was two out of ten severity. Thus, the applied technique decreased the intensity of the pain. In the next session, she stated that the grater never came. She did not feel the coldness of the grater and her tongue did not get numb. She was surprised by the change and attributed it to the effectiveness of the interview.

Group Acceptance and Commitment Therapy for Bipolar Disorder: Sharing Experience

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Bipolar disorder is a psychiatric disorder with a chronic course characterised by recurrent mood periods called "mania", "hypomania" and "depression", in which the person can return to "euthymia", which is considered as healthy mood between these periods. Although it leads to serious losses in social and occupational functioning during exacerbations, it is associated with significant impairment in functioning, including euthymia periods, and a decrease in quality of life (1). Although pharmacotherapy is the main recommended treatment for bipolar disorder, there may be significant psychosocial consequences even under maintenance treatment with pharmacotherapy during euthymia. (2,3). Therefore, it would be inadequate to ensure the recovery process of these individuals to see the treatment as the treatment of mood episodes such as mania or depression with pharmacotherapy. In addition to interventions aimed at increasing drug compliance, treatment of mood episodes and prevention of recurrence, it is important to carry out a number of psychotherapeutic interventions in order to increase the functionality and quality of life of individuals, including euthymia periods.

We know that people with bipolar disorder experience difficulties with certain behavioural patterns and relationships with their thoughts and feelings in terms of living the life they desire. ACT-based group psychotherapy is an effective and applicable intervention method that can help people with bipolar disorder to increase their psychological flexibility and to live a more meaningful life for themselves by focusing on the areas they care about in life. In this way, it can make significant contributions to the well-being and functionality of individuals. There are limited data on the number of therapy models applied for bipolar disorder in the literature, and although a few of them have evidence support, there is a need for shorter-term, feasible and effective intervention methods due to both lack of desired effects such as functionality and low accessibility and applicability. However, ACT studies designed for individuals with bipolar disorder are also very limited.

In this session, an ACT-oriented group therapy protocol designed to provide psychological well-being in euthymic bipolar patients will be discussed. This protocol consists of 6 sessions, each lasting 120 minutes. The sample of the study consisted of euthymic individuals with bipolar disorder whose psychiatric treatment-follow-up process was still ongoing. The sessions included value, value-based behaviour planning, acceptance, cognitive defusion, flexible contact with the moment and contextual sense of self processes. In this session of the panel, we will also look at the ease and difficulties experienced during intervention and the content that worked and did not work.

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The way of Healthy Adult: Experiantial Techniques Case 3: "From an Abondoned Child to a Caring Inner Mother"

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The client is a 26-year-old, single, associate's degree female client. The client applied for therapy due to relationship problems and feelings of imperfection and inadequacy. In the first sessions, the client brought up the end of the long-term partner relationship and stated that they would find the flaws of the opposite sex and leave her. During this process, the client felt intense abandonment concerns and blamed herself for the end of her relationship. Looking at her early life, she described her parents as growing up in a constantly critical environment and described her mother as punitive, detached and expectant, and for this reason, she talked about a cold and distant relationship with her mother. She said that she had an official relationship with her father. She stated that just as she did not receive love from her mother, she also did not feel love and attention from her father. Throughout the sessions, the hurt child side of the client was triggered.

The client stated that she felt helplessness, inadequacy, anger and sadness due to the problem she had in her family relationship during the week. When she realized the emotions she felt and built an emotional bridge to the past, a scene related to her childhood came. She started talking about the memory of being caught up in a fight between her parents during her childhood and feeling guilty. She stated that this incident took place when she was 8 years old, while they were sitting in the living room and their parents suddenly shouted. She recalled that during the argument, the parents cornered her by asking loudly, "Tell me, who is right?" She said that she felt fear, helplessness and inadequacy in this scene. Since the child needed protection in this scene, the therapist entered the scene with imagination. First of all, the therapist conveyed to the child that he was there for the child and that the parents would not cause harm, and helped keep the child safe. The therapist then tried to draw a line by warning the parents that they were behaving "wrongly, that they should not put the child at this age in a right or wrong situation, and about therapy and medication support for their own anger." It was explained to the child that there was no need to be right or wrong in this situation and that the parent's skills were inadequate. The child is provided with "limited re-parenting" in terms of compassion and protection. The therapist tried to learn the child's needs within the scene. The scene ended with the child playing in the playground and eating cotton candy.

After this study, how the client felt and where she had difficulties were discussed. After starting therapy, the client started talking to her mother about the problems she experienced during her childhood, and said that her mother was understanding and that they had a closer relationship.

Way to Cope with Unsatisfied Emotions: Binge Eating

Ezgi Özkan
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A 25-year-old, single, university graduate woman works in the healthcare sector. Her problems began with workplace harassment, leading to uncontrollable binge eating episodes and difficulties in her romantic relationships. She also engages in self-harm behaviors, often triggered by her relationship and fear of abandonment. She harbors anger towards her mother and frequently clashes with her. During her childhood, her mother's affection was inconsistent, and her relationship with her father lacked love. Her parents prioritized their emotional needs, desires, and societal status over her own, which were frequently unmet. The demanding nature of her parents left her emotional needs unaddressed and sometimes led to punitive treatment. In therapy, she exhibits various coping modes to avoid the emotions associated with the abandoned/abused child mode, punitive parent, and impulsivity (impulsive child). The detached self-soothing mode, linked to binge eating behavior, often collaborates with the impulsive child mode to alleviate anxiety after activation of abandonment and emotional deprivation schemas. In addition to binge eating, she employs exercise, sexuality, and alcohol to suppress strong emotions and find solace. The impulsive child mode drives her to impulsively pursue her desires without considering consequences, as she feels she can never get enough. This mode, along with impulsivity, contributes to self-harming behaviors as an emotional regulation mechanism. Another avoidance mode, the detached protector, numbs her emotions and leads to superficial relationships, serving as a distraction from intense emotions tied to her mother and partner. Her rapid shifts in emotions, thoughts, and behaviors result from ongoing, uncontrollable mode shifts as described by the schema mode model. Introducing these modes has enabled her to gain insight into her struggles. Initially, therapy focused on her feelings of worthlessness and anger stemming from her recent breakup. By revisiting childhood memories from her child's perspective and re-enacting them with the therapist's guidance, she received comfort, learned to recognize her feelings and needs, and developed healthier coping strategies. The therapist also aimed to instill an understanding of a healthy parent-child relationship. Chair work was used for confronting and addressing impulsive child and punitive modes. The vulnerable child mode was invited to an empty chair to connect with her emotions and needs, while a chair was reserved for the healthy adult self to teach self-soothing techniques. Throughout therapy, functional dialogues with non-adaptive parent modes were encouraged until they spontaneously transformed. The therapist modeled boundaries similar to a healthy parent to address non-adaptive behaviors. In later stages, as the client developed her healthy adult mode, she actively participated in imagery and re-enactments. She confronted those who mistreated her inner child and began providing the attention and love she needed.

Psychotherapeutic and Psychosocial in Cmhcs Approaches

E. Erdal Erşan

Community Mental Health Centers (CMHC) are centers established to reintegrate individuals with severe mental illness living in a certain geographical area into society. CMHC aims to move from a hospital-based service model to a community-based mental health service model, thus improving the quality of life of individuals with mental illness.

It has been determined that antipsychotics reduce most of the symptoms of schizophrenia and reduce exacerbation rates in the long term. However, even in patients who respond well to medications; limitation in social relations, deterioration in quality of life, job loss, decrease in work efficiency can be seen.

There is no single treatment method that can improve the many symptoms and disabilities associated with schizophrenia, and the success of drug treatment remains limited when it is not adequately supported by psychosocial treatments.

Regardless of the factors that cause it, the person with schizophrenia has seriousyl lost confidence in himself and his environment. In the treatment of schophrenia patients, a trusting, ongoing relationship is required, starting from the first meeting. On should be honest, frank, caring and try to understand the patient.

In the psychotherapy of the schizophrenia patient, it is not adhering to a certain psychotherapy trend; it is adapted to the individual situation of the patient, and can use behavivioral methods when necessary; supportive, guiding, explanatory; A psychotherapy process that provides insight into the disaese,relapses, stres factors and, above all, ensures the formation of a long-term relationship should be considered.

It is increasingly emphasized that the most appropriate method in the treatment of schizophrenia is the integration of drug therapy with psychosocial interventions.

Although CMHC services make a significant contribution to improving the individual, social and community functioning of patients, it is very important to structure CMHC services and encourage as many patients with chronic psychiatric disorders as possible to use CMHC services.

Cognitive Behavioral Approach in Emotion Dysregulation

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Emotion regulation is defined as the ability to be aware of emotions, to distinguish and identify emotions, to correctly interpret bodily symptoms associated with emotions, to understand the causes of emotional reactions, to cope with negative emotions and to accept negative emotions when necessary. Emotion dysregulation can cause unwanted emotions such as anxiety and sadness to increase to a level that meets the diagnostic criteria of a psychiatric disorder and may also lead to the emergence of some dysfunctional behaviors (Lukas et al., 2018). Emotion dysregulation has been frequently investigated as a transdiagnostic factor in various psychopathologies. Emotion regulation skills have been shown to play a role in many psychiatric disorders, including depression, generalized anxiety disorder, social anxiety disorder, somatoform disorders, borderline personality disorder and eating disorders.

Emotion regulation strategies typically consists of four separate CBT interventions. These are: mindfullness, distress tolerance, emotion regulation training, interpersonal effectiveness. Mindfullness is a core component of CBT for emotion regulation. It teaches people to identify their emotion before they become too intense to control. It also helps with cognitive control strategies, teaching people not to focus only on thinking patterns that increase feeling overwhelmed. Distress tolerance refers to the ability to accept and work with unpleasant feelings and impulses rather than rejecting or avoiding them. Emotion regulation training mainly teaches people to reduce vulnerability to negative emotions and to change emotions when they become too intense or last too long. Emotion regulation is not only an internal process; it can also take an external form. Sometimes the most effective strategy to regulate an intense emotion is to make changes in the environment. Interpersonal effectiveness skills help people learn to do this (Gross J.J., 2010).

