



## 4. ULUSLARARASI KATILIMLI BİLİŐSEL DAVRANIŐI PSİKOTERAPİLER KONGRESİ

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**ORAL PRESENTATION**

**SÖZLÜ BİLDİRİLER**

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

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

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

**Results:** The participants consisted of 133 women and 72

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

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

## SB3 - Investigation of Metacognitions and Credibility/Expectancy of Treatment in Patients with Substance Use Disorder

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

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

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

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

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

Eda Altınöz

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

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

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

Cronbach's alpha reliability coefficient of the scale was 0.792. Item-total score correlation coefficients ranged between 0.378 and 0.609.

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

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

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

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

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

**Results:** Most participants (80.5%) reported following earthquake news on SM and considered it important (83.1%). More than half (54.5%) noted an increase in their use of SM during and after the earthquake. Participants mainly followed official sources (AFAD, Prime Ministry) (56.7%), accounts of Non-Governmental Organizations (66.7%), and posts from their relatives (52.9%) on SM. In terms of emotions, the findings indicate that negative emotions like anger, fear, anxiety, and sadness increased with exposure to earthquake-related news on SM. Following news on SM heightened negative

emotions such as anxiety (68%), anger (66.5%), fear (63.1%), uncertainty (47.3%), and perceived danger (61.7%), while reducing feelings of safety (52.1%), hope (48.1%), and other positive emotions (44%). For coping strategies, significant differences were observed in coping strategies based on gender and marital status. Also, higher levels of psychological symptoms were associated with a greater use of dysfunctional coping strategies. Participants reported engaging in various helping behaviors, including financial aid (82.4%), donating clothing and food (62.2%), organizing aid (25.5%), went to the earthquake area themselves (7.5%), volunteering through a non-governmental organization (6.7%), aiding due to professional duties (3.7%), and buying products from sellers in the earthquake zone (16.8%). They also participated in providing psychosocial support, damage assessment, and resettlement. In connection with social media, higher levels of SM engagement correlated with increased prosocial behaviors, such as compassion ( $r=0.09$ ,  $p<0.005$ ) and willingness to help ( $r=0.08$ ,  $p<0.05$ ). People who were personally in the earthquake zone had higher psychological symptoms compared to others ( $t(1115)=-4.84$ ,  $p=0.00$ ).

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

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

# SB6 - Determining Factors that May Cause Test Anxiety Using a Projective Testing Tool

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

**Material and Methods:** One of the projective tests frequently used in clinical practice is BCT. Each sentence expresses a behavioral dynamic. These behavioral dynamics are grouped under 11 subheadings (attitudes towards the past, attitudes towards the future, attitudes towards self-confidence and abilities/sense of self and attitudes towards own abilities, attitudes towards mother, attitudes towards father, attitudes towards home and family, attitudes towards friends, behaviors towards authority, fears and anxieties, feelings of guilt, attitudes towards school and work). In addition, the Childhood Anxiety Disorder Screening Scale (SCARED) was used to determine the anxiety levels of the subjects and the Childhood

Depression Inventory (CDI) was used to determine the severity of depressive symptoms. Demographic characteristics of the patients who applied to the S.B.Ü Ankara Education and Research Hospital Child and Adolescent Mental Health and Diseases Hospital Child and Adolescent Mental Health and Diseases polyclinic with complaints of exam anxiety between January 1, 2019 and December 31, 2019 were taken and they were asked to fill out the BCT, SCARED, and CDI scales. Concomitant psychiatric diseases were determined by a child and adolescent psychiatrist through a clinical interview.

**Results:** Comorbidity was found in half of the cases (n=36, 50%). BCT total and subscale scores of children and adolescents who applied with test anxiety were found to be independent of comorbidity ( $p>0.05$  for all). When BCT total and subscale scores of children and adolescents who applied with test anxiety were compared in terms of gender, self-perception and positive attitudes towards their own abilities of girls with test anxiety were found to be significantly lower than boys (2.2 vs. 1.5;  $t(65)=2.184$ ,  $p=0.033$ ). All other variables were found to be similar between the two genders ( $p>0.05$  for all)

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



## SB7- Cognitive Behavioral Therapy-Based Group Counseling for Strengthening Resilience in Children After Disasters

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

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

In the fourth session, the focus was on transforming a negative inner dialogue into a positive one. The fifth session involved creating a trauma narrative and imagining and drawing a safe place. The sixth session continued with the trauma narrative about the earthquake. The seventh session concentrated on fostering positive emotions and hope for the future. In the eighth session, a summary of all sessions was provided, and feedback was gathered from participants.

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

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

**Keywords:** Cognitive behavioral therapy, disaster, earthquake, resilience.

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

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

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

**Bulgular:** Çalışmamıza katılan 120 kişinin, 75'i kadın 45'i erkekti. Değişkenler arasındaki ilişkinin incelenmesi için ilk olarak korelasyon analizi uygulandı. HAM-A, PSEÖ, ÇBYKÖ-30 ve EDSS puanları ile HAM-D puanları arasında pozitif, DVÖ puanları ile HAM-D puanları arasında negatif yönde korelasyon ilişkisi saptandı. PSEÖ ve ÇBYKÖ-30 puanları ile HAM-A puanları arasında pozitif, DVÖ puanları ile HAM-A puanları arasında negatif yönde korelasyon ilişkisi tespit edildi. HAM-D puanlarının

bağımlı değişken olarak alındığı çoklu regresyon analizinde; HAM-D puanları üzerinde EDSS ve PSEÖ puanlarının pozitif yönde, DVÖ toplam puanlarının negatif yönde yordayıcı etkisi olduğu saptanmıştır. ÇBYKÖ-30 puanlarının HAM-D puanları üzerine anlamlı yordayıcı etkisi olmadığı görülmüştür. HAM-A puanlarının bağımlı değişken olarak alındığı çoklu regresyon analizlerinde; HAM-A puanları üzerinde PSEÖ toplam puanlarının pozitif yönde, DVÖ toplam puanlarının ise negatif yönde yordayıcı etkisi olduğu saptanmıştır. ÇBYKÖ-30 ve EDSS puanlarının HAM-A puanları üzerinde anlamlı yordayıcı etkisi olmadığı görülmüştür.

