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Conference Abstracts

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Table of Contents

Keynote addresses	4
On the evolution of cognitive behaviour therapy: a four decade retrospective and a look to the future. David M Clark , <i>University of Oxford, UK</i>	4
Reward sensitivity as a treatment target for depression and anxiety. Michelle Craske , <i>University of California, Los Angeles, USA</i>	4
Increasing access to CBT for child anxiety problems. Cathy Creswell , <i>University of Oxford, UK</i>	5
The development of CBT in the UK: A personal perspective. Kate Davidson , <i>University of Glasgow, UK</i>	5
Action and Dialogue in Psychotherapy: A Dance of Equals. Christine Padesky , <i>Center for Cognitive Therapy, California, USA</i>	5
Learning how to feel good: Development of a novel therapy to target wellbeing and positive mood in depression. Barney Dunn , <i>University of Exeter, UK</i>	5
Compassion as an integrating process in psychotherapy. Paul Gilbert , <i>University of Derby, UK</i>	6
Promoting Well-Being In and Out of the Clinic. Andrew Gloster , <i>University of Basel, Switzerland</i> ...	6
Mindfulness (-based cognitive therapy) is coming of age: The story so far and a vision for the future. Willem Kuyken , <i>University of Oxford, UK</i>	6
Low intensity interventions for anxiety and depression with and without Long term conditions. Karina Lovell , <i>The University of Manchester, UK</i>	6
Creating an evidence-based digital CBT program for depression and anxiety in long term conditions: Putting the cart before the horse. Rona Moss-Morris , <i>King's College London, UK</i>	7
Making CBT for OCD better one experiment, one belief, one step at a time. Adam Radomsky , <i>Concordia University Montréal, Canada</i>	7
Current status of Cultural Adaptations to CBT – A Global Perspective. Shanaya Rathod , <i>Southern Health NHS Foundation Trust, UK</i>	7
What's behaviour got to do with it? Keeping the B in CBT. Paul Salkovskis , <i>University of Oxford, UK</i>	8
Too good for your own good: Advances in the understanding and treatment of clinical perfectionism. Roz Shafran , <i>UCL Great Ormond Street Institute of Child Health, London, UK</i>	8
Symposium	8
Meta competent adherence in practice: Adaptations of Trauma-focused CBT with refugee and asylum seeking clients	8
The social trauma of bullying from adolescence to adulthood	10
Novel Developments in Acceptance and Commitment Therapy	12
Mindfulness in restrictive Settings: challenges and opportunities	13
Innovation in working with children, young people and parents	15
Advances in CBT for eating disorders	17
The Evolution of Mindfulness (- Based Cognitive Therapy) into new formats, populations, and contexts	18

Advances in our understanding of complex child trauma and psychopathology: Aetiology and treatment	21
Lessons learned in making IAPT work for everyone. Whose IAPT is it anyway?	23
Innovations in Perinatal Mental Health Treatment Interventions	26
Interventions for parents with serious mental illness	28
Cognitive and behavioural interventions for children and young people	30
Dehumanisation, stigma, and epistemic injustice in psychosis.....	32
Addressing Intimate Partner Abuse (IPA) perpetrated by heterosexual men in substance use treatment: The ADVANCE Programme	35
Harnessing digital technology to develop an inclusive and effective new treatment for paranoia: The story of SlowMo	36
Disorder-specific Cognitive Therapy adapted for adolescents with Social Anxiety Disorder and Panic Disorder: Recent advances and evidence of effectiveness	39
The Presentation and Treatment of long COVID across the lifespan	40
Innovative approaches to address specific maintenance factors in psychosis.....	42
CBT for the senses: Research and stories on sensory sensitivity from the fields of psychology,.....	44
audiology and neurodiversity	44
What makes groupwork work?.....	46
Developing technologies for the implementation of CBT across disorders	49
Single Case Experimental Designs: Methodological innovations and clinical challenges.....	50
Building Cognitive behavioural treatments for physical health difficulties.....	52
Treating depression using Augmented Depression Therapy and Behavioural Activation: Emerging insights and future directions	53
Expanding and supporting choice in IAPT: Outcomes from a patient preference trial of guided self-help for anxiety disorders	55
Innovating and implementing trauma therapies for psychosis.....	57
Awareness and interpretation of bodily states, intolerance of uncertainty, and anxiety.....	59
LGBTQ+ mental health: Focus on young People.....	61
Innovative group work in different settings - Lessons learned?.....	63
The role and influence of cognition and anxiety in pain: targets for treatment in co-morbidity	64
New developments in OCD	65
Making the most of the possibilities in clinical research	67
Developing evidence in the treatment and understanding of psychosis and dissociation	68
Recent advances in understanding and treating Body Dysmorphic Disorder in youth	70
Implementation of Mindfulness and Acceptance-based Therapies for psychosis: Lessons learned and future directions	72
Tackling mood across depressive disorders.....	74
Parent interventions in the prevention and treatment of children's mental health difficulties.....	76