While CBT targets emotion regulation processes indirectly, more third-wave cognitive behavioral therapies such as Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT) and mindfulness-based interventions directly target emotion regulation as a component of treatment. In DBT, patients are taught various skills to improve emotional functioning, such as observing and identifying their emotions and functioning to reduce emotional pain, reducing the frequency of intense negative emotions, and increasing the ability to cope with distressing emotions (Linehan, 2014). In ACT, instead of trying to change the form, frequency or intensity of one's emotions (i.e., experiential avoidance), clients are taught to stay in touch with the present moment, allow themselves to experience their emotions, and observe these experiences in a different way (acceptance) (Hayes et al., 2014). Another innovative emotion-focused treatment is the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP). UP is a modular intervention that aims to improve specific domains of emotional functioning, such as increasing awareness of emotional experiences (i.e., non-judgmental acceptance), increasing cognitive flexibility (i.e., cognitive appraisal and reappraisal), and identifying and reducing patterns of emotional and behavioral avoidance. (Barlow et al., 2010).

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Case Formulation: New Directions of Its Clinical Role in Cognitive Behavioural Therapies

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The panel discusses three new directions of the clinical role of case formulation in the process of Cognitive behavioral therapy (CBT). The first direction aims to integrate all the historical components of CBT: standard cognitive therapy, constructivism and "third wave" process therapies and correspond to a integrated and validated case formulation procedure called LIBET (Life themes and semi-adaptive plans: Implications of biased Beliefs, Elicitation and Treatment; Sassaroli et al., 2016, 2021) which would allow to 1) sharing with the patient the formulation of the explanatory model of emotional suffering and the rationale for the treatment strategy proposed to the patient; 2) negotiating the goals of the therapy; 3) monitoring of therapeutic progress and its feedback action on the treatment strategy. The second direction discusses the cultural components of the case formulation procedure and is based on the Culturally Adoptable Motivational Cognitive Affective/Determination Therapy (CA-MCA/DT) introduced by Artiran (2019, 2020). CA-MCA/DT is a type of therapy that helps people meet their three basic psychological needs (Deci & Ryan, 2011), satisfy their need for love, find their meaning in life, and reach a peaceful-minimalist lifestyle. It is therefore essential that these four goals be measured during the first phase of the session. CA-MCA/DT incorporates the techniques of Rational Emotive Behavior Therapy (REBT), CBT, and Positive Psychotherapy (PP) (Seligman, Rashid, & Parks, 2006) in treatment. In the second stage, the dysfunctional thoughts and unhealthy negative emotions that are preventing the client from reaching their goals are included in the formulation. In the third stage, the client's strengths and skills are assessed. In the fourth stage, the client's cultural values about themselves, their relatives, the society they live in, and the future are determined. At the final stage of the formulation process, the client's preferences in terms of desired outcomes and goals are elicited, and these are integrated into the formulation. In other words, CA-MCA/DT is not only concerned with problem areas or psychological disorders, but also includes positive elements. In this presentation, we will explore how to integrate RDDT, CT, Positive Psychology, Sufism and Self Determination Theory in a psychotherapeutic treatment. The third direction discusses the contribute of Albert Ellis, who pioneered the cognitive-behavioral therapy approach known as REBT during the 1950s. REBT helps individuals identify and change these negative thought patterns by challenging underlying beliefs and assumptions. The therapy is structured and goal-oriented, with a focus on teaching client's specific skills. Case formulation is a key aspect of REBT, as it involves the therapist and client working together to understand the client's presenting problems and identify the underlying irrational beliefs that are causing these problems. Through this collaborative process, the therapist can help the client develop a more rational framework for understanding their experiences. The process of case formulation holds significant importance in the objectives of therapy, and it encompasses two key components: elegant and inelegant solutions. Formulating solutions is equally crucial as analyzing problems, and it is highly beneficial to have a solution-focused case formulation.

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Case Formulation: From Cognitive Contents to Processes and Developmental Components

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The presentation describes the clinical role of case formulation in the process of Cognitive behavioral therapy (CBT) and shows and discusses some empirical data supporting this hypothesis. Case formulation is the main operational tool of Cognitive behavioral therapy (CBT) approaches by which a therapist manages the entire psychotherapeutic process, which allows 1) sharing both the formulation of the explanatory model of emotional suffering and the rationale for the treatment strategy proposed to the patient; 2) negotiating the goals of the therapy; 3) monitoring of therapeutic progress and its feedback action on the treatment strategy, which allows, when necessary: 3.1) reformulating the case; 3.2) renegotiating the goals of therapy; 3.3) changing the treatment plan according to the new formulation and new rationale. Despite all these principles, procedures of CBT case formulation have developed without much explicit reference to the explicitly shared component and measures of validity and reliability of CBT case formulation are only beginning to be studied. A review of the empirical data supporting validity and reliability is presented, including preliminary data of LIBET (Life themes and semi-adaptive plans: Implications of biased Beliefs, Elicitation and Treatment; Sassaroli et al., 2016) a case formulation procedure which aims to integrate all the historical components of CBT, standard cognitive therapy, constructivism and "third wave" process therapies.

Case Formulation in Culturally Adoptable Motivational Cognitive Affective/Determination Therapy

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Rumeli University

This case conceptualization formulation in cognitive-behavioral therapy is based on the Culturally Adoptable Motivational Cognitive Affective/Determination Therapy (CA-MCA/DT) introduced by Artiran (2019, 2020). This is a transdiagnostic approach. CA-MCA/DT is a type of therapy that helps people meet their three basic psychological needs (Deci & Ryan, 2011), satisfy their need for love, find their meaning in life, and reach a peaceful-minimalist lifestyle. It is therefore essential that these four goals be measured during the first phase of the session. CA-MCA/DT incorporates the techniques of Rational Emotive Behavior Therapy (REBT) and Cognitive Therapy (CT), Positive Psychotherapy (PP) (Seligman, Rashid, & Parks, 2006) in treatment. In the second stage, the dysfunctional thoughts and unhealthy negative emotions that are preventing the client from reaching their goals are included in the formulation. In the third stage, the client's strengths and skills are assessed. In the fourth stage, the client's cultural values about themselves, their relatives, the society they live in, and the future are determined. At the final stage of the formulation process, the client's preferences in terms of desired outcomes and goals are elicited, and these are integrated into the formulation. In other words, CA-MCA/DT is not only concerned with problem areas or psychological disorders, but also includes positive elements. In this presentation, we will explore how to integrate RDDT, CT, Positive Psychology, Sufism and Self Determination Theory in a psychotherapeutic treatment.

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Stress, Anxiety and Compassion Focused Approaches

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Stress and anxiety are universal aspects of the human experience, impacting individuals throughout their lives. This presentation delves into the concepts of stress, anxiety, their distinctions, and how compassion-focused approaches can be employed to address anxiety.

Stress, often likened to the "fight or flight" response by W. Cannon and later expanded upon by H. Selye's General Adaptation Syndrome (GAS), refers to the body's reaction to a perceived threat or demand. GAS breaks down stress into three stages: alarm, resistance, and exhaustion, illustrating the body's capacity to adapt and respond to stressors over time. R. Lazarus' Cognitive Appraisal Theory emphasizes the role of cognitive evaluations or appraisals in stress responses. According to this theory, individuals assess whether a situation is a threat or a challenge based on their cognitive appraisal, which influences their emotional and physiological reactions. Coping mechanisms play a vital role in managing stress, with options including problem or emotion based approaches.

In contrast, anxiety is an apprehensive anticipation of future danger or misfortune, accompanied by excessive worry and fear, typically experienced in situations perceived as uncontrollable or unavoidable. P. Salkovskis proposed an anxiety equation, suggesting that anxiety results from the interplay between perceived threat and perceived coping ability. While stress and anxiety are interconnected, they exhibit key differences. Stress is a physiological response, while anxiety is a psychological state. Stress often arises in reaction to specific threats or demands and subsides when the threat is removed, whereas anxiety can be more generalized and persistent.

Compassion, defined as "a sensitivity to suffering of self and others, with a commitment to try to alleviate and prevent it," plays a significant role in addressing stress and anxiety. Self-compassion involves extending compassion to oneself during times of struggle or difficulty. P. Gilbert's Compassion Focused Therapy (CFT) is a third-wave CBT that combines CBT with principles of evolutionary psychology and compassion. CFT identifies three emotion regulation systems: the threat system (associated with anxiety and self-criticism), the drive system (linked to motivation and achievement), and the soothing system (connected to self-soothing and relaxation). CFT aims to balance these systems to enhance emotional well-being.

In anxiety treatment and exposure, CFT places emphasis on helping individuals develop self-compassion and self-soothing skills while activating the underdeveloped Soothing System. By fostering self-compassion and a sense of safety, compassion-focused approaches can be instrumental in managing and alleviating anxiety, offering a promising path towards emotional well-being and resilience in the face of life's challenges.

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Cognitive Behavioral Therapy (CBT) Applications in Chronic Mental Disorders CBT in Schizophrenia

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Schizophrenia causes great suffering for patients and families. Today, patients are treated with medications, but unfortunately many still have persistent symptoms and an impaired quality of life. During the last 20 years of research in cognitive behavioral therapy (CBT) for schizophrenia

Interest in psychosocial interventions, including psychotherapy, has increased in the treatment of schizophrenia. In recent years, this has involved adapting cognitive-behavioral therapy (CBT) techniques, previously primarily used for mood and anxiety disorders, for individuals with more severe mental illnesses. Recently, several meta-analyses have been done; Wykes et al. found improvement in social functioning and also in psychotic symptoms, and Sarin et al. showed that psychotic improvement was maintained at follow-up, at least 3–15 months after treatment. The effect sizes varied from low to moderate. One RCT by Grant et al. investigated the treatment effect of CBT in patients with schizophrenia who were low-functioning, and they were able to demonstrate improvement in negative symptoms—especially avolition apathy.

Randomized controlled trials (RCTs) have shown moderate effect sizes for both positive and negative symptoms. Cognitive distortions and delusions respond to CBT. Negative symptoms initially respond slowly but continue to improve in the medium term. Tarrier and Haddock note that coping strategies are considered a buffer against psychotic decompensation and that CBT can enhance these coping strategies already used by schizophrenia patients.

People with schizophrenia often have comorbid disorders, such as substance use, depression, and anxiety. The impact that anxiety symptoms have on quality of life and interaction with psychotic symptoms, including contributing to distress and impairment, for people with schizophrenia has been described. These problems may also be successfully managed with CBT. For some problems, such as posttraumatic stress disorder (PTSD) or specific phobias, CBT may be the treatment of choice. However, there is evidence that clinicians who treat people with schizophrenia are reluctant to use CBT, especially in the treatment of trauma. CBT, considered a standard treatment for schizophrenia patients, is also receiving increasing interest and acceptance as an additional treatment for schizophrenia patients in the United States.