**Tartışma:** Çalışmamızın sonuçlarında hastalığa ait değişkenlerden ziyade psikolojik süreçlerin depresyon ve anksiyete üzerinde belirleyici rol oynaması dikkat çekicidir. Hastalığın fiziksel ya da nörolojik bir kayıp olmadan da getirdiği yük işlev bozucu başa çıkma yöntemlerinin kullanımına zemin hazırlamakta, en nihayetinde anksiyete ve depresyon gibi psikolojik bozukluklara yol açabilmektedir. Hem genel popülasyonda hem de MS hastalarda psikolojik süreçler ile depresyon ve anksiyete arasında benzer bir ilişki olduğu farklı çalışmalarla desteklenmektedir (2–5). Endişe, literatürde depresyonla ilişkisi gösterilen bir faktör olmasının yanı sıra, psikopatolojiye yol açan transdiagnostik bir kavram olarak ele alınmıştır (6, 7). Yine bir başka çalışmada değer temasının anksiyeteyi yordadığı gösterilmiştir (8). Çalışmamızın sonuçları bu hasta grubunun nörolojik açıdan takip ve tedavisinin tek başına yeterli olmadığı, endişe ve değer teması gibi psikolojik süreçlerinin de takibin bir parçası olması gerektiğinin altını çizmektedir. Yine bu doğrultuda endişeyi azaltma ve bir nevi hastanın hayatı anlamlandırmasına yardımcı olacak değer temasını artırma hedefi geliştirilecek psikoterapötik müdahalelerin odak noktası olabilir.



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

**Kumru Şenyaşar Meterelliyo**

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

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

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

**Sonuçlar:** Örnekleme anksiyete belirtilerinin oranı %17,2 olarak saptanmıştır. Anksiyete belirtileri olan grupta Bilişsel Esneklik kontrol alt grubu ve toplam puanı, işlevsel olmayan

başa çıkma tutumları ve PSEÖ puanı anlamlı düzeyde yüksek olduğu saptanmıştır. Yapılan path analizinde PSEÖ üzerinde toplam etkisi; BEE kontrol alt grubunun -0,838 ( $\beta=-0,838$ ;  $p<0,050$ ), işlevsel olmayan başa çıkma tutumlarının 0,288 ( $\beta=0,228$ ;  $p<0,050$ ) olarak tespit edilmiştir. BAÖ üzerine etkileri değerlendirildiğinde ise PSEÖ'nün doğrudan etkisinin 0,346 olduğu bulunmuştur. BEE kontrol alt grubunun PSEÖ aracılığı ile BAÖ puanına -0,145 anlamlı dolaylı etkisi olduğu bulunmuştur ( $\beta=-0,145$ ;  $p<0,050$ ).

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

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

# SB12 - Metacognitions and Psychological Well-Being in Alcohol and Substance Use Disorders

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

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

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

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

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**Table 1.** Metacognition and Psychological Well-being Scale Scores for the patient and control groups

	<b>Patients Mean±SD</b>	<b>Controls Mean±SD</b>	<b>p</b>
Psychological Well-being	37.1±11.1	44.4±6.1	<0.001**
MC-Positive beliefs	14.4±4.8	12.7±4.2	0.048*
MC-Uncontrollability and danger	15.2±3.6	13.6±3.9	0.027*
MC-Cognitive confidence	13.9±4.8	13.2±4.4	0.420
MC-Need to control thoughts	15.6±4.8	15.1±4.4	0.621
MC-Cognitive self-consciousness	17.1±3.3	16.9±3.3	0.860

SD: Standard deviation; MC: Metacognition; \*\*: P<0.05; \*\*\*: P<0.01 Independent Samples t-Test.

**Table 2.** Correlations Between Metacognition and Psychological Well-being Scores in the patient and control groups

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Patients (n=53)						
1. MC-Positive beliefs	1					
2. MC-Uncontrollability and danger	0.508**	1				
3. MC-Cognitive confidence	0.296*	0.452**	1			
4. MC-Need to control thoughts	0.440**	0.464**	0.422**	1		
5. MC-Cognitive self-consciousness	0.400**	0.616**	0.286*	0.576**	1	
6. Psychological Well-being	0.121	0.248	-0.074	0.043	0.114	1
Controls (n=51)						
1. MC-Positive beliefs	1					
2. MC-Uncontrollability and danger	0.171	1				
3. MC-Cognitive confidence	0.157	0.317*	1			
4. MC-Need to control thoughts	0.129	0.695**	0.509**	1		
5. MC-Cognitive self-consciousness	0.115	0.508**	0.269	0.514**	1	
6. Psychological Well-being	-0.318*	-0.356*	-0.557**	-0.373**	-0.130	1

\*\*\*: P<0.05; \*\*: P<0.01 Pearson Correlation.

# SB15 - Number of Siblings and Birth Order in Children with ADHD: A Case-Control Study

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

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

**Results:** The two groups were matched for age ( $p>0.05$ ): median age was 10.03 years (min-max: 6.04-18.00). In the ADHD group, 80.9% (n=114) were male compared to

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

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

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

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

**Results:** The mean age of the 178 children included in the study was 45.5±14.9 months (range: 19-75 months), with a mean age of 45.0±13.8 months for the control group and a mean age of 45.8±15.6 months for the case group ( $p>0.05$ ). Of all participants, 72.5% (n=129) were boy and 27.5% (n=49) were girl. In the case group there were 96 (83.5%) boys, whereas in the control group there were 33 (52.4%) boys ( $p<0.001$ ). There was no significant difference between the case and control groups for maternal age, paternal age and

family type (all  $p>0.05$ ). The case (54.8%) and control (39.7%) groups also had similar rates of caesarean section ( $p>0.05$ ). When the case and control groups were compared on the basis of the Family Assessment Device (FAD) subcategories, no significant differences were found for problem-solving, communication, roles, affective responsiveness, behavior control, and general functioning control (all  $p>0.05$ ). However, the score for 'affective involvement' was significantly higher in the case group ( $2.5\pm0.5$ ) compared to the control group ( $2.25\pm0.5$ ) ( $p=0.005$ ).

**Conclusion:** This study showed that the family characteristics, family types, delivery methods, and family functioning of children with ASD, ADHD, DLD, and AD were similar to those of typically developing children. Although there were no significant differences between groups in terms of problem-solving, communication, roles, affective responsiveness, behavior control, and general functioning based on FAD subscores, the higher score in 'affective involvement' in the case group suggests potentially poorer family functioning in these families.

# SB17 - The Scale of Sexism in Contemporary Art: The Development of a Psychometric Assessment Instrument

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

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

of the art world. Female artists, regardless of their success and creativity, continue to be overshadowed by their male counterparts. Interestingly, while male artists acknowledged the discrimination faced by women, some also noted the presence of positive discrimination towards female artists.