The Role of uncertainty and control in anxiety and obsessive compulsive disorders	78
Paranoia in the context of COVID-19	79
Advances in understanding and treating trauma effects	81
Panel debates.....	82
List 25 psychologists whose work you intend to ignore, and justify your choice': A tribute to Stanley 'Jack' Rachman	82
What do we mean by CBT these days and do we really have any sensible working definitions of the boundaries of this therapy?	83
When CBT meets CDI: How do we meaningfully address issues of culture, diversity, and inclusion in the training and supervision of psychological therapists?.....	83
Is this as good as it's going to get—have we reached the “efficacy ceiling” in CBT for depression?	84
What role should CBT and BABCP play in responding to the climate and biodiversity crises?	84
CBT in Action: Responding to the war in Ukraine	84
Clinical roundtables	84
Advances and challenges of implementing the LI approach in CYP-MH – Clinical and service dilemmas/developments	84
How therapy works: Perspectives on how different approaches to anxiety lead to change	85
Perspectives on CBT training: What can we learn from the past as we head into the future?.....	86
Clinical skills classes	86
Working with interpreters - a skills workshop.....	86
Cue exposure for binge-eating in eating disorders: What to do when our conventional approaches to bingeing are just not working?	86
How to combine empathy and confrontation to navigate therapeutic ruptures with difficult clients	87
Enhancing therapist and client commitment to exposure treatment with values and the therapeutic alliance.	87
Cognitive Therapy for Moral Injury in PTSD.....	88
Three Ways to Change Your Mind: a framework for cognitive restructuring	88
Behavioural Interventions for Working with Couples	89
Open Science– Why should I care, and how do I get started?	89
How to recognize, formulate and respond to supervisory drift	90
Poster sessions.....	91
Adult Mental Health.....	91
Basic Processes and Experimental Psychopathology.....	93
Behavioural Medicine	95
Children and Young People.....	95
IAPT and PWP's	99

Therapeutic Techniques and Innovations in CBT.....	100
Training and Supervision.....	102
In-conference workshops	104
Understanding and treating death anxiety.....	104
Brief CBT for non-underweight patients with eating disorders: An introduction to CBT-T and its key skills.....	104
Coping with adversity: a question of focus.....	105
Brief Cognitive Therapy for Adolescent Panic Disorder.....	105
An introduction to Dialectical Behaviour Therapy skills training for Adolescents (DBT-A)	106
Behavioural experiments for intolerance of uncertainty: A new treatment for generalized anxiety disorder	107
Cognitive Therapy for PTSD following sexual assault	107
Whose avoidance is it anyway? Formulating client AND therapist emotional avoidance in CBT ..	108

Keynote addresses

On the evolution of cognitive behaviour therapy: a four decade retrospective and a look to the future. **David M Clark**, *University of Oxford, UK*

BABCP started as BABP (British Association of Behavioural Psychotherapy). This talk is a personal retrospective on how the field has changed over time, why the changes occurred, and a look to the future. We will cover diverse topics including: the cognitive revolution and its consequences; the rise and fall of anxiety management training; conditions that were considered the most difficult to treat and are now considered amongst the easiest, and vice versa; the art of lobbying for mental health; why delivery systems are as important as therapy types; the beginnings of a possible digital revolution; and a look into a slightly hazy crystal ball.

Reward sensitivity as a treatment target for depression and anxiety. **Michelle Craske**, *University of California, Los Angeles, USA*