This course will provide an overview of clinical practices related to the use of CBT in increasing the effectiveness of primary symptoms of schizophrenia, secondary social impairments, comorbid disorders, and other treatments and services such as medication and vocational support.

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

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

Method: This study assessed the mediating role of intolerance of uncertainty and maladaptive perfectionism in the relationship between basic psychological need frustration and difficulties in emotional regulation.

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

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

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

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Cognitive Behavioral Therapy of Health Anxiety

Aysegül Kervancioglu

Health anxiety, also referred to as "hypochondriasis", is a prevalent, distressing, and economically burdensome condition that responds to cognitive-behavioral therapy (CBT). It has been estimated that 3.4% of the general population and up to 20% of patients in medical clinics suffer from clinically significant levels of health anxiety. Persistent and excessive fear of, or preoccupation with the belief that one is physically unwell. Hypochondriasis in DSM-IV has been redefined in DSM-5 to "Illness Anxiety Disorder" (American Psychiatric Association, 2013). Individuals with health anxiety react to particular kinds of threats, such as physical sensations and health-related information, by experiencing subjective fear or anxiety, increased physiological arousal, heightened attention, and avoidance behaviors. They interpret ambiguous stimuli (e.g., physical symptoms) as indicators of serious illness. Safety-providing behaviors to reduce anxiety (frequent symptom control, frequent visits to health centers, seeking reassurance) perpetuate and even exacerbate fear. Sometimes they respond to this anxiety by avoiding any health-related contact. People who have illness anxiety disorder differ in their level of insight concerning the accuracy of the beliefs that form the basis of their health concerns. Health anxiety can be triggered by environmental events, such as news that someone has a serious illness, or reading and hearing about illness. The main cognitive characteristics of health anxiety are danger overestimation, catastrophizing and intolerance of uncertainty. They believe that worrying about health is positive and protects them. The level of anxiety sensitivity was found to be high in individuals with health anxiety. Anxiety sensitivity is a factor that predisposes to anxiety disorders. Individuals with a high level of anxiety sensitivity experience more anxiety in the face of physical symptoms and situations that pose health risks, and they perceive this situation as difficult and frightening to cope with. Meta-analyses have found that CBT for health anxiety is an efficacious treatment. Cognitive behavioral therapy is an effective treatment with broad and lasting effects on the core symptoms of health anxiety, as well as therapeutic effects on the secondary symptoms of depression and general anxiety. Cognitive behavioral therapy includes motivational interviewing and psychoeducation; cognitive restructuring on intolerance of uncertainty, danger overestimation and catastrophizing; behavioral experiments, breathing and relaxation exercises, emotion regulation and interventions to reduce safety-enhancing behaviors. Recent evidence suggests that metacognitive beliefs may also be instrumental in the symptomatology of health anxiety. According to metacognitive theory specific beliefs about uncontrollability and danger of thinking are considered central and predictive of psychological disorders in general and health anxiety specifically.

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Updating beliefs About the self in Social Anxiety

Eva Gilboa-Schechtman

Social anxiety disorder (SAD) is defined as an excessive fear of negative evaluations by others (APA, 2013). The lifetime prevalence of SAD is estimated to be between 7.5% and 12%, and it is associated with severe psychological, interpersonal, and professional consequences resulting in impaired quality of life. According to cognitive models of SAD, individuals high in SA believe that it is vital to make a favorable impression on others while assuming that the probability of making such an impression is low (Clark & Wells, 1995; Moscovitch, 2009). Hence, beliefs regarding others' evaluation of the self are at the core of SAD. The content of these self-beliefs in SAD has been shown to be mostly negative in the domain of social rank but not in the domain of affiliation (Berger et al., 2017; Gilboa-Schechtman et al., 2017). Cognitive theory postulates that these negative beliefs are maintained by biases in attention, judgment, and memory for self-related information. However, even when these biases are neutralized – by focusing attention on unambiguous provision and immediate assessment of new information – updating difficulties appear to persist (Button et al. 2012; 2015). Understanding the nature of these difficulties was the main aim of the present research. To this end, we developed a novel variation of the probabilistic reversal learning task, which was adapted to measure the updating of self-beliefs: the Social Mirror task. In this task, participants are told that their goal is to learn – by trial and error – how others evaluate them. The task consists of two (or three) probabilistic phases. In each phase, a series of positive and negative interpersonal traits are presented in a random order (as in Berger et al., 2017; Gilboa-Schechtman et al., 2017), with either positive (80% of positive and 20% of negative traits are considered as true of the participant) or negative (20% of positive and 80% of negative traits are considered as true of the participant) probabilistic contingencies. The transition between the phases is performed without explicit notice, and the participants need to update their beliefs according to the provided feedback. In such probabilistic conditions, updating is especially challenging due to the need to distinguish between "random" fluctuations and "true" changes (Izquierdo et al., 2017). In three independent studies, participants learned that they are evaluated negatively and then positively in the domains of social-rank and affiliation (studies 1-3). In all studies, SA-severity was negatively associated with initial negative social-rank (but not affiliation) beliefs. Updating patterns for both domains were not associated with SA severity in any of these studies. In Study 4 the order of feedback was reversed, such that participants initially received positive feedback (phase 1, 75% positive), and then received progressively more negative feedback (50% in phase 2, and 25% in phase 3). In this context, SA was found to be associated with decreased updating of beliefs in the social-rank, but not in the affiliation domain. Our studies refine cognitive and evolutionary theories of SA.

Protect Me from The Soldier Inside Me: Overcontroller Modes

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In this section, a male patient aged 40 with obsessive-compulsive personality disorder, whose survival strategy is a suspicious overcontroller mode will be presented. How suspicious overcontroller mode was bypassed by experiential techniques, will be discussed.

To begin with, he came to psychotherapy to look over his life to be stronger than before. In early sessions, he figured out relationship problems with his partner, colleagues, and family. Others commonly described him as sneaky and free-living, he had very strict expectations of others how they behave, where to go, what to wear, etc. He established a high-standard life for himself and his relationship problems based on those standards were not incompatible with others. The core schemas were mistrust/ abuse, defectiveness, and unrelenting standards schema. He has not sufficiently been given a message of intrinsic worth in childhood. He has been subject to harsh criticism and was very vigilant to threats and the motives of others. The suspicious overcontroller mode functioned as a soldier on watch 24/7 for signs that people would try to harsh him and responded with a shot even if the situation was not urgent. It should be known that the goal of the all overcontroller modes is to help patients feel protected from perceived or real threats. Specifically, in suspicious overcontroller mode, he has ruminated thoughts and his focus is always on others' intentions during sessions.

In experiential techniques, imagery rescripting has been used. He had several highly upsetting and emotionally charged memories of his father calling him 'slouch', 'clumsy', and 'vagrant' daily. When he's well-resourced enough to reach the trauma-focused stage, two core traumatic memories have been worked. Imagery rescripting allowed us to change memories in the expected direction. To rescript these memories; it is allowed firstly to get him to close his eyes and imagine himself in the situation – speaking first-person language, being in the present tense. Then, as a therapist, I entered the image and protected his inner child from emotional and physical abuse, a safe environment for his inner child has been created, and cared for his needs till they are fully met. These core childhood memories have been aimed at giving limited parenting to his inner child. In the reflection phases, he made connections between his dedication to be strong in life with a suspicious overcontroller mode was resourced from the feeling of vulnerability his inner vulnerable child experiences. As vulnerable child mode became cared he became emotionally stable in threatening situations. Overall, this survival strategy, a suspicious overcontroller mode, was bypassed by experiential techniques during the psychotherapy.

An Evidence Based Scalable Psychological Intervention for Common Mental Health Problems: Problem Management Plus (PM+)

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Scientific Background: The World Health Organization (WHO) has developed scalable psychological interventions to close the mental health treatment gap. One of those interventions is "Problem Management Plus" (PM+). PM+ is based on CBT and includes four evidence-based strategies (1) stress management, (2) problem management, (3) behavioral activation and (4) enhancing social support. PM+ is based on task-sharing, meaning it is delivered by trained and supervised non-specialist providers. This 5 session transdiagnostic intervention has been found to be effective in reducing symptoms of depression, anxiety and posttraumatic stress and improving functioning in several randomized clinical trials, such as in Pakistan, Kenya, Nepal, Jordan, and the Netherlands.

Key Learning Objectives: The aim of this workshop is to introduce the evidence-based, 5 sessions scalable psychological intervention and transfer experiential information on the structure, content and implementation of it.

By the end of this workshop, participants will

- understand the content of the 5 sessions of PM+, and subsequent steps to provide PM+;
- practice in an interactive way (e.g. in role plays) and engage with several elements of PM+;
- learn the structure of the programme of the training of facilitators
- learn the required qualifications of the helpers, trainers and supervisors
- consider outcomes of effectiveness with the PM+ individual programme in clinical trials
- know ways of implementing PM+ in various settings

Individuals with a basic skill level in clinical psychology, primary care or a management function can participate in this workshop.

Training Modalities

Workshop will include

- Seminar
- Experiential learning through role-plays
- Small group discussions

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The following materials would facilitate understanding of PM+ in the workshop:

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How to Work with CBT and Dual Diagnosis Based on 20 Years of Experience in a CBT Specialized Milieutherapeutic Inpatient Ward

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The workshop is aimed at: clinicians with interest in treating complex inpatient groups within the area of dual diagnosis and addiction as well as building competencies for multidisciplinary teams working with the most challenging patients.

Background: Treating people with co-occuring severe mental illness and addiction poses several challenges from a diagnostic, psychotherapeutic and organizational perspective and the goal of the workshop is to share several decades of experience in securing sufficient knowledge and therapeutic skills in order to meet the challenge.

The present workshop consists of the following components:

Understanding the complex reaction pattern in dual diagnosis and problem maintaining strategies.