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

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



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

### Çağrı Öğüt

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

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

**Bulgular:** Gruplar arasında yaş ( $p=0.81$ ), cinsiyet ( $p=1.0$ ), medeni durum ( $p=0.34$ ) ve eğitim süresi ( $p=0.56$ ) açısından anlamlı bir fark gözlenmemiştir. PB hastalarının BÖG sırasında bir karar varmadan önce daha az veri topladıkları ( $p<0.05$ ) ve

daha fazla hatalı karar verdikleri ( $p<0.05$ ) saptanmıştır. Ayrıca, BÖG’nde karar vermeden önce toplanan veri miktarı ile P&A toplam puanı, BAE toplam puanı ve ADİ-3 bilişsel belirtiler alt ölçeği puanları arasında negatif yönde anlamlı korelasyonlar saptanmıştır ( $p<0.05$ ). BÖG puanları ile ADİ-3 ölçeğinin fiziksel veya toplumsal belirtiler alt boyutları arasında istatistiksel olarak anlamlı korelasyon bulunamamıştır.

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

**Anahtar Kelimeler:** Panik Bozukluğu, Bilgi Örneklemme Görevi, Hemen Sonuca Atlama

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## SB22 - Analysing the Comorbidity of Adult's Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder

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

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

In the study, 46 (75.4%) of the patients (N=61) in the research group were female (75.4%), 15 were male (24.6%), the mean age of the patients was  $31.21 \pm 9.45$  years. In the control group (N=30), 17 (56.7%) were female, 13 (43.3%) were male with

a mean age of  $33.43 \pm 10.73$  years. There was no statistically significant difference between the study and control groups in terms of gender distribution ( $\chi^2=0.091$ ,  $p<0.05$ ). Of the 61 individuals evaluated for ADHD using the SCID-5-CV, 55 (90.6%) met the diagnostic criteria. Of the 55 individuals who met the diagnostic criteria for ADHD, 12 (21.8%) had ADHD-attention deficit dominant, 3 (5.5%) had ADHD-hyperactivity/impulsivity dominant, 40 (72.7%) had ADHD-compound. When 61 patients were evaluated for GAD with the MINI, 59 (96.7%) met the diagnostic criteria for GAD. When the 59 patients who met the criteria for GAD were analyzed, 39 (66.1%) met the criteria for ADHD-compound manifestation, 11 (18.6%) met ADHD-attention deficit dominant manifestation, 3 (5.1%) met ADHD-hyperactivity/impulsivity dominant manifestation, 6 (10.2%) did not meet the diagnostic criteria for ADHD. A positive and significant correlation was found between the SCID-5-CV and BAI scores for ADHD ( $p<0.01$ ,  $r=0.477$ ). A significant, positive correlation was found between the total scores of BAI and WURS ( $p<0.05$ ,  $r=0.320$ ). As can be understood from these results, inattention and hyperactivity/impulsivity increased as anxiety increased.

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

## SB23 - Development and Effectiveness Testing of an Acceptance and Commitment Therapy-Oriented, Internet-Based Self-Help Program for Coping with Burnout in Healthcare Workers: A Randomized Controlled Pilot Study

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Healthcare workers face numerous challenging and exhausting stress factors, such as heavy workloads, shift work schedules, patient demands and complaints, complex and difficult tasks, lack of sufficient rest time, poor physical conditions, limited time, on-call duties, and long periods of standing (Alçelik et al., 2005; Parlar, 2008; Türkçüer et al., 2007; Williams et al., 1997). Despite the negative effects of burnout on healthcare professionals and the promising results of interventions, most healthcare professionals, including those with suicidal thoughts, do not seek treatment options (Gold et al., 2013, 2016; Kuhn & Flanagan, 2017). Many reasons contribute to this, including lack of time, stigma, cost, privacy concerns, and exposure to unwanted interventions (Givens & Tjia, 2002). Taking this situation into account, a self-help program based on Acceptance and Commitment Therapy (ACT) was developed to help cope with burnout. Self-help refers to the process by which individuals address specific issues and develop psychological flexibility through various materials (visual, auditory, written, etc.) prepared by experts, without directly consulting a specialist.

The study was designed as a randomized controlled pilot study. Participants consisted of healthcare professionals working in the public or private sectors in Turkey. The pilot study was initiated after the 8-module self-help program, based on Acceptance and Commitment Therapy and prepared by the researchers, was presented for expert review. The study was designed as a feasibility study evaluating the accessibility of different healthcare professionals, so only the block randomization method was used without any stratification. Randomization with a 1:1 block ratio was performed by a computer program. The program, consisting of 8 modules, was delivered to the participants twice a week. Participants completed the scales both before and after the intervention.

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

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

# SB24 - Feasibility and Efficacy of a Self Compassion Intervention in Inpatients with Psychosis

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The aim of this study is to test the feasibility of a one-session self-compassion intervention in inpatients diagnosed with psychosis and examine the effect of self-compassion intervention on state self-compassion, self-criticism, and levels of positive and negative symptom. The sample for this study consists of 24 people who are inpatients diagnosed with Psychotic Disorder in the inpatient service of Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital. Socio-demographic Data Form, Positive and Negative Syndrome Scale (PANSS), The Forms of Self-Criticizing/attacking and Self-reassuring Scale, State Self-Compassion-Short Form, and Client Satisfaction Scale-8 were used to collect data. Participants who met the inclusion criteria were randomly assigned to the experimental and control groups. While self-criticism scores decreased significantly in the experimental group after the intervention ( $p=0.025$ ), there was no significant decrease in the control group ( $p>0.999$ ). However, there was no statistically significant difference between the groups in terms of self-criticism scores after the intervention ( $p=0.183$ ). When the change in PANNS scores was analyzed, it was observed that all scores in both groups decreased significantly compared the pre-intervention measurements with the measurements taken one week after. The PANSS total score in the experimental group was

calculated as 96 before the intervention and 56.5 one week after the intervention ( $p=0.002$ ), while in the control group it was calculated as 99.5 in the first measurement and 63.5 in the second measurement ( $p=0.002$ ). However, there was no statistically significant difference between the groups in terms of PANNS scores. State self-compassion scores were assessed before the intervention, immediately after the intervention, and one week after the intervention. Self-compassion scores in the experimental group were significantly higher in the measurements taken one week after the intervention than before the intervention ( $p<0.001$ ). There was no significant difference in the control group ( $p=0.380$ ). However, there was no statistical difference between the self-compassion scores obtained in the post-intervention measurements of both groups ( $p=0.663$ ). In the measurements taken one week after the intervention, the scores of the experimental group were found to be significantly higher than the control group ( $p=0.034$ ). According to the analyzes, the mean value of the DCI total score in the experimental group was calculated as  $28\pm 3.19$ . The results of the study show that a single-session self-compassion intervention is acceptable and applicable for the participants who are inpatient psychosis patients, and that self-compassion interventions can be effective in reducing self-criticism behaviors.