Threat and reward sensitivity are fundamental processes that become dysregulated in the context of vulnerability to, or expression of, anxiety and depression. Treatments have traditionally targeted reductions in threat sensitivity with limited effects upon reward mechanisms. Investigation of reward sensitivity is essential for our understanding of psychopathology and for targeted treatment approaches. I will present two related lines of my research on this topic. First, I will present our latest findings regarding neural, behavioral and subjective features of reward hyposensitivity (specifically in domains of reward anticipation-motivation, response to reward attainment, and reward learning) that correlate with and predict anxiety, depression and anhedonia. These findings led us to develop a treatment that specifically targets reward hyposensitivity, termed Positive Affect Treatment, which we have shown to be more effective than standard cognitive behavioral therapy for anxious and depressed individuals. I will present our most recent replication study in anxious, depressed and extremely low positive affect individuals, where the symptomatic outcomes occur in parallel with changes in target measures of reward anticipation-motivation and attainment to a greater degree than occurs with standard cognitive behavioral therapy. I will also present findings from virtual reality technologies for delivering aspects of Positive Affect Treatment. Second, building upon the work of others who have demonstrated the role of dopaminergic signaling and reward-related relief mechanisms in extinction learning, I will present our latest evidence regarding neural, behavioral and subjective correlates of anhedonia in the context of Pavlovian fear conditioning and related paradigms. Further, I will present evidence for interference with prediction error throughout exposure therapy (as a clinical proxy of extinction) as a function of anhedonia. I will conclude with a treatment model that incorporates reward targets to augment inhibitory retrieval models of exposure.

Increasing access to CBT for child anxiety problems. **Cathy Creswell**, *University of Oxford, UK*

"Anxiety problems are common and have a particularly early age of onset, with many people first experiencing difficulties as preadolescents. However, despite CBT being the only psychological therapy with a robust evidence base for child anxiety problems, very few children who experience problems with anxiety access CBT. Given the substantial impairments caused by child anxiety problems, in home, school and wider life, for both children and parents it is critical that we generate an ambitious approach to ensure that children and families can access effective treatment when they first need it, and, even better, for those who we know are at increased risk to access prevention. In this talk I will give an overview of recent studies that provide promising solutions for widescale access to prevention and treatment for preadolescent anxiety problems, including through school-based support and novel online interventions that can overcome traditional barriers and fit around families' busy lives. I will take a particular focus on how parents can efficiently be supported and empowered to help their children, and hope to dispel some of the prejudices that parents face when their children struggle with mental health problems along the way.

The development of CBT in the UK: A personal perspective. **Kate Davidson**, *University of Glasgow, UK*

In this keynote, I will take a personal view of the development of CBT in the UK over the past 50 years. It is a privilege to be able to do this and to have heard from some others about how they became involved in CBT. We knew that this was something different – we could listen to our patients and believe what they said, without interpretation. CBT was a gamechanger for those of us working in mental health all those years ago. The model allowed us to carry out research. The expansion of CBT has led to benefits and some challenges. BABCP has been instrumental in the development of CBT in the UK and given its members focus and opportunities both national and international. We need to document the past, the stories, before they are forgotten and lost.

Action and Dialogue in Psychotherapy: A Dance of Equals. **Christine Padesky**, *Center for Cognitive Therapy, California, USA*

The evolution of Cognitive Behavior Therapies (CBT) has often involved a tug-of-war between those who emphasize behavioral interventions, those who focus on cognitive inquiries and dialogues, and those who advocate for mindfulness and acceptance. Padesky shares her current integrative vision of CBT as a collaborative quest for discovery that can incorporate all these perspectives. In her approach, therapists emphasize action therapy methods to elicit emotion, full body experiencing, beliefs, imagery, behaviors and values within interpersonal and cultural contexts in order to foster deeper learning and change. Padesky offers a collaborative, strengths-based model in which the full power of psychotherapy is revealed when action therapy methods and Socratic dialogue interact in a dance of equals.

Learning how to feel good: Development of a novel therapy to target wellbeing and positive mood in depression. **Barney Dunn**, *University of Exeter, UK*

The primary focus in CBT for depression has been on down-regulating negative thinking and feeling. However, it is increasingly realised that anhedonia, a reduction in the ability to experience pleasure, is also central to the onset and maintenance of depression and should be paid more attention in treatment. Clients describe the repair of positive mood and broader wellbeing as a critical element of recovery from depression. This talk will review findings from secondary analyses of randomised controlled trials that show neither BA or CBT adequately repair positive mood and that low positive mood at the end of treatment predicts a greater likelihood of subsequent relapse. An overview of Augmented Depression Therapy (ADepT) will then be provided, a novel therapy that explicitly targets wellbeing and positive mood repair in depression. Findings from studies evaluating ADepT to date will be presented, including feasibility, clinical, and cost-effectiveness outcomes from a pilot randomised controlled trial comparing ADepT to high intensity CBT in the treatment of depression of 82 clients recruited predominantly from IAPT waiting lists. Results suggest ADepT is very unlikely to be inferior to, and may be superior to, CBT in repairing anhedonia, treating acute depression and preventing subsequent relapse. Health economic analyses also suggest ADepT has potential to be cost-effective relative to CBT. Next steps in evaluating ADepT, including conducting a definitive randomised controlled trial and adapting it for work with young adults and those with complex trauma will be explored.