Education of the staff, building, maintaining and measuring competencies

Working with a CBT tailored program in the milieu, including the increasing immigrant population

Motivation – how to increase healthy coping strategies especially when the language can be problematic

How to deal with the notion of failure and defeatism helping the patient navigate in life with severe psychopathology

Emotional forces and regulation

Resilience and strategies to enhance strength and prevent relapse

Learning objectives: Participants will acquire the following skills

1. How to work with a CBT program tailored for complex inpatients
2. How to educate the multidicplinary staff and measure therapeutic competencies using a tailored multiple choice questionnaire
3. How to conduct inclusion and stabilization working with emotional regulation in a population with multiple relapses
4. How to add resilience and strength building transdiagnostic methods

Teaching Methods: Instruction, examples of practice and rehearsing, dialogue and discussion

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I. H. OESTRICH P h D , S. F. AUSTIN M S c & N. TARRIER 3 P h D Head Psychologist, Research Psychologist, Centre for Cognitive Therapy, St. Hans University Hospital, Roskilde, Denmark, and Professor of Clinical Psychology, University of Manchester, Academic Division of Clinical Psychology, Education and Research Building, Wythenshawe Hospital, Manchester Conducting research in everyday psychiatric settings: identifying the challenges to meaningful evaluation. Journal of Psychiatric and Mental Health Nursing, 2007, 14, 55–63

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Exploring Meta-Needs in Schema Therapy: The Upwards Arrow Technique

Alp Karaosmanoğlu

Rooted in the Schema Therapy model, our approach identifies an abstract class of needs termed 'meta-needs', originating from Existential and Humanistic psychology. These needs, such as finding life's meaning and embracing existential anxiety, align with Maslow's later writings on higher-level needs. To analyze these needs, we devised Meta-Needs Questionnaire (MNQ), a tool built upon a modified Socratic questioning method, "the upwards arrow" technique.

Workshop participants will learn to implement the upwards arrow technique, probing for optimal scenarios in contrast to the conventional "downwards arrow" technique. The process fosters a better understanding of meta-needs like 'meaningfulness' (MN) and 'liveliness' (LN), correlating to Schema Therapy's conventional emotional needs.

Our preliminary findings indicate that unmet meta-needs often coexist with schemas, suggesting a significant impact on patients' mental well-being. Particularly, schemas associated with high anxiety levels, such as Vulnerability to Harm and Negativity/Pessimism, show stronger links to LN than MN. On the contrary, Self-Sacrifice and Unrelenting Standards schemas exhibit insignificant correlation, suggesting a possible coping mechanism rather than true schemas. Integrating the study of meta-needs within CBT practice could enhance predictability and evaluation of psychological issues, promoting more comprehensive therapeutic approaches.

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Suicide Behaviors: A Cognitive Behavioral Approach

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Cognitive behavioral techniques, which are one of the few evidence-based choices for reducing suicide thoughts and acts, should be used as widely as possible to address the public health issue of suicide behaviors, which has severe and costly individual and society implications. Incorporating some cognitive behavioral strategies into suicide prevention initiatives should pave the way for more effective and efficient interventions by front-line health workers and other stakeholders. Psychiatrists, clinical psychologists, and psychotherapists who are skilled in the application of cognitive behavioral therapy (CBT) procedures may play an essential role in alleviating the mental suffering of patients on the suicidal spectrum. According to a recent meta-analysis of interventions for suicide and self-harming behaviors conducted over a nearly fifty-year period, the effect sizes were surprisingly small, and while there was a significant increase in randomized controlled trials during this period, no significant change in effectiveness could be achieved, and all interventions showed nearly equal effectiveness with each other. It has been reported that no intervention is significantly and consistently superior to others, that efficacy is relatively preserved during the follow-up process, that efficacy is similar in all age groups as a general trend, though efficacy is lower in children and adolescents, but that a large number of studies have not been conducted in older patients, and that no specific mediator or modifier for treatment efficacy has been identified. Numerous meta-analyses, on the other hand, show that CBT is effective in reducing suicidal thoughts and behaviors, and that these results are especially valid for the adult patient group. However, CBT may not be superior to active comparison groups. Although different approaches under the umbrella of CBT have their own studies, it is necessary to state that there are not yet enough studies to reach a definite conclusion by comparing them. It is also worth noting that dialectical behavior therapy (DBT) approaches specifically emphasize reducing self-harming and suicidal behaviors, particularly in patient groups with borderline personality disorder, and therefore may differ from other CBT approaches in this regard. There are other research studies that demonstrate that DBT techniques can help reduce suicide thoughts and actions in children and adolescents as well. Disseminating interventions that have been shown to work against suicide, one of the preventable public health problems, more widely will not only lead to a reduction in health expenditures, but will also help many people who believe they are on an irreversible path to reconsider their life. In this workshop CBT case formulation of and techniques for suicidal behaviors will be discussed by using case examples and didactic presentation.

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Working with Moral Injury in PTSD using Cognitive Therapy

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Scientific background: Moral injury is the profound psychological distress that can arise after perpetrating, failing to prevent, or witnessing events that transgress an individual's moral or ethical code. Moral injury is not a mental disorder, but it can arise alongside, or contribute to PTSD as well as other mental health problems (Williamson et al., 2018).

Moral injury has been primarily studied in military populations but is increasingly recognised amongst other professional groups including healthcare workers, as well as survivors of accidents, crime, state-sponsored violence and terrorist attacks.

In this workshop, I will describe how to address moral injury when it arises alongside PTSD. Based on existing evidence-based models, I discuss how to apply the cognitive model of PTSD (Ehlers, & Clark, 2000) to formulate moral injury reactions and how to adapt key cognitive, experiential and memory-focused techniques derived from cognitive therapy for PTSD, as well as treatments for moral injury such as adaptive disclosure (Gray et al., 2012) to effectively treat the problem.

Key learning objectives: Following the skills class, participants will be able to:

Understand the concept of moral injury and who might be affected;

Apply the cognitive model of PTSD to clients presenting with moral injury and PTSD;

Adapt cognitive, experiential and memory-focused techniques to address moral injury presentations.

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

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Implications for clinical practice: Therapists sometimes struggle with moral injury presentations and may feel their usual approaches are unsuitable. This workshop aims to equip them with a framework and rationale for adapting existing CBT interventions to address moral injury.

A Learning Theory Approach to Attachment Theory: Exploring Clinical Applications

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Scientific Background: Although CBT therapists typically acknowledge the importance of insecure attachment as one factor that can contribute to children's psychopathology, translating attachment theory into clinical practice has proved a challenge. This was due to the vague and metaphorical nature of attachment theory's core concepts and the lack of a clear and testable theory of attachment development. We have shown through several basic research programs that attachment and its development can at least partly be captured as a safety conditioning process. This has led to the formulation of a learning theory of attachment (Bosmans et al., 2020). During this workshop, we will show how learning theory can enhance attachment-based approaches to therapy. Specifically, existing interventions building on operant (parent management training) and classical (exposure therapy) learning can be adjusted to stimulate new attachment learning that increases the child's security and confidence in the parent's availability and responsiveness. The clinical application and utility of this learning theory of attachment, will be illustrated with Middle Childhood Attachment-based Family Therapy (MC-ABFT), a recently developed intervention that uses exposure to stimulate secure attachment in middle childhood.

Key Learning Objectives

Learn to understand the attachment-related dynamics that drive children's problem behavior and parents' responses to that behavior

Learn to assess these dynamics during observations and conversation with families

Learn to use exposure therapy techniques to interrupt restore these dynamics and restore secure attachment development.

Training Modalities

In the first part of the workshop, we will explain the learning theory of attachment, and we will discuss antecedent/consequent control training and exposure techniques to stimulate secure attachment development.

In the second part, we will demonstrate how insecure attachment interactions can be identified in families using video and roleplay.

In the last part, we will illustrate MC-ABFT and the use of attachment-related exposure in families.

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Implications for practice and CBT

When working with children/youth and families, the attachment focus adds understanding to the processes driving (child) psychopathology. As CBT's effectiveness has shown to be moderated by children's (in) secure attachment, acknowledging these processes and restoring them eventually stimulates CBT effectiveness

Bridging the Gap: Therapeutic Strategies of Relapse Prevention and Follow-Up Care to Improve Sustainability of CBT for Depression

Tanja Roth, Savion Hesse, Birgit Watzke

Despite the benefits of cognitive behavioral therapy (CBT) for depression, many patients struggle to maintain their progress after treatment termination, with a high relapse rate within two years (> 50%; e.g. Vittengl et al., 2007). Therapeutic strategies of relapse prevention are needed to reduce this high risk for unfavorable outcomes. Fortunately, psychological follow-up care has substantial evidence of reducing relapse or recurrence in major depression (Biesheuvel-Leliefeld et al., 2015). While CBT emphasizes the significance of learned skills, strategies, techniques, and behaviors for long-lasting behavioral change, the continuation of "bridging elements" after treatment plays a crucial role in preventing relapse. Bridging elements, defined as any helpful element or skill from previous therapy that patients transfer into everyday life, aiming to sustain treatment gains beyond treatment termination. Therapeutic strategies such as fostering "bridging element" for the individual patient are applicable during initial CBT as well as during a period of follow up care, e.g. within booster sessions.

Clinical practice of CBT can be improved by being aware of the risk of relapse even after successful initial treatment and by applying therapeutic strategies of relapse prevention either within the treatment itself or during a period of follow-up care.

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Rethinking Addiction Treatment: A Gender- Sensitive Approach for Women - Embracing Cultural Diversity and Cognitive Behavioral Therapy

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This workshop explores the significance of adopting a distinct treatment approach for addiction, focusing exclusively on women. The first part provides an introduction and overview of addiction in women, highlighting their unique characteristics. The second part emphasizes the course of treatment, centering on cultural diversity as a crucial factor to consider. Additionally, the workshop underlines the importance of a gender-sensitive approach and examines the benefits that cognitive behavioral therapy (CBT) can offer. Recognizing that women experience addiction differently from men, the workshop seeks to shed light on the specific challenges they face. By delving into the complexities of addiction in women, participants will gain a comprehensive understanding of the physiological, psychological, and social aspects that influence their experiences. Building upon this foundation, the workshop then turns its attention to the course of treatment for women struggling with addiction. Recognizing the diversity of cultural backgrounds, the workshop emphasizes the need to incorporate culturally sensitive approaches to enhance treatment outcomes. Participants will explore strategies to address cultural barriers, biases, and stigmas, enabling them to tailor treatment plans to suit individual needs.

Furthermore, the workshop indicates the importance of adopting a gender-sensitive approach throughout the treatment process. Understanding the unique experiences and needs of women fosters an environment that promotes effective recovery. Cognitive behavioral therapy (CBT) will be highlighted as a valuable therapeutic modality, enabling participants to grasp its principles, techniques, and application within a gender-sensitive context.