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

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Bilişsel Davranışçı Terapiye (BDT) dayalı olarak gerçekleştirilen terapötik süreçlerde, ev ödevleri, sürecin etikliği açısından önemli bir faktör olarak belirtilmektedir. Son yıllarda terapi sürecinde ev ödevlerinin kullanımını değerlendirmeye yönelik gittikçe artan sayıda araştırmalar olmakla birlikte, çalışmaların genellikle terapistlerin görüşlerine dayalı olarak gerçekleştirildiği görülmektedir. Bilişsel Davranışçı Terapi süreçlerinde, ev ödevlerine yönelik danışan değerlendirmeleri hakkında bilinenler sınırlı düzeydedir.

**Amaç:** Bu çalışmanın amacı, çeşitli problem alanlarında, Bilişsel Davranışçı Terapi yaklaşımına dayalı psikolojik danışma deneyimi olan danışanların, danışma sürecindeki ev ödevlerine ilişkin görüşlerinin değerlendirilmesidir. Bu amaç çerçevesinde, bilişsel davranışçı terapide kullanılan ödevler ve bu ödevlere ilişkin danışan algılarının ortaya konulması amaçlanmıştır.

**Yöntem:** Araştırmanın çalışma grubunu, Eskişehir'deki bir devlet üniversitesinde bulunan PDR Merkezinden, Bilişsel Davranışçı Terapiye dayalı bireyle psikolojik danışma hizmeti almış 10 danışan oluşturmaktadır. Danışanların katıldıkları danışma oturumu sayısı 6 ile 12 arasında değişmektedir. Araştırmada ev ödevi olarak, psikolojik danışma sürecinde uygulanan, "ölçme araçları doldurma", "kendini gözlemlenme/izleme", "düşünce kaydı doldurma", "materyal okuma -kitap veya bilgi notu vb.-", "davranış deneyleri" ve "davranışsal aktivasyon" ele alınmıştır. Çalışmanın temel amacının bütüncül bir yaklaşımla aydınlatılabilmesi için, araştırma, nitel bir araştırma olarak olgubilim (fenomenoloji) deseninde gerçekleştirilmiştir. Fenomenolojik (olgubilim) desen, bireylerin bir olguya ilişkin yaşantılarını, algılarını ve bunlara yükledikleri anlamları ortaya çıkarma amacıyla gerçekleştirilen nitel araştırma desendir. Araştırmada çalışılan olgu 'danışma sürecinde ev ödevleri'dir. Çalışmada veri toplama aracı olarak araştırmacılar tarafından geliştirilen yarı yapılandırılmış görüşme formu kullanılmıştır. Yaklaşık 20-25 dk arasında süren yüz yüze bireysel görüşmeler yapılarak veri toplama işlemi gerçekleştirilmiştir. Yapılan görüşmeler, analiz edilebilmeleri için katılımcıların onayları

doğrultusunda kaydedilmiş, daha sonra elde edilen veriler içerik analizi ile çözümlenmiştir. Analiz aşamasında, ortaya çıkan kodlardan yola çıkılarak kodlar arası ilişkilere, diğer bir ifadeyle temalara ulaşılmıştır.

**Bulgular:** Analiz sonuçlarına göre, danışanların ev ödevine karşı genellikle olumlu bir tutuma sahip oldukları ve ödevlerin çoğunu tamamlamak konusunda kendilerini başarılı buldukları görülmektedir. Ayrıntılı olarak bakıldığında ise, danışanların ev ödevleri ile ilgili başarı değerlendirmelerinin ödev türlerine ve danışanlara göre farklılaştığı da görülmektedir. Ayrıca, danışanların ödevleri yapma öncesindeki değerlendirmeleri ile ilgili öne çıkan temalar; 'ben bunu yapamayacağım', 'istenilen düzeyde olmayacak' ve 'saçma bulunacak' iken, ödevin danışanlar için anlamına ilişkin öne çıkan temaların 'bir işe yarayacak mı?' ve 'bana faydası olacak mı?' şeklinde olduğu belirlenmiştir. Benzer şekilde, danışanlar ödevleri tamamlama konusunda kolaylaştırıcı etken olarak, ödevin detaylı olarak açıklanmasını, somut bir örneğinin gösterilmesini ve seans içerisinde psikolojik danışman ile birlikte bir örneğinin yapılmasını belirtmişlerdir. Danışanların çoğu, oturumlar ilerledikçe ödevleri sürecin ayrılmaz bir parçası olarak algıladıklarını belirtmektedirler. Son olarak, ödevlerin danışma sürecindeki etkilerine yönelik olarak 'somut adımlar atma', 'farkındalık kazanma' ve 'ilerlemelerini görme fırsatı' açısından ödevlerin işlevsel olduğu; ancak diğer taraftan danışanlar açısından 'bir yük' olarak değerlendirilebildiği, danışma oturumlarına gelmek konusunda isteksizlik yaşamalarına ve çekimser davranmalarına da neden olabildiği görülmektedir.

**Sonuç:** Mevcut araştırmada, BDT'ye dayalı yürütülen danışma süreçlerinde, ev ödevlerine ilişkin danışanların genel tutumları ile ödevleri tamamlamaya ilişkin engeller ve kolaylaştırıcılar ortak temalar çerçevesinde değerlendirilmiştir. Araştırmadan elde edilen bulgular, BDT'ye dayalı psikolojik danışma süreçlerinde, ev ödevi uygulamaları sırasında dikkat edilmesi gereken noktaların ortaya konması bakımından önemlidir.

**Anahtar kelimeler:** Psikolojik danışma süreci, bilişsel-davranışçı terapi, ev ödevleri, danışan görüşleri.

# SB26 - Trauma-Focused Cognitive Behavioral Therapy Process in Child-Adolent Psychiatry Inpatient Clinic

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

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

**Case:** A male patient aged 17 years and 6 months, a 12<sup>th</sup> grade student at an high school. He was subjected to sexual abuse by his boyfriend who was 6 years older than him. He told his teacher about the abuse and a report was made. He was referred to the outpatient clinic from the Çocuk İzlem Merkezi. It was planned for his to receive treatment in the inpatient ward due to his active suicidal thoughts.

In the interviews conducted, it was learned that he had thoughts that triggered anger and shame about the sexual abuse, he avoided remembering the abuse, he relived the incident in his dreams, his academic success decreased due to distraction and he had difficulty falling asleep. His appetite had decreased for the last two months. Recently, he had not been able to enjoy the activities.