Compassion as an integrating process in psychotherapy. *Paul Gilbert, University of Derby, UK*

It is well recognised that psychotherapy involves helping people with a range of psychophysiological processes. These include their motivations, emotions, core beliefs and behavioural dispositions. In addition, most therapies have a range of interventions that include: the therapeutic relationship, specific forms of guided discovery, various exposure and behavioural experiments. Compassion focused therapy shares these basic dimensions of psychotherapy but highlights the importance of motivation orientation. The talk will explore how different motives influence these processes. It will also explore the evolution of caring behaviour and how and why caring behaviour creates a betweenperson and within person context for the ability to tolerate and integrate difficult or avoided processes.

Promoting Well-Being In and Out of the Clinic. *Andrew Gloster, University of Basel, Switzerland*

Patients present for treatment longing for better lives, often without knowing what to expect. Psychotherapy is our profession's answer to this call. Based on current knowledge, we can be proud of the efficacy of many of our psychotherapies. But what do we do when our psychotherapies fail? And what do we really know about our patient's life outside the therapy room? And how can the scientifically derived principles we use in therapy be harnessed to help beyond the clinic? These questions will be explored by examining empirical evidence across multi-levels of analysis and multiple contexts. For example, evidence from clinical trials will be examined that offers insight about how to intervene with treatment non-responders and simultaneously explore the conditions that promote well-being using event sampling. Epidemiological evidence will be presented that explores under which circumstances psychotherapy targets apply at the population level. Finally, evidence from a micro-intervention (15 minutes) based on empirical psychotherapeutic principals will be presented with the question of whether such a short intervention can exact change in pro-sociality and well-being in small groups. By examining these various sources, I will show some of the ways we can help our patients achieve better lives in and out of the clinic.

Mindfulness (-based cognitive therapy) is coming of age: The story so far and a vision for the future. *Willem Kuyken, University of Oxford, UK*

This keynote will briefly overview the story of mindfulness-based cognitive therapy (MBCT) to date. This will include the key milestones over >20 years of definition, theory, innovations in research methods, effectiveness, cost-effectiveness and implementation. Most importantly, we have learned that MBCT provides a cost-effective approach to helping people to prevent depression and that it can be integrated into mainstream mental health services. But we have also seen a growing evidence base suggesting that MBCT can promote mental health and unlock human flourishing in the wider population and potentially across the lifespan. How can this work best evolve to meet its full potential? How can we unlock all that we have learned to use MBCT as a vehicle for creating a world without the devastating effects of depression. A world where mental health is a fundamental human right and psychological interventions play their part in promoting well-being and resourcing people to meet the challenges of the next 50 years?

Low intensity interventions for anxiety and depression with and without Long term conditions. *Karina Lovell, The University of Manchester, UK*

Within the UKs stepped care model, initial interventions usually involve low-intensity cognitive behavioural therapy (LICBT) for common mental health problems, often referred to as guided self-help (Gellatly et al. (Gellatly, Bower, Hennessy, Richards, Gilbody and Lovell, 2007). Low intensity interventions are defined as: The primary purpose of low intensity CBT interventions is to increase access to evidence-based psychological therapies in order to enhance mental health and wellbeing on a community-wide basis, using the minimum level of intervention necessary to create the maximum gain. Low intensity CBT interventions have been mainly developed in the context of patients with mild to moderate psychological disorders, enabling high intensity CBT to be reserved for patients with more severe disorders Bennett-Levy et al (2010). More recently low intensity CBT interventions have been developed or adapted to be delivered to work with long-term conditions such as chronic pain, Rheumatoid Arthritis, coronary heart disease with and without depression and anxiety. In this presentation I will look at the evidence, cost effectiveness, and acceptability (from those receiving and those delivering low intensity interventions) focussing primarily on Long term conditions. I will also look at future directions and methodological issues including longer follow up data, outcome measures and developing further interventions that are culturally sensitive and increasing access for seldom heard groups.