By attending this workshop, participants will gain valuable insights into the significance of adopting a different approach in addiction treatment for women. They will acquire the knowledge and tools necessary to implement gender-sensitive practices, embrace cultural diversity, and utilize CBT effectively, ultimately improving the outcomes for women battling addiction.

How to Help Prevent PTSD in Helping Professions? Effective Performance Under Stress. PTSD Prevention Programme for People Exposed to Occupational Traumatisation

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Poland - SWPS University of Social Sciences and Humanities

Background: Studies published until 2020 indicate low effectiveness of primary (pre-trauma) preventive interventions. "Effective performance under stress" is a primary prevention program designed for first responders to prevent PTSD by enhancing coping self-efficacy in the face of the emotional consequences of traumatic stress. The theoretical assumptions of the training take account of the basic psychological processes maintaining emotional disorders, particularly coping-self efficacy as the core of the seven-factor PTSD model. While the purpose of the therapy is to reduce the distress associated with PTSD by influencing beliefs on self-efficacy, in prevention, a targeted influence of the development of these beliefs would result in resilience to trauma symptoms. The effectiveness of the training was confirmed in the longitudinal study "PTSD-Diagnosis-Therapy-Prevention," where the Polish State Fire Service candidates took part in 15 hours of our training or in TAU before active service. The results (PTSD symptoms at follow-up after one year of active service) indicate significant differences in PTSD symptoms and avoidance strategies - less intense in the training group.

Key learning objectives: By the end of the class the participants will be able to:1. Describe a cognitive behavioural formulation according to the 7 factors self-efficacy-focused model of PTSD.2. Describe cognitive and behavioural interventions that constitute 7 modules of the training protocol.3. Plan a focus study that will consider the specificity of emergency services to adjust the training for other professional groups, including paramedics or police officers.4. Discuss the training CBT-based methods.

Implications for the clinical practice of CBT: The program that has proved its efficacy in PTSD prevention in a longitudinal study on firefighters can also be easily applied to any group of increased risk for PTSD. Given the individual, social and economic costs of PTSD, especially in groups at high risk of job/duty-related traumatization, and the present situation in Europe, any attempt to develop an effective prevention program is essential.

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CBT in Practice

Allen Miller
United States - Beck Institute for Cognitive Behavior Therapy

Who the workshop is aimed at: Clinicians and supervisors of all experience levels may benefit from this workshop.

Scientific Background: From its inception, the Beck Model of CBT has placed a strong emphasis on structure of therapy sessions. Structure promotes efficiency and efficacy for treatment provided. Years of research and practice have provided refinements to individual elements and application for therapy sessions. Despite near universal agreement on the value of session structure, there has been little agreement on what constitutes structure and how elements of structure should be evaluated.

Over a three year period, Beck Institute undertook an in-depth study of the structure of CBT sessions. The process sought to answer questions about what constitutes structure, what does a therapist say and do to provide structure, and how can therapy sessions be reliably rated. One result of the project has been development of the Cognitive Therapy Rating Scale-Revised (CTRS-R). The revised scale retains the eleven items from the original scale developed by J. Young and A Beck in 1980. The revised scale includes prescriptive directions to therapists to guide them through the process of structuring therapy sessions. Rating scale items are described in the form of specific behaviors that may be observed and quantified by supervisors when rating sessions and preparing feedback for therapists.

Description of workshop: In this interactive workshop, participants will learn how to conduct therapy sessions in accord with the Beck Model of CBT as described in the CTRS-R. Each item on the scale will be reviewed and directions will be provided to instruct participants how to do each item. Demonstrations of skills will be provided. Participant will be given the opportunity to participate in activities throughout the workshop. Finally, participants will be informed about what constitutes acceptable performance of each item. They will be able to monitor their own skill development and give feedback to others.

Training Modalities: In this workshop, structuring therapy sessions will be taught through instruction, video demonstrations, and interactive activities.

Key Learning Objectives: After attending this workshop, participants will be able to:

Identify the salient features of the Beck Model of CBT

Explain the role of structure in the Beck Model of CBT

Describe items on the CTRS-R

Improve their own skill level in structuring sessions

Monitor and evaluate their own progress and that of supervisees:

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The Power of Words in Psychotherapy: Enhancing Therapeutic Verbal Responses

Hidde D. Kuiper

licensed clinical psychologist; supervisor Dutch Association of Behavioral and Cognitive therapy (VGCt)

Introduction: Language plays a pivotal role in any psychotherapy, as the therapist's verbal responses to emotions such as grief, anger, and anxiety significantly impact the course of treatment. Effective validation and acknowledgement of patients' emotions, explanation of treatment approaches, and verbal support during CBT procedures all rely on the therapist's choice of words. This workshop aims to explore the profound influence of the right words on therapeutic interactions. We will delve into how therapists react, verbally or otherwise, when faced with various patient expressions, and the workshop will emphasize the importance of appropriate verbal responses.

Workshop Objectives:

1. Unleashing the Power of the Right Words:
   - Recognizing the impact of verbal behavior on the therapeutic process
   - Understanding the effectiveness of different therapy schools' expressions
2. Harnessing Early Improvements and Crisis Situations:
   - Responding to early improvements (Sudden Gains) in treatment
   - Navigating crisis situations with appropriate verbal reactions
3. Crafting Memorable Verbal Expressions:
   - Identifying one-liners that resonate and positively impact patients
   - Practicing situations with resistant therapeutic relationships
4. Repairing Disrupted Relationships and Encouraging Progress:
   - Exploring words that mend and strengthen strained therapeutic alliances
   - Utilizing verbal expressions to motivate patients and facilitate progress
5. Managing Aggressive Behavior and Romantic Proposals:
   - Developing strategies to limit patients' aggressive verbal behavior
   - Responding to romantic proposals from patients with professionalism and empathy

Workshop Methodology:

1. Overview of Research Findings:
   - Summarizing the global conclusions and recommendations from decades of research
   - Highlighting the impact of specific concepts on therapists' perceptions and their verbal behavior
2. Interactive Discussions and Case Studies:
   - Engaging participants in discussions on effective verbal expressions across different therapy schools
   - Analyzing real-life case studies to identify impactful verbal responses
3. Role-Play Exercises:
   - Simulating challenging scenarios to practice appropriate verbal reactions
   - Encouraging participants to experiment with words that generate positive change

Conclusion: This workshop offers an opportunity to explore the transformative potential of language in CBT-psychotherapy. Participants will gain insights into effective verbal expressions, learn strategies to manage crisis situations, and develop skills to repair disrupted therapeutic relationships. By examining various therapy schools' perspectives, we will enhance our understanding of the power of words, not only in influencing patients but also in shaping therapists' responses. Join us to refine your verbal skills and maximize the impact of your therapeutic practice.

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Cognitive Behavior Therapy for Challenging Problems

Judith Beck
United States - Beck Institute for Cognitive Behavior Therapy

This workshop helps the clinician to identify, specify, and conceptualize challenges that arise in treatment. Clients may, for example, fail to engage in treatment, miss sessions, feel hopeless and stuck, become angry in session, engage in self-harm, use substances, blame others, avoid homework, and so on. Special attention will be paid to how to help clients get out of the "maladaptive mode" and into the "adaptive mode." We'll discuss identifying clients' values and aspirations, creating positive experiences, and helping clients draw positive conclusions about them, repairing ruptures in the therapeutic relationship, and strengthening clients' adaptive beliefs about themselves, other people, their worlds, and the future. Videos of roleplays will demonstrate key strategies.

Green CBT - Making Use of Green Spaces in CBT to Enable People Learn How to Moderate Their Mood

Andreea Stoica
United Kingdom - MBABCP

Scientific background: There is growing evidence to support the effects of green spaces and gardening on mental health. Also, in CBT, behavioural activation is effective in improving mood. We can combine both in a new setting that can bring significant opportunities to help people moderate their moods.

Key learning objectives: The science behind behaviour activation and how green spaces can offer endless opportunities to engage in pleasurable activities. Why nature works for our mood. Why this intervention would be beneficial to marginalised groups and immigrants. Health and safety issues, safeguarding, risk management, assessment, goals, and forms. Resources (volunteers and members of staff, marketing, networking, funding). Potential intervention protocol for both group CBT and active green group behaviour activation

The following Training modalities will be used: Learning - powerpoint presentation

Role-play using a Thrive potting technique to demonstrate the benefits of gardening in therapeutic setting

Video presentation

Mentoring - support will be offered to participants showing interested in developing similar projects

2-3 key references

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Brief description of workshop leader(s)

Andreea Stoica practised psychology for 8 years in Romania. In 2010 relocated to the UK and in 2018 she graduated from Royal Holloway University with an Accredited Diploma in CBT. She is an accredited CBT Therapist registered with the BABCP.

With over 12 years of experience in a private setting and over 3 years of experience in the NHS, she has run a successful private practice in London, UK since January 2015. She is experienced in working with depression and other mental health presentations. While working with people suffering from depression, she observed some people have serious struggles in engaging in pleasurable activities. This is particularly true for immigrants who are finding it difficult to make friends and connect with new communities. Also being a passionate gardener, has decided to found Gardening for Better Mood, an organisation offering an allotment space for people suffering from depression to learn how to improve their mood. She will share her knowledge and experience with the participants interested in learning how to utilise green spaces in their therapeutic work.

The implications for the clinical practice of CBT are:

CBT is made more accessible and the recovery time can be reduced.

Being delivered in a group setting could increase the interest to participate and normalise emotional difficulties.

Through projects like these, we can show CBT is taking into consideration the personal requirements of individuals, shifting the perception people have of CBT being a rigid and standardised approach.

This type of project can become the first line of intervention in helping people improve their mood. Once clients know how to moderate their mood, can then be referred for individual CBT therapy for cognitive restructuring.