The patient, who was diagnosed with PTSD and major depressive disorder. TF-CBT was planned during the hospitalization period. The session titles are detailed below;

Psychoeducation (2 sessions)

- Psychoeducation was provided to the patient and his mother and parenting skills were studied with her.

Relaxation exercises and emotion regulation skills (3 sessions)

- Breathing exercises, relaxation exercises and safe place imagery were studied.
- Emotion recognition and rating study was conducted.

Cognitive coping skills (5 sessions)

- Thought traps, cognitive distortions related to sexual abuse and coping skills were studied.

Trauma history and cognitive restructuring (3 sessions)

- The trauma was narrated in order to make the implicit and emotional memory episodic.

*In vivo* confrontation (Exposure) (20 sessions)

- It was aimed to confront the memories of the traumatic event and the avoided situations in a safe environment, in a controlled manner.
- 20 sessions of reading were conducted with the narrated trauma and anxiety was scored after each reading.

Future Planning and Relapse Prevention (3 sessions)

- Relapse symptoms and coping methods were emphasized.

**Results:** At the end of the treatment process, the patient's re-experiencing and avoidance symptoms were greatly reduced. Improvement was observed in self-esteem and general quality of life.

12-15 weekly sessions are recommended in the TF-CBT model (2). In the case we present; considering the individualization of the CBT process, daily sessions were conducted during the treatment process in the inpatient ward and an intensive trauma reading program was implemented. Daily trauma readings increased the patient's exposure and response prevention efforts responded quickly.

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

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

**Yöntem:** Çalışma kapsamında 27 (21 kadın 6 erkek) üniversite öğrencisi ile seçmeli ders olarak okutulan ruh sağlığı okuryazarlığı dersi gerçekleştirilmiştir. Çalışma tek gruplu, ön test-son test izleme şeklinde yapılandırılmıştır. Katılımcılara Damgalama (Stigma) Ölçeği, Psikolojik Yardım Aramaya İlişkin Tutum Ölçeği – Kısa Form, Ruh Sağlığı Okuryazarlığı Ölçeği, Hasta Sağlığı Anketi -9, Yaygın Anksiyete Testi -7 uygulanmıştır. Ders hafta da iki saat olacak şekilde 14 hafta olarak gerçekleştirilmiştir. Ders kapsamında bir ara sınav ve bir

poster çalışması ödevi verilmiştir. Aynı zamanda ders öncesi okuma kaynakları sunulmuş ders içerisinde çevrimiçi tartışma ortamları kullanılmıştır. Verilerin analizinde t testi kullanılmıştır.

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

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

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

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Primary headaches are a prevalent issue that can cause various negative consequences in people's daily lives. In addition, medical treatments do not provide a permanent solution for primary headaches. Furthermore, primary headaches can often co-occur with psychological disorders. Hence, besides medical treatments, psychological treatments are essential in treating headaches. The effectiveness of cognitive behavioural therapy, one of the best-known psychotherapies, has been systematically reviewed and found effective. However, diagnosis-based CBT has also been criticised for its unsuitability for many people and its various drawbacks, such as being time-consuming. At that point, transdiagnostic CBT (tCBT) was developed to improve upon the limitations of diagnosis-based CBT by going beyond diagnoses. However, there has not yet been a systematic review of the efficacy of tCBT for headaches, which may be particularly effective in treating comorbidities. Thus, this systematic review is conducted on the effectiveness of tCBT in reducing headache severity and headache-related disability, following the systematic review process of the "Cochrane Handbook" and reported according to the "Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)". A systematic search was performed on four online databases, including MEDLINE (n=6), PsycINFO (n=8), Scopus (n=10), and Web of Science (n=10). The search was limited to the period between 2004, when the first tCBT was introduced, and August 2024, the time of the current search. Only research studies written in English were searched. Following a systematic search of four databases, 34 sources were identified. Fourteen of these sources were removed due

to duplication, and four sources were discarded because they were not articles. Afterward, the titles and summaries of the remaining 16 articles were read. Studies including participants diagnosed with primary headaches (migraine, tension-type headache, or cluster headache), interventions based on the theoretical framework of tCBT, quantitative results on any change in headache severity and headache-related disability, and quantitative research methods were eligible for inclusion. Studies including participants with secondary headaches, other transdiagnostic interventions with different theoretical frameworks, assessment of headaches with non-valid or non-reliable measures, and qualitative research methods were eligible for exclusion. Based on these criteria, seven unrelated studies, four studies not including the assessment of headache or the diagnosis of primary headaches, and two studies not including the tCBT were excluded. Finally, one case study and two randomised control studies were included. The risk of bias assessment of the case study and the randomised control trials was conducted based on the "Risk of Bias in Non-randomised Studies of Interventions (ROBINS-I)" and the "Risk of Bias 2 (RoB 2)", respectively. The included studies were analysed with the narrative synthesis method. The findings indicate that CBT can be an effective treatment for headaches, disabilities related to headaches, and their psychological comorbidities. However, while there are very few research studies on tCBT for headaches, the included studies have a variety of methodological limitations, such as small sample sizes or a high risk of bias. Therefore, there is a need for more comprehensive and detailed studies on tCBT and headaches.

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

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Teachers are among the groups at risk for burnout, and the prevalence of burnout symptoms is quite high (Cemaloğlu & Şahin, 2007). People experience various psychological, behavioral, and psychophysiological problems during the process of burnout (Kaçmaz, 2005b; Maslach et al., 2001). For all these reasons, addressing burnout among teachers appears to be very important.

This study aims to evaluate the effectiveness of "My Life," an 8-session web-based ACT intervention designed to help teachers cope with workplace stress and burnout, using a single-case experimental design (SCED).

In this study, a multiple baseline single-case experimental design (SCED) was employed. Participants were randomized and assigned to groups based on their baseline levels. Participants were both standardized and subjected to daily measurements according to the duration of the baseline period.

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

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

**Results:** The average module completion rate among the 23 participants in the study was found to be 34.8% (2.78 modules). When participants who did not complete any modules were excluded, the average completion rate increased to 53.25% (4.26 modules). These results indicate that a significant portion of participants completed more than half of the program.

Tau-U analyses were conducted on five participants who completed pre-intervention, daily, and post-intervention

measurements. These analyses were used to evaluate the effects of both the intervention process and its outcomes.