Creating an evidence-based digital CBT program for depression and anxiety in long term conditions: Putting the cart before the horse. *Rona Moss-Morris, King's College London, UK*

Common mental health disorders, including depression and anxiety, are 2-3 times more prevalent in people with long-term physical health conditions (LTCs) compared with the general population. Mental health comorbidity in LTCs is associated with poorer health outcome and a 60% increase in health costs. There is evidence that people with LTCs have significant poorer outcomes following evidenced-based CBT therapies for anxiety and depression than those without a LTC. This may be because cognitive-behavioural mechanisms targeted in traditional CBT protocols are based on empirical models of mental health disorders. This raises important theoretical and clinical issues, including the difference between primary mental health disorder and distress in the context of LTC.

In this presentation I will argue that the assessment of people with anxiety and depression and a LTC should include screening for illness-related distress. If illness related distress is one of the key presenting issues, then the challenges of living with the LTC should be at the heart of the treatment formulation. Although there are some therapy protocols for specific LTCs, to date there has been no clear protocol for treating illness-related distress. To address this gap, we have developed a transdiagnostic model of adjustment to LTCs (TMA-LTC). I will present the key features of this model and show how we used this to develop a transdiagnostic digital CBT program for distress in LTC called COMPASS: Navigating your Long-Term Condition. One of the biggest challenges for applied researchers is addressing the evidence-implementation gap as few of our effective interventions become part of standard care for patients. So before moving onto an efficacy trial, we spent time adapting the program to routine therapy workflows, and to patient and therapist feedback. This work was informed by normalization process theory. We then went on to conduct a real-world implementation evaluation (n= 74) of this treatment within existing hospital services and made further improvements to COMPASS.

The next step was a randomized controlled trial. 194 participants with a LTC and comorbid anxiety and/or depression were randomized to COMPASS or standard LTC charity support (SCS). At 12-weeks, PHQ-ADS (distress) was significantly lower in the COMPASS than the SCS arm (SMD=0.71, CI: 0.48-0.95 p<.001). 89% of COMPASS participants reported a clinically significant change in PHQ-ADS (reduction ≥ 4 on PHQ-ADS) compared to 45% in SCS. Results on all secondary outcomes including daily functioning, quality of life, impact of symptoms, and illness self-management favoured the COMPASS arm. There were no serious adverse reactions to treatment. COMPASS appears to be an efficacious, easy to access and potentially cost-effective way of treating illness-related anxiety and depression across LTCs. I will end by discussing next steps for future research and wider implementation and open to the audience for comment.

Making CBT for OCD better one experiment, one belief, one step at a time. *Adam Radomsky, Concordia University Montréal, Canada*

One of the most impressive things about cognitive-behaviour therapy (CBT) is that it was designed to be influenced by advances in science. Links between the clinic and the laboratory are essential to fostering advances in CBT, and effective CBT interventions for obsessive-compulsive disorder (OCD) are an impressive exemplar of the benefits of connecting science with practice. Further, experimental methods have some unique properties that have lent themselves well to these improvements over time. This talk will highlight in two domains how reports of individuals struggling with OCD, advances in theory, and laboratory experiments have helped to shape improvements in our understanding and ability to treat OCD, moving forward from older behavioural treatments to modern cognitive approaches. Early research on memory deficits in OCD and reports of those with lived experience led to experiments which shaped our understanding of the role of memory (and of memory confidence) in OCD. These in turn led to detailed examinations of psychological mechanisms underlying memory-related beliefs, confidence, doubt and compulsive checking, which have now been shown to be helpful in treatment. Other belief domains will be highlighted as potentially fruitful, including recent experimental work on beliefs about losing control, and of their potential to improve our understanding and treatment not only of OCD, but also of a range of other mental health problems.

Current status of Cultural Adaptations to CBT – A Global Perspective. *Shanaya Rathod, Southern Health NHS Foundation Trust, UK*

"Cognitive Behaviour Therapy (CBT) is the most widely recommended psychological intervention for mental health problems in the United Kingdom (e.g. NICE 2014) and many other countries. However, explanations used in CBT have been criticised as being based on Western concepts and illness models. We know that culture significantly impacts on all aspects of mental illness - commencement, psychopathology, course, treatment approaches and outcomes. Despite this, little attention is given to modifying the therapeutic framework and practice of therapy to incorporate an understanding of diverse ethnic, cultural and religious contexts (Rathod et al, 2008). Prof Rathod will present her pioneering work in developing and testing a culturally adapted CBT framework in the UK (Rathod et al. 2010; 2013; 2015) that has led to a

programme of successful trials of culturally adapted CBT across the world. A body of evidence is now developing and she will discuss the impact of cultural adaptation of CBT from a global perspective.