These projects could help reduce the treatment cost

Cognitive Behavioural Therapy and Schema Therapy Approach in Eating Disorders, Similarities and Differences

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In this workshop, in the perspective of Cognitive Behavioural Therapy in eating disorders; History taking and assessment in eating disorders, General principles of outpatient and inpatient treatment in eating disorders, Motivational interviewing in eating disorders, Psychoeducation in eating disorders, Formulation in eating disorders, Cognitive Behavioural Therapy techniques in Bulimia Nervosa, Cognitive Behavioural Therapy techniques in Anorexia Nervosa, Cognitive Behavioural Therapy techniques in Binge Eating Disorder will be discussed.Eating disorders are complex mental illnesses that can be difficult to treat. Schema therapy is a relatively new approach to psychotherapy that has shown promise in the treatment of eating disorders. Schema therapy focuses on identifying and addressing the early maladaptive schemas (EMS) that underlie eating disorders. EMS are core beliefs and emotional patterns that develop in childhood and adolescence in response to adverse experiences. They can lead to dysfunctional coping strategies, such as restricting food intake, bingeing and purging, or over exercising. Schema therapy has a number of features that make it well-suited for the treatment of eating disorders. First, it is a comprehensive approach that addresses both the emotional and behavioral aspects of the disorder. Second, it focuses on the therapeutic relationship, which is essential for helping clients to develop trust and feel safe. Third, it uses a variety of techniques, such as cognitive restructuring, experiential exercises, and mindfulness, to help clients to challenge their EMS and develop more adaptive coping strategies. There is a growing body of research that supports the effectiveness of schema therapy in the treatment of eating disorders. A recent meta-analysis found that schema therapy was more effective than other forms of psychotherapy in reducing symptoms of eating disorders.This presentation will provide an overview of schema therapy and its applications in the treatment of eating disorders. The presentation will also discuss the evidence base for schema therapy and present case examples.

Keywords: cognitive behavioural therapy, therapy, eating disorders, early maladaptive schemas, maladaptive coping strategies

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Trial-Based Cognitive Therapy: Expanding CBT Tools

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Trial-Based Cognitive Therapy (TBCT) is an evidence-based, three-level, three-phase, case formulation approach rooted in Cognitive-Behavior Therapy (CBT). Like standard CBT, TBCT actively helps clients recognize situationally based thoughts and unhelpful beliefs that exacerbate emotional distress. However, TBCT distinguishes itself with a unique approach to conceptualization and techniques. A primary technique in TBCT is the Trial-Based Thought Record (TBTR or Trial I), a strategy presented as an analogy with the judicial system, wherein the therapist simulates a courtroom process with the client. This technique draws inspiration from Franz Kafka's surreal novel, "The Trial", in which the protagonist, Joseph K., is arrested and convicted without knowledge of the accusation. Some of the main TBCT techniques include:

TBCT Conceptualization Diagram: Numerous case conceptualization diagrams exist, but TBCT's version simplifies the process, enhancing patient understanding and adherence by encapsulating the three levels and three phases of CBT information processing.

Color-coded Problems Hierarchy and Color-coded Goals/ Aspirations Hierarchy: These tools allow clients to categorize their problems by perceived severity and to set goals/aspirations. They prioritize therapeutic interventions by addressing urgent issues first and organizing goals and aspirations throughout therapy.

Cognitive Distortions Questionnaire (CD-Quest): This assists patients in connecting cognitive errors to emotional states and dysfunctional behaviors during CBT. It also gives therapists quantitative data on cognitive error frequency and intensity, evaluating CBT's impact over time. Its psychometric properties have been confirmed in multiple studies.

Intrapersonal Thought Record (Intra-TR): This guides patients in identifying and re-adjusting their negative automatic thoughts. Through a methodical series of questions, patients can reshape their perceptions, leading to more balanced and beneficial thought processes.

Participation Grid: A narrative exposure technique aiding patients in gradually reframing guilt and shame interpretations.

Color-Coded Symptoms Hierarchy (CCSH): Designed to boost patients' success in behavioral experiments by establishing a symptom hierarchy for incremental exposure, culminating in symptom remission.

Consensual Role-Play (CRP): This decision-making technique elucidates patients' ambivalence and assists in its resolution, further enhanced by the empty-chair technique.

Trial-Based Thought Record (Trial I): Modeled after a courtroom trial, it combines 12 recognized techniques from CBT and other methods in a structured, 7-step sequence, where each step complements the others.

In conclusion, TBCT offers a substantial advancement in the CBT domain. With its organized, systematic approach focused on core belief modification, it arms therapists with novel tools while providing patients a structured path to cognitive recalibration.

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Treating Obsessions: Where Research Meets Innovation

David A. Clark

Obsessive thinking can be quite resistant to conventional forms of evidence-based interventions. This makes the formulation of an effective treatment strategy challenging even for the most experienced and well-trained cognitive behavioral therapist. Fortunately there is a rich and diverse research literature on the nature of obsessions that can innovate an individualized approach to treatment. This webinar begins with a brief overview of the cognitive appraisal model of obsessions as well as more recent psychological constructs relevant to obsessions like need for control, the feared self, and ego-dystonicity. We then consider how this research informs our assessment and case formulation for obsessions. Step-by-step instruction is provided in the use of cognitive interventions to effect change in core features of obsessive thinking. Throughout case examples and illustrations are provided, and participants are invited to share their observations and experiences in treating obsessions.

Cognitive Therapy for PTSD

Anke Ehlers
Oxford Centre for Anxiety Disorders and Trauma, Department of Experimental Psychology, University of Oxford

Background: International treatment guidelines recommend of Cognitive Therapy for PTSD as a first-line treatment for posttraumatic stress disorder (PTSD). The treatment has been shown to be highly effective and acceptable to adults and young people. Ehlers and Clark's (2000) cognitive model of PTSD guides treatment. This model suggests that people with PTSD perceive a serious current internal or external threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and / or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat but maintain the problem by preventing change in the appraisals and trauma memory, and/or lead to increases in symptoms.

Cognitive Therapy for PTSD has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, Socratic questioning, and behavioural experiments. Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are linked with information that makes them less threatening, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments with dropping maintaining behaviours.

Key Learning Objectives: Participants will learn how to develop a personalised version of the treatment model with patients update trauma memories help clients trigger discrimination work with different cognitive themes

Training Modalities: Presentation with video illustrations

Workshop Leader: Anke Ehlers is a Wellcome Trust Principal Research Fellow and Professor of Experimental Psychopathology at the Department of Experimental Psychology, University of Oxford, UK. She has received several international awards for her work on posttraumatic stress disorder, including the Award for Distinguished Scientific Contributions to Clinical Psychology, American Psychological Association and the Wilhelm Wundt-William James Award, awarded jointly by the European Federation of Psychology Associations and the American Psychological Foundation.

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Metacognitive Theory and Therapy of Depression: Evidence and Future Directions

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A number of studies have concluded that CBT for depression has moderate success rates, often takes weeks to yield responses, and is often followed by relapse/recurrence. Growing empirical evidence supports the implementation of metacognitive therapy (MCT) for rumination and depression in individual and group formats to maximise therapeutic effectiveness and address fundamental limitations of current treatments. MCT aims to remove the metacognitive causes of rumination, which has been implicated in the maintenance of depression. This presentation will provide an overview of the empirical evidence supporting the metacognitive model and therapy of rumination and depression and highlight key components of treatment.

Learning objectives:

(1) To gain up-to-date knowledge of the phenomenology of rumination and its relationship with depression

(2) To understand the principal features of the metacognitive model and therapy of rumination and depression

(3) To become aware of current research supporting the metacognitive model and therapy of rumination and depression

Cognitive Behavioral Therapy For Procrastination

Ayşegül Kart

Procrastination is commonly conceptualized as an irrational tendency to delay required tasks or assignments despite the negative effects of this postponement on the individuals and organizations. The conceptualizations of procrastination imply inaction, or postponing, delaying, or putting off a decision, in keeping with the Latin origins of the term "pro-," meaning "forward, forth, or in favor of," and "-crastinus," meaning "tomorrow". Approximately 15–20% of the total adult population suffers from chronic procrastination, and over 95% wishes to minimize their procrastination behavior. Among student populations, the prevalence is even higher. Estimates show that 80–95% of students engage in occasional procrastination, and approximately 50% suffer from chronic, detrimental procrastination behavior. Although some researchers argue that procrastination does not only comprise negative effects, most research has put forward that procrastination highly impedes indicators of success and performance, individuals' mental and even physical health. Procrastination is believed to be a self-regulation failure that is associated with a variety of personal and situational determinants. Specifically, research suggests that task characteristics (e.g., unclear instructions, the timing of rewards and punishment, as well as task aversiveness), personality facets (e.g., the five-factor model, motivation, and cognition), and environmental factors (e.g., temptation, incentives, and accountability) are the main determinants of procrastination. Procrastination has received relatively little attention with regard to its treatment. Most of the interventions seem to be derived from a motivational or volitional standpoint, such as self-regulation, implementation intentions, goal-setting techniques, and time management. Cognitive behavior therapy (CBT) and its associated theoretical modalities has long been regarded as helpful for targeting procrastination by clinicians. Behavioral interventions that facilitate time management, increase automaticity, and decrease the number of distractions have been shown to improve self-regulation and avert procrastination. Likewise, establishing routines and using timetables and predetermined activities similar to those in behavioral activation for depression are particularly useful for preventing mental fatigue, creating normal diurnal rhythms, and enhancing overall performance. Meanwhile, goal-setting techniques can help the individual set subgoals that are perceived as less burdensome than more long-term goals, while graded exposure can assist the individual in exposing and tolerating emotions that often lead to procrastination. Rewards that are contingent on the performance of an intended response can also help increase extrinsic motivation. Similarly, value clarification might increase intrinsic motivation, which, in turn, may promote diligence. Furthermore, cognitive interventions targeting dysfunctional beliefs that result in procrastination are also important, most notably in the case of perfectionism, fear of failure, and self-doubt. Cognitive restructuring can aid commitment to goal-directed behavior especially when accompanied by behavioral experiments that enable the individual to behave more adaptively in relation to the thoughts and emotions that often result in procrastination.

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Innovations and Challenges for training Psychological practitioners- Two ends of Europe

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COVID and its after effects have left countries across Europe with the increasing challenge of meeting the needs of Children and Young people in distress and managing MH difficulties. One potential solution to this is increasing the psychological workforce to meet demand. However, this bring it's own challenges. In maintaining quality, keeping up with the evidence base and ensuring good governance.

The CYP-IAPT initiative has become a cornerstone for the development of the CYP psychological workforce in England, having now trained 1000's of therapists and practitioners across the country. However the workforce needs to continue to expand to meet the increasing demands and the diversity of need across the country.