The analysis results are as follows:

- No significant changes were observed in Participant 1's burnout and experiential avoidance scores; however, a significant negative change was found in one of the Valued Living questions.
- Participant 2 showed no significant change in burnout scores, while three of the five experiential avoidance-related questions showed significant negative changes. No significant change was detected in the Valued Living questions.
- Significant negative changes were observed in Participant 3's burnout and experiential avoidance scores. A significant negative change was found in one of the Valued Living questions, while no significant change was observed in another.
- Participant 4 showed significant negative changes in two of the three burnout-related questions, with no significant change in one. Two of the experiential avoidance questions showed significant negative changes, while no changes were observed in three others. A significant negative change was found in one Valued Living question, while no significant change was observed in the other.
- No significant changes were observed in Participant 5's burnout scores. Four of the experiential avoidance questions showed no significant change, while one showed a significant negative change. No changes were detected in the Valued Living scores.

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

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

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Ms. X is a 39-year-old woman, married for 16 years, has two sons. Her anxieties began at the age of 5, continued to increase, leading her to seek therapy. Her anxieties are: not being able to stay alone at home after dark, not being able to sleep alone at night, fear of the dark, fear of riding the elevator alone, not wanting to be alone or left alone for extended periods in crowded environments, hypersensitivity to sudden sounds etc.

As a result of all these anxieties, she has communication problems with her spouse and leads a life dependent on her family and spouse. A total of 13 sessions were conducted with her via the Zoom platform, including 12 therapy sessions and 1 follow-up session after 2 months. In the 1<sup>st</sup> and 2<sup>nd</sup> sessions, the problem was evaluated. In the 3<sup>rd</sup> session, a case formulation was created and presented to her. In the 4, 5, 6, 7, 8, 9, 10, 11, 12<sup>th</sup> sessions, Cognitive Behavioral Therapy (CBT) techniques were applied.

In the 4<sup>th</sup> session, as part of cognitive restructuring, her anxiety-causing, negative, irrational thoughts and strong distorted thinking habits were identified. Breathing and relaxation exercises were also taught and applied. In the 5<sup>th</sup> session, the theoretical structure of the imaginal exposure technique was first explained and then applied. The imaginal exposure involved getting out of bed and walking around the house. The imaginal exposure involved getting out of bed and walking around the house. When her anxiety became very high during the imaginal exposure exercise, she was guided through a safe place imagery to calm down. In the 6<sup>th</sup> session, cognitive restructuring and in vivo exposure continued. In the

7<sup>th</sup> session, the issue of her dependency on family and due to her inability to be alone was addressed. Exercises for acting alone were planned.

In the 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> sessions, the exercises that the client completed during the week were discussed. As her perception of control over her anxiety improved, she began to bring up problems regarding her relationships with her spouse, children, and family.

In the 11<sup>th</sup> session, the client's old and new thoughts were compared within the scope of cognitive restructuring.

In the 12<sup>th</sup> session, a termination session was held. The client stated that she would continue the exercises after the sessions ended.

Throughout this process, the client was administered the Beck Anxiety Scale and the Severity Scale for Generalized Anxiety Disorder five times. It was observed that the client's anxiety and depression levels had decreased compared to the initial evaluations.

By the 13<sup>th</sup> session (follow-up session), she, who could not be alone in any situation prior to the sessions, started planning to spend time alone. Symptoms of numbness in her body and stomach pains had completely disappeared. She started to enjoy being with her family. She stated that she benefited greatly from the sessions and that the exercises helped her take control of her anxiety. Almost all the anxious thoughts she had at the beginning of the process had either changed or become more flexible. There was a significant improvement in all the problems.

## SB36 - Comparison of the Characteristics of YouTube Videos on Cognitive Behavioral Therapy and Metacognitive Therapy

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

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

GQS scales) of the videos were evaluated, and the data were compared using the Mann-Whitney U test.

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

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

**Keywords:** Cognitive behavioral therapy, metacognitive therapy, psychotherapy, YouTube.

# SB37 - The Examination of the Relationship Between Co-Dependence, Burnout Levels and Coping Strategies Among the Relatives of the Individuals with Alcohol and Substance Addiction

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

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

**Results and Conclusion:** It was found that the problem-focused coping scores of the participants who received psychological support were higher than the participants who did not. Studies have concluded that families who received support by participating in a family education programme for alcohol addiction were more effective in

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



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

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

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

**Method:** To achieve this, a quantitative study was undertaken

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

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

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

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

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

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

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

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## SB42 - Kumar Oynama Bozukluğunun Seyri

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

**Metod:** Araştırmanın örneklemini 2018-2023 yılları arasında YEDAM'a kumar oynama davranışı ile başvuran katılımcılar oluşturmaktadır. Araştırmaya dair veriler Kumar Risk Tarama Ölçeği (KURT) (7) ve Kumar Risk Tarama Ölçeği İzlem Formu (KURT-İ) kullanılarak elde edilmiştir. KURT-İ puanlarının düşmesi iyileşme düzeyini göstermektedir. Elde edilen veriler SPSS 29.0 programı kullanılarak analiz edilmiştir. Bulgular: Kumar oynama davranışı ile YEDAM'a başvuranların demografik bilgileri Tablo 1'de gösterilmiştir. Görüşmeler arası geçen süre ortalama 16,08 gündür ve 24 görüşme ortalama bir yıllık süreye denk gelmektedir. Tablo 2 incelendiğinde ilk görüşmeden 24. görüşmeye kadar KURT-İ ölçeğinden alınan puanlar arasında

istatistiksel olarak anlamlı farklılık saptanmıştır ( $p<0,01$ ). Grafik 1'e göre kumar oynamama davranışı görüşmelere geldikçe artmıştır. Grafik 2'ye göre ise en fazla puan değişimi ilk 6 görüşmede gerçekleşmektedir.

**Tartışma:** Araştırma sonuçları, KOB tedavisini düzenli olarak sürdüren katılımcılarda kumar oynamama oranının arttığı aynı zamanda psikoterapi seanslarında elde edilen KURT-İ puanlarının seans sayısı arttıkça azaldığını göstermektedir. KURT-İ puanlarının azalması iyileşme düzeyinin arttığını ifade etmektedir. Bu sonuçlar KOB'de tedaviye katılımın önemini göstermektedir. Çalışmanın bulguları alanyazındaki diğer çalışmalarla uyumlu niteliktedir. Manning vd., (2014) yürüttükleri çalışmada, 3 ay süren KOB tedavi programına katılım sağlayanların iyileşme gösterdiği bulunmuştur (8). Singapur'da yürütülen bir diğer çalışmanın bulguları ise en yüksek oranda iyileşme düzeyinin ilk 3 ayda olduğu, 12 aylık seyrinde düşüşler yaşandığı ve erken müdahalenin bağımlılığın seyrinde önemli bir rolü olduğunu göstermiştir (9). Mevcut çalışmada da iyileşme düzeyinin en yüksek düzeyde olduğu ay ilgili çalışma ile paralellik göstermektedir ve bir yıllık izlemde benzer düşüşlerin meydana geldiği gözlenmiştir. Tedavi programlarına düzenli katılım sağlanması ve takip ilgili tedavi modelinin etkin bir şekilde uygulanabilmesine olanak tanır. KOB'nin tedavi seyrini anlamada ise görüşmelere devamlılık önemli bir faktördür. Tedavi sürecinde izlem ölçekleri ile iyileşme düzeyinin değerlendirilmesi ve tekrar oynama risklerinin belirlenmesi olası tekrar oynamaların azalmasında belirleyici bir rol üstlenmektedir. KOB ile mücadelede düzenli tedavi ve takibin tedavi seyrini iyileştiren bir unsur olduğu saptanmıştır. 1 yıllık izlemde zaman zaman oynama sıklığının arttığı ve KURT-İ düzeylerinin yükseldiği de dikkat çekicidir. Gelecek çalışmalarda bu artışları yordayan faktörlerin değerlendirilmesi tedavinin gidişatı ve müdahale yöntemlerinin çeşitlendirilmesi açısından literatüre ışık tutacaktır.