This clinical round table includes experts from the UK and Finland and will discuss some of the key challenges facing mental health services, Universities and young people and families in the face of the expanding need for evidence based CBT treatments for CYP with MH difficulties.

The panel will further discuss innovations in education and research in the area of CYP-MH and CBT from the UK and Finland. The presenters will discuss new programmes that include experts with lived experience training others to support parents, managing similar difficulties in new co-delivered CPD courses. In addition the panel will discuss the progress and challenges from an EDI perspective and outline how the widening access agenda is being implemented.

Meeting the Transitional Needs of Emerging Adults: Developmental, Cultural, and Systems Considerations and Adaptions for Optimizing Delivery of Evidence-Based Care

Sandra Pimentel[1], Anne Marie Albano[2], LuisJoaquin Garcia-Lopez[3]

[1]*United States - Montefiore Medi*
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[3]Spain - University of Jaen

Emerging adulthood as a distinct developmental and transitional period between childhood and "full" adulthood has received increasing conceptual and research attention (Arnett, 2000), with advances in neurocognitive science providing evidence that changes in adolescent brain structure and function continue much later into youth development than previously theorized (Colver & Dovey-Pearce 2018). Further, emerging adulthood is a critical time in the development of a wide range of psychopathology; concurrently, it is a time when mental health service utilization declines precipitously (Cadigan, Lee & Larimer, 2019) as studies consistently identify the transition between child and adult clinics as a barrier and common cause of attrition from care during this critical time. Though a broad array of evidence-based, cognitive-behavioral interventions exist for youth and adults across an array of presenting concerns, traditional intervention models may not be sufficient to address the unique developmental vulnerabilities of this developmental period. Growing research supports clinical adaptations focused on emerging adults that includes targeted developmental assessments and scaffolded care (Hoffman, Guerry & Albano, 2018) and as well as administrative recommendations for transition and treatment planning among systems (see Kranzler, Pimentel & Zayde, 2018).

This roundtable will feature panelists from the Unites States and Spain with expertise in the assessment and treatment of, research on, and clinical program development for emerging adults. They will discuss intervention and systems adaptations necessary in delivering optimal care to these youth. The panel will discuss how differences in national health policy impacts emerging adult help-seeking and utilization. Particular attention will be paid to cultural definitions of emerging adulthood, how to incorporate primary caregivers, and cognitive behavioral case formulation that incorporates these as well as functional assessment at the intersection of psychopathology and developmental milestones.

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Updates for Psychosocial Needs on Earthquake Area: What is Waiting for Us?

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In the aftermath of natural disasters, the prevalence of mental health problems increases, and the mental health gap becomes wider. While more and more people are in need of mental health support and various interventions, the number of mental health specialists does not increase correspondingly. In addition, mental health specialists can be more vulnerable in those times due to a lack of evidence-based interventions that can be applied according to the needs of the individuals. To be able to narrow this gap down, we need more evidence-based scalable interventions and disseminate them. Moreover, considering that natural disaster survivors can have various needs and various levels of interventions according to the level of their trauma response, as the Inter-Agency Standing Committee advises, we need diverse types of mental health interventions in the field.

Following the Kahramanmaraş and Hatay Earthquakes, these needs have become more salient and urgent. 11 cities and millions of people were affected by the earthquake directly, and a crucial need to support them with good-quality interventions has occurred.

This part of the roundtable will include a brief description of the current conditions in the earthquake-affected areas by focusing on the variations among them. A case will be introduced to participants, and a discussion will be carried out. Currently applied practices that Trauma and Disaster Mental Health Studies Association (TARDE) will also be presented and evaluated according to the various needs of the field.

Finally, the anticipations about what is waiting for us in the earthquake-affected areas in a few months will be discussed together with the audience.

Two Evidence-Based Examples of Transdiagnostic Interventions for Different Levels of Mental Health Needs of Earthquake Survivors

Ekin Çakır
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As the Inter-Agency Standing Committee1 advises, we need diverse types of mental health interventions in the field. This part of the roundtable will introduce two evidence-based scalable transdiagnostic interventions that aim to intervene to mental health problems having different levels of severity.

The first intervention is Problem Management Plus (PM+). PM+ is a brief intervention developed by World Health Organization. It is a 5-session intervention based on cognitive behavioral therapy (CBT) techniques focusing on teaching several strategies that would improve problem management: Managing stress, managing problems, increasing behavioral activation, and strengthening social support2. It is developed for people exposed to adversities and having depressive, anxious or distress-related symptoms regardless of whether these symptoms are rooted from the adversity or not. PM+ has been tested with various groups in different formats with diverse experiences including being an earthquake survivor and found to be effective.

The second intervention is Culturally Adapted Cognitive Behavioral Therapy (CA-CBT). CA-CBT is an 8-session group therapy developed by Devon Hinton from Harvard Medical School. It consists of emotion regulation, stretching exercises and mindfulness as well as the classical CBT techniques. It has a transdiagnostic approach and compared to PM+, it is more suitable for working with psychopathologies. CA-CBT has been tested in several countries including Türkiye with various groups and found to be effective . It can be adapted to varying cultures and contexts with a cultural adaptation process focusing on metaphors, techniques, or examples in the sessions.

This part of the roundtable will discuss and compare these two interventions by focusing on different levels of needs and diverse conditions of the earthquake survivors and earthquake-affected areas. The case provided in the first part will be mentioned and with the participants, and finally, an appropriate approach will be discussed with the audience.

CBT for Vaginismus

Bengü Yücens
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Vaginismus is classified within sexual pain disorders and one of the most common female psychosexual dysfunctions. In vaginismus, the vaginal muscles constrict involuntarily and this contraction makes entry painful or impossible. The prevalence of vaginismus in the general population is 1-6%, and this ratio rises to between 5% and 17% in sexual dysfunction clinics (Konkan et al., 2012). These ratios may vary among societies and there are studies reporting much higher rates of vaginismus in Türkiye (41-58%) (Şafak Öztürk & Arkar, 2017). Low self-esteem, poor body image, low sexual self-confidence, performance anxiety, inaccurate and unrealistic sexual cognitions as well as unrealistic or inappropriate assumptions and standards, inadequate knowledge and skills for physical and emotional relaxation, poor body awareness, sexual inexperience, history of physical and sexual abuse are common psychological factors in vaginismus (Metz et al., 2017). The experience of pain is reduced by cognitive and psychosexual skill exercises. While there are not distinctive, unique cognitions associated with each sexual disorder detrimental cognitions are commonly associated with sexual problems and need to be addressed. Confronting negative cognitions, testing their accuracy, and reframing them are important therapeutic strategies. Treatment results in less pain and cognitive catastrophizing. Interventions involve the woman increasing awareness and comfort with her genitalia, learning pelvic muscle management, and mindfulness. Psycho-education including sexual anatomy and physiology is helpful. Relaxation training, especially the use of breathing, is an important feature. The therapist helps the woman identify her pelvic muscles and teaches her to control her body. Learning muscular relaxation relieves chronic muscular tension. Women commonly are unaware of how to exercise voluntary pelvic muscle control. Pelvic muscle training, and dilator therapy are two main techniques. These techniques desensitize vaginal musculature and train the vagina to allow penetration without contractions. Understanding that anticipation of pain contributes to an involuntary contraction of vaginal muscles helps her understand why penetration is painful. She is guided in focusing on breathing, relaxation, and mindfulness. The sensate focus/pleasuring exercises provide a supportive environment for treatment of vaginismus. The partner's understanding and support is crucial. Beliefs about genital pain, attributions of causality, predictive expectancies, and degree of openness to change are addressed. CBT for vaginismus emphasizes the couple as an intimate sexual team who collaborate through effective communication, conflict resolution, and practice of psychosexual skills to create a positive sexual atmosphere within which a woman can learn about her body, develop sexual self-esteem, and fully enjoy her sexuality. The therapist serves as the woman's and couple's teacher and guide as they overcome barriers to sexual fulfillment (ter Kuile et al., 2010; Metz et al., 2017).

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Persistent Depressive Disorder: An Illustration of the Evolution of Clinical Psychology

J. Kim Penberthy
ABPP

The history of treatment for persistent depressive disorder, or what used to be known as depressive personality disorder, then dysthymia, or chronic major depression, or double depression, is an example of the evolving and increasingly innovative assessment and therapeutic strategies used in clinical and health psychology. The diagnostic criteria of this group of depressive symptoms has evolved over time and appears to have come full circle in many ways. Assessment has arguably evolved at a slower rate, with many of us still using self-report data to diagnose, yet innovative and exciting assessment strategies are developing in our research labs and in the field. Psychotherapy approaches for this "treatment resistant" disorder have changed over the decades. From the early psychoanalytic approaches to basic behavioral activation, and cognitive behavioral therapy (CBT), most therapies have had only limited success in reducing depressive symptoms long term. Contextual therapeutic approaches including Cognitive Behavioral Analysis System of Psychotherapy (CBASP), Mindfulness-Based CBT, and Acceptance and Commitment Therapy (ACT) have been developed and researched with more success, and yet, still many individuals with persisting depressive symptoms find little to no relief. Thus, the evolution of treatment approaches continues, with the recent arrival of psychedelic assisted psychotherapy for these persistent depressive disorders and some intriguing and encouraging findings in the use of ketamine and other substances. Additionally, ongoing work in the use of mindfulness and contemplative based psychotherapies has demonstrated an interest from the field and usefulness in preventing relapse. The future of the treatment of PDD, much like the future of clinical and health psychology, continues to look promising with the expanding role of innovative technology including tailoring treatment approaches based on genetics, psychophysiological, and behavioral information, as well as the use of machine learning to help match psychologists with patients in order to promote effective therapeutic relationships and equitable treatment access.

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Increasing Access to CBT for Child Anxiety Problems

Cathy Creswell
University of Oxford

Summary: Anxiety problems are common in childhood and can have long term and wide-ranging impacts, yet few children who could benefit access CBT. In England recent investment in the child mental health psychological therapies workforce has brought a fantastic opportunity to increase access to CBT for children with anxiety problems, but it is critical that this workforce has access to effective and efficient treatment approaches that overcome barriers faced by families. Our research has involved working closely with families to develop solutions that enable families to access CBT in ways that work for them and fit with recent service developments.

Objectives: To outline recent service developments in England that aim to increase access to mental health support for children

To highlight the barriers families face when it comes to accessing support for child mental health problems

To describe the development and outcomes of recent approaches to increase access to CBT for child anxiety problems

Realising the Mass Public Benefit of Evidence-Based Psychological Therapies: Science, Politics and Economics.

David M Clark
University of Oxford, UK

Brief Summary: Effective psychological therapies have been developed for all common mental health problems and the public shows a preference for psychotherapy over medication. However, in most countries' medication is much more widely available. This talk outlines the history and development of the NHS Talking Therapies for Anxiety and Depression (formerly known as "IAPT") programme that has made psychological therapy for anxiety disorders and depression much more widely available in England and is now being copied in many other countries. The talk covers the clinical model, the training programme, outcome monitoring, and the combined economic & clinical arguments that were used to persuade the UK government to start the programme. Currently, over 670,000 people receive a course of treatment each year. Outcome data is available for 99% of treated patients. Approximately 50% fully recover and around 7 in every 10 show significant improvement. The benefits of therapy are widespread. As well as improving patient's mental health, the NHS Talking Therapies for Anxiety and Depression programme reduces other physical healthcare costs and helps grow the national economy.

Mind Body Brain: Implications for Interventions following Traumatic Bereavement

Ruth Malkinson

In traumatic bereavement, the risk of grief complications increase as trauma and bereavement interact to form a mixed symptom presentation. Alongside with focus on traumatic circumstances of the loss, the reworking of the inner mental representations of the deceased will be addressed. In the lecture, integration of cognitive grief therapy with recent cognitive neuroscience findings will be underlined and bring to light processes of mind body and "the grieving brain" (O'Conner,2022). Moreover, in line with Cognitive Behavior Therapy's perspective viewing cognitions as mediators between emotions behaviors and physical responses, grief can be regarded as process of learning new appraisals of changing forms of attachment. Derailing from the natural course and the inclusion of Prolonged Grief Disorder in the DSM5-TR will be discussed.

To further explore traumatic bereavement and its potential trajectories the Two-Track Model of Bereavement (TTMB) will be presented as an effective tool for assessment and selecting informed interventions that fit the death story as told by the bereaved client towards facilitating natural adaptive grieving. I will expand about The distinction between Negative Healthy Emotion and Unhealthy Negative Emotions rooted in the ABC of grief-based on Rational Emotive Behavior Therapy model of CB that match criteria defining "normal" adaptive grieving and PGD within a specific socio-cultural context will be described. Mind, body and brain focused strategies that are tailored to the individual bereaved learning style of adapting to life with the inner presence and physical absence of the deceased, "the presence of the missing" will be elaborated.. Clinical examples of grief informed interventions as applied individually will be reported from the perspective of Evidence Based Psychotherapy (EBP) via-a-vis Psychotherapy Based Evidence (PBE) proposing ways for future bridging between "objective" quantitative general knowledge and "subjective" qualitative death story the heart of clinical work with bereaved.

Learning Objectives:

1) To be able to identify and specify the range of traumatic bereavements;
2) To acquire tools to assess traumatic bereavement based on the paradigm of the Two-Track Model of Bereavement (1981, 1992, 1999).
3) To incorporate recent findings from cognitive neuroscience studies about the "grieving learning brain" with mind body and brain personalized interventions derived from the ABC of Grief to facilitate an adaptive grieving.

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From Surviving to Healing: The Power of Resilience and CBT in Overcoming the Trauma of War and Rebuilding Lives

Valentyna Parobii

Former president of UACBT (2019-2023), Lecturer and supervisor in UICBT

War is a scary word that has become a reality for Ukrainians. We got incredible scale challenges, we got destroyed cities, broken destinies, children who walk through minefields. PTSD, loss, grieving, separation, forced displacement. What is it like to be both the one experiencing the trauma of war and the one helping to heal it? The lecturer will try to share the results of the research on the way of perceiving reality, the peculiarities of the work and development of Ukrainian CBT therapists, whose lives have changed since the beginning of the full-scale invasion. The concept of the "wounded healer" is particularly close to Ukrainian CBT. In addition, in this personal lecture you will hear touching stories about life, support, gratitude. Do you know the formula of Ukrainian endurance? It consists of humanity, freedom, children, the value of truth, creativity and humor, unity and solidarity, love for the earth, celebration of life and beauty, spirituality, LOVE. After all, instead of cursing the darkness, we are lighting candles!

Positive CBT. From Reducing Distress to Building Success

Fredrike Bannink
Clinical Psychologist & Lawyer

Key learning objectives

After the workshop the attendants will have:

knowledge of Positive CBT and how it is different from traditional CBT.

knowledge of working with the synthesis paradigm in addition to working with the analytic paradigm

skills to enhance positive emotions and hopeful and optimistic conversations.

some practical Positive CBT tools (e.g. positive FBA).

Implications: The implications for the everyday practice are that CBT therapists, using the Positive CBT model, are able to do more than just symptom reduction.

They are able to invite their clients to think differently, describe their preferred future, notice positive differences and make progress.

Conversations with clients become more positive, hopeful and lighthearted, ensuring less burnout amongst therapists.

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

Delivering CBT through Gaming - safely, remotely

Topics included:

Need for support models in a post pandemic world

Innovative models for delivering CBT

Use of immersive technologies

Takeaways

Overview:

Half of all mental disorders start by the age of 14, yet up to 70% of children & young people don't get access to timely, appropriate support. The demand for support has increased by 50% in the last 10 years, and by 81% during the pandemic alone in the UK, leaving services under tremendous pressure such that they have no choice but to prioritise high need, higher risk cases. This means the majority of young people and families are left to wait or not receive support at the time of need which may encourage longer-term problems. The pandemic further highlighted inefficiencies of current models of support, predominantly face-to-face, which are expensive, require prolonged waits, and hard to scale.

Anxiety, and other mood disorders, are by far the commonest problem affecting CYP and furthermore likely to be involved in a number of non-mood disorder presentations e.g. prodromal and/or are comorbid in people with PTSD, psychosis, eating disorders.

The delivery of therapeutic interventions via digital technologies has the potential to offer an efficient and cost effective means of increasing access to evidence-based interventions. Meta-analytic evidence suggests that computer-aided CBT (C-CBT) programmes can produce similar outcomes to face-to-face therapy (Ebert et al., 2015; Pennant et al., 2015). However, in common with face-to-face delivery, adherence to C-CBT remains poor. Given that many young people are comfortable and familiar with using smartphones and tablets, children may find this mode of delivering therapeutic content appealing (Silk et al., 2018). Yet, while anxiety related mobile-based applications are ubiquitous, very few are underpinned by core therapeutic components for the treatment of anxiety disorders or have been subject to empirical evaluation (Bry et al., 2018).

Lumi Nova: Tales of Courage is a standalone digital therapeutic intervention (Class 1 medical device, UK MHRA, recommended by the National Institute of Care Excellence UK) designed to deliver high-adherence, psychoeducation and exposure-focused anxiety treatment for 7-12-year-old children. It provides instant access to therapeutic 'best practice' by facilitating graded exposure (the main active ingredient of Cognitive Behavioural Therapy) via an immersive, engaging app-based mobile game. This innovation has the potential to transform the treatment of childhood anxiety by reducing treatment costs per child, enabling more young people to be offered early access to treatment, leading to an overall reduction in CYP within the care pathway.

Manjul Rathee

Manjul is the co-founder and CEO of BfB Labs, a highly innovative mental health tech company offering unparalleled digital therapeutics to support children and young people's mental health.

She is driven by the power of technology to enable meaningful impact on young people. With a background in sustainability & innovation, she has developed innovations and built partnerships - all led by a clear vision and mission.

Manjul holds an MA in Sustainable Design from the University of Brighton and was awarded the Prime Minister's Point of Light commendation. She frequently engages in public speaking at events such as eMen Conference, Women in Games European Conference, Public Health England (PHE) Annual Conference, the NHS Expo and along with media platforms such as the BBC.

She's also the co-founder of the UK's first child-led avoidable sight loss initiative 'Eye Heroes'. Previously she worked as an Innovation Lead at Shift delivering social impact projects nationally and internationally.

Keywords: Positive CBT, positive cognitive behavioral therapy, synthesis paradigm, hope.

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Understanding and Treating Post-Traumatic Stress Disorder: A Cognitive Approach

Anke Ehlers

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Ehlers and Clark (2000) suggested that PTSD develops if trauma survivors process traumatic events in a way that lead to a sense of serious *current* threat. The perceived threat can be internal (e.g., 'I am a bad person') or external (e.g., 'I will be attacked again') and has two sources: First, people with chronic PTSD show excessively negative appraisals of their traumas and/or trauma sequelae. Second, the nature of trauma memories leads to easy cue-driven trauma memories that lack the awareness of the self in the past. Furthermore, the patients' appraisals motivate a series of unhelpful coping behaviours and cognitive strategies that are intended to reduce the sense of current threat but maintain the disorder. The presentation will review studies testing these factors. Cognitive Therapy for PTSD (CT-PTSD) uses this model to develop an individualized case formulation. Procedures aim at updating trauma memories (i.e., accessing worst moments of the trauma and actively incorporating information that updates their meanings) and training patients to discriminate between the stimuli that were present during the trauma (*then*) and the innocuous triggers of re-experiencing symptoms (*now*). Unhelpful appraisals and cognitive and behavioural coping strategies are modified. Randomised controlled trials in adults and children and dissemination studies showed that CT-PTSD is highly acceptable, and more effective than self-help or equally credible nontrauma-focused psychological treatments. A recent clinical trial found that a therapist-assisted internet-delivered version of CT-PTSD (iCT-PTSD) is also highly effective, and superior to a comprehensive therapist-assisted internet-delivered stress management therapy focusing on teaching a wide range of coping strategies.

Metaphor Use in Psychological Treatment

Niklas Törneke

Most models of psychotherapy, including CBT, acknowledge metaphor use as an important tool in the therapeutic dialogue. What do we know about the why and how of its use?

This keynote address will give a glimpse from modern research in linguistics, cognitive science, and behavior analysis to show the central position of metaphor in language more generally and use that understanding to discuss the position of metaphor in psychological treatment.

Despite the agreement on metaphor as an essential tool in therapy, research on the specifics of it's use has been lagging behind. One possible way forward is to combine focus on metaphor as such with a focus on specific processes of change. One such process, a particular way a person can interact with her/his own responding, will be described. Clinical examples on how this process can be supported by metaphor use will be given and practical directions for therapeutic work will be suggested.