# SB43 - The Relationship between Posttraumatic Stress Disorder Symptoms and Psychological Resilience in Children and Adolescents Exposed to the 2023 Kahramanmaraş Earthquake: A Preliminary Study

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

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

**Results:** Forty-five people participated in the study. 34 (75.6%) of the participants had at least one psychopathology; 21 (46.7%) had anxiety disorder, 7 (15.6%) had posttraumatic stress

disorder, 6 (13.3%) had depression, and 4 (8.9%) had obsessive-compulsive disorder. The mean score of PTSD symptoms was  $50.4 \pm 18.2$ , avoidance  $5.2 \pm 2.3$ , re-experiencing  $12.8 \pm 5.0$ , hyperarousal  $16.4 \pm 6.2$ , negative alterations  $16.7 \pm 7.5$ ; total psychological resilience score  $39.8 \pm 8.2$ . There was a negative correlation between the presence of psychopathology and total psychological resilience score in children and adolescents ( $r = -0.393$ ,  $p = 0.003$ ). There was a negative correlation between total PTSD score and total resilience score ( $r = -0.382$ ,  $p = 0.004$ ).

**Conclusion:** Our findings suggest that psychological resilience may be protective against mental disorders in children and adolescents.

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## SB44 - Kaygı Bozukluğu ve OKB Hastalarının İnançlarına Dönük İlgörü Düzeylerinin Karşılaştırılması

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**Giriş:** İlgörü çok anlamlı bir kavram olup ilk anlamı genel olarak kişinin sorunlarının varlığını ve kaynağına dönük farkındalığı ve anlayışıdır. İkinci anlamı ise kişinin olağandışı zihinsel olgularının (delüzyonel inançlar ve halüsinasyonlar gibi) kaynağını yeniden değerlendirip adlandırabilme yeteneğidir. İlgörü farklı psikolojik bozukluklar arasında önemli ölçüde değişiklik gösterir. Obsesif-Kompulsif Bozukluk (OKB) ilgörü açısından 3 alt gruba ayrılmıştır. Kaygı bozukluklarında böylesi bir ayırım olmasa da bu hastalarda da kaygıyla ilişkili inançlara dönük ilgörü hem tanı hem de tedavi sonuçları açısından kritik bir rol oynar (Kaplan ve ark., 2006). Araştırmalar, OKB’de düşük ilgürüsü olan bireylerin genellikle daha şiddetli semptomlar sergilediğini ve tedaviye daha fazla direnç gösterdiğini ortaya koymuştur (Amador ve ark., 1993). Kaygı bozukluğu olan bireylerde ise genellikle endişelerinin aşırı doğasını tanıırken, bu ilgörü anksiyeteyi hafifletmeyebilir (Eisen ve ark., 2004). Bu çalışmanın amacı, OKB ve kaygı bozukluğu olan bireyler arasında obsesyonla ilişkili ve kaygıyla ilişkili inançlara dönük ilgörü niteliği ve düzeylerini karşılaştırmaktır.

**Yöntem:** Bu çalışmaya 18-60 yaş arasında (yaş ort.=32,61) OKB tanısı alan 46 ve Kaygı bozukluğu tanısı alan 17 hasta katılmıştır. Hastaların ortalama eğitim süreleri en az 12 ve 16 yıl arasında olup ortalaması=15,17’tir. Tüm katılımcıların, kaygı düzeyleri GAD-7 (Yaygın Anksiyete Bozukluğu Ölçeği) depresyon düzeyleri PHQ-9 (Hasta Sağlığı Anketi) ve obsesyonel ve kaygı ile ilişkili inançları da Brown İnanç Değerlendirme Ölçeği (BABS) kullanılarak değerlendirilmiştir. Gruplar arasındaki ortalamalar bağımsız örneklem t-testi kullanılarak analiz edilmiştir.

**Bulgular:** Obsesyonel hastalarla kaygı bozukluğu olan hastaların ölçek puanları bağımsız iki grup için t testi ile karşılaştırıldığında GAD-7 Kaygı bozukluğu=7.35; OKB=10.54 olarak bulunmuştur (p=0.025). PHQ-9 sonuçlarına bakıldığında

ise Kaygı bozukluğu=7.35; OKB=11.89 olarak bulunmuştur. Brown İnanç Değerlendirme Ölçeği maddeleri açısından iki grup karşılaştırıldığında ise ölçeğin ilgörü düzeyini ölçen 6. maddesinde p-değeri 0.034 bulunmuştur (p<0.05). Elde edilen bu sonuca göre kaygı grubunun ortalaması (X=0.88±1.16), OKB grubuna göre (X=0.37±0.68) anlamlı düzeyde daha yüksektir (t=-2.165, p=0,034). Tartışma Yapılan analiz sonucuna göre; OKB tanısı almış bireylerin, kaygı bozukluğu tanısı almış bireylere kıyasla daha yüksek düzeyde yaygın anksiyete yaşadığını göstermektedir. Fitzsimmons ve arkadaşları (2023), obsesif-kompulsif bozukluğa (OKB) sahip bireylerin, yaygın anksiyete seviyelerinin daha yüksek olduğunu ve bu durumun, OKB’nin sürekli tekrarlayan doğasıyla ilişkili olduğu vurgulamışlardır. Ayrıca bu çalışmada elde edilen sonuçlar kaygı bozukluğu ve OKB’de ilgörü maddesinde negatif yönde anlamlı bir farklılık bulunmuştur. Bu sonuca göre Kaygı bozukluğu grubunun yaşadıkları durumu çok daha gerçek olarak gördükleri söylenebilir. Literatür tarandığında Eisen ve arkadaşları (2004)’nin da kaygı bozukluğu olan bireylerde düşük ilgürünün yaygın olduğunu, bu bireylerin endişelerinin gerçekliğine daha fazla inandıklarını vurguladıkları görülmektedir. Ayrıca, literatürde OKB hastalarının önemli bir bölümünün yüksek ilgörüye sahip olduğu ve bunun nedenini de OKB’li bireylerin genellikle semptomlarının mantıksız veya aşırı olduğunun farkında olmaları şeklinde açıklanmış ve bu farkındalığın, hastaların kendi durumlarını daha iyi anlamalarına ve tedaviye uyum ve tedavi sonuçları açısından kritik bir rol oynadığı belirtilmiştir (Huang ve ark., 2023).

**Sonuç:** Düşük ilgörü, bireylerin sorunlarının farkında olmasına rağmen tedaviye direnç ve semptom şiddetiyle ilişkilendirildiği belirtilmiştir (Amador et al., 1993; Eisen et al., 2004). Bu çalışma ruhsal rahatsızlıklarda tedavide ilgörü tedavinin ana bir bileşeni olarak ele alınmasının önemini göstermektedir.

# SB46 - The Role of Depressive Symptoms, Rational and Irrational Beliefs in Dyadic Adjustment: A Preliminary Study

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

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

**Results:** As a result of the correlation analysis, there was a

positive significant relationship between depressive symptoms and irrational beliefs ( $r=0.45$ ,  $p=0.02$ ), while we found positive significant relationships between irrational beliefs and DAS satisfaction subscale ( $r=-0.58$ ,  $p=0.00$ ) and DAS affectional expression subscale ( $r=-0.46$ ,  $p=0.02$ ), respectively.

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

**Keywords:** Dyadic adjustment, depression, irrational beliefs, rational beliefs.



## SB50 - The Effectiveness of Clinical Applications of Behavioral Therapy in a Naturalistic Non-Research Setting

**Ebru Şalcıoğlu, Atakan Aktürk, Ecem Güloğlu, Özge Cansu Başlamış, Selin Sak, Dilara Ayata, Emine Özkan Veyselgil, Betül Çetintulum Huyut**

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

**Method:** The sample comprised 125 clients (%64.8 women, mean age 29.9) who self-referred consecutively to the center, completed the therapy process and associated assessments. Therapists were clinical psychologists with a master’s (n=8) and doctoral (n=1) degree who had received 200 hours of theoretical training and supervision on the clinical applications of cognitive and/or behavioral therapies from the first author. Therapists first defined clients’ psychological problems in terms of covert (thought, emotion, physiological response) and overt behavior within a transdiagnostic approach, then planned and implemented individualized therapy based on contextual and functional analysis of problems behaviors (Şalcıoğlu, 2022). All therapy processes and therapists’ performance were monitored in weekly consultation meetings by the first author who designed the clinical operation of the center. Clients’ response to therapy was followed up with periodic evaluations. Outcome was assessed at therapy termination and at one- and three-month follow up points. The criteria for remission were (1) reaching of targets collaboratively defined at the outset of therapy, (2) amelioration in functioning in

life areas impaired by client’s problems, (3) client’s subjective perception of overall change. The reason for using these non-specific measures instead of specific psychopathology scales was that the clients sought therapy for diverse problems including anxiety, depression, eating problems, obsessions-compulsions, traumatic stress, prolonged grief etc. Therapy lasted an average of 12.8 sessions, excluding the evaluation sessions. Seventeen (13.6%) clients had started psychotropic medication before they sought psychotherapy.

**Results:** Clients showed clinically and statistically significant improvement at therapy termination when the number of sessions were controlled for ( $p < 0.001$ ). Of all clients 72% reported reaching of their goals (average of 4-5 goals) at the termination and 87% at the follow-up assessment. Improvement rates in functioning were 69% at the termination assessment and 83% at the follow-up assessment. On a measure of perceived global improvement, 42% and 49% of clients rated themselves as “improved” (50-80% improvement) and “very much improved” (80% improvement), respectively. Nine percent rated themselves as “slightly” or “moderately” improved. Therapist ratings on all measures were similar.

**Conclusion:** These findings showed that behavioral therapy delivered in a naturalistic setting by therapists whose closely monitored clinical practice is based on an evidence-based case formulation and therapy model achieve meaningful reduction in psychological problems. These findings have important implications for designing the mental health services in the community.

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# SB51- Science-Based Mobile Apps for Reducing Anxiety: A Systematic Review and Meta-Analysis

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

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

**Results:** As a result of the systematic review, 16 (k=20)

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

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

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

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

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

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

**Findings:** It was observed that participants had problems being threatened and harassed by their coworkers, being interfered with in their private lives, and being exposed to obstacles related to work and career. Therefore, participants thought that they were discriminated against, that they

were ignored and etc. Therefore, they felt sad, angry and etc. In therapeutic application, techniques of Taking Image to End, Slice of Cake, Working on Cognitive Distortions, and Searching for Evidence were used. After techniques, participants realized that there could be a different reason for the behavior they did not want. Therefore, they stated that they felt regretful, happy and etc.

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

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

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

**Method:** A two-group randomized controlled trial design will use. The experimental group will receive a guided internet-based intervention consisting of six modules, while the control group will receive no intervention. The first module "What is Social Anxiety?" includes psychoeducation focusing on the definition and symptoms of social anxiety, the second module "Social Anxiety and Thoughts" includes the cognitive-behavioral model of social anxiety and the relationship between emotional thought behavior, negative automatic thoughts and cognitive restructuring. The third module "Social Anxiety and Attention" includes self-focused attention and attention exercises, and the fourth module "Social Anxiety and Behavior" includes safety behaviors, avoidance and exposure. The last module is "Social Skills" which includes active listening, nonverbal communication, eye contact, saying no, asking questions, giving/receiving feedback and assertiveness. Each

module can be completed in 30-40 minutes. Each module starts with the evaluation of the exercises given at the end of the previous module and ends as follows. Data will be collected with Liebowitz Social Anxiety Scale, Social Appearance Anxiety Scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, System Usability Scale, Attitudes Towards Guided Internet-Based Interventions Scale. To evaluate the effectiveness of the internet-based intervention on social anxiety, depression, generalised anxiety and life satisfaction scores, we will conduct mixed-design ANCOVAs with a group (intervention vs. waiting list) as a between-subjects factor, and the time/measurements (baseline, post-test, and follow-up) as within-subjects factors, and baseline scores as a covariate.

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