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What's behaviour got to do with it? Keeping the B in CBT. **Paul Salkovskis**, *University of Oxford, UK*

The roots of the wide range of approaches covered by the term "Cognitive-behavioural therapy" are firmly planted in Behaviour Therapy, which placed observable behaviour at the heart of its therapeutic approach. So where do we stand on the importance of behaviour today, Sixty four years after the origins of Behaviour Therapy, Fifty years after the founding of the British Association for Behavioural Psychotherapy and Thirty years after it was renamed the British Association for Behavioural and Cognitive Psychotherapies? Unsurprisingly, it remains both crucial and central to the understanding and treatment of psychological problems. Our improved understanding of the complex ways in which cognitive and behavioural processes interact to cause distress and disability has allowed us to refine and enhance treatments to a previously unheard of extent. Central to our understanding of the importance of behaviour is defining the mechanism of change in CBT (and indeed other psychological therapies). It is suggested that this mechanism is surprisingly simple and has profound implications for the way we work with those we seek to help. It also explains the importance of (and links between) both behavioural and cognitive change, and how best to facilitate these. Examples will be drawn from empirically grounded approaches to panic, OCD and health anxiety whilst illustrating key transdiagnostic factors. Fifty years on, CBT is a truly integrative transdiagnostic approach.

Too good for your own good: Advances in the understanding and treatment of clinical perfectionism. **Roz Shafran**, *UCL Great Ormond Street Institute of Child Health, London, UK*

Unlike most other areas related to mental health, perfectionism is often viewed positively. In fact, those attending the conference from overseas may well have stopped at Heathrow's 'Perfectionists' café inspired by Heston Blumenthal's 'In Search of Perfection' TV series. Or perhaps you have recently come across a 'motivational' message such as 'harder, better, faster, stronger'. The positive value placed on striving and achievement can make it particularly challenging for people to engage in therapy. However, the strong associations between perfectionism and psychopathology such as suicidal ideation, depression, anxiety, eating disorders, and OCD indicate that addressing perfectionism can improve mental health and this is borne out in several meta-analyses that have confirmed the efficacy of the cognitive behavioural intervention for perfectionism.

In this keynote, I will provide an overview of the latest research findings on the prevalence, understanding and treatment of perfectionism. Perfectionist Strivings will be distinguished from Perfectionistic Concerns, and the role of each in the maintenance of psychopathology will be reviewed. The cognitive behavioural approach to clinical perfectionism will be considered in light of other approaches including ACT and those focused on social disconnection. The clinical question of when and how to tackle perfectionism in the face of multiple co-existing mental health disorders will be addressed. The keynote will end with a consideration of future innovations and challenges facing the treatment of perfectionism.

Symposium

Meta competent adherence in practice: Adaptations of Trauma-focused CBT with refugee and asylum seeking clients

Chair: Kerry Young, Central and North West London NHS Foundation Trust (CNWL), UK

Reducing feelings of being contaminated after rape using imagery and cognitive techniques

Lucinda Dixon, Oxford University Hospitals NHS Foundation Trust, UK

Many survivors of sexual abuse suffer from distressing feelings of being contaminated (FBC) which can persist for years after the last experience of sexual abuse. Jung and Steil (2013) have developed a two-session protocol to reduce FBC using cognitive restructuring and imagery modification. Their small, randomised control trial showed a significant and large reduction of distress related to the FBC and significant and large effect on patients' PTSD symptoms. This presentation describes how the Jung and Steil (2013) protocol was used during the treatment of a female asylum seeker who presented with a 45-year history of sexual abuse and trauma. At the start of treatment, the patient believed that she was still contaminated by her many abusers, even though the last abuse occurred over five years ago. She believed that others could smell and see the contamination and she wouldn't look at her own body as she believed it was so contaminated and dirty. The techniques used will be discussed in relation to her progress in therapy. We hope that this presentation will encourage other therapists when working with patients who describe feelings of being contaminated.

References:

Jung, K. and Steil, R. (2013). A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder. *Psychotherapy and Psychosomatics* 82, 213-220

Discussion of the details of successful therapy with woman with severe PTSD and dissociation, showing how adaptations were made to standard protocols

Zoe Chessell, Woodfield Trauma Service, CNWL, UK; Kerry Young, Woodfield Trauma Service, CNWL, UK

There are well established protocols for the treatment of PTSD using trauma-focused CBT (tfCBT) (e.g. Ehlers et al., 2005). However, there are very few reports in the literature about how to adapt tfCBT when the client dissociates during accounts of their trauma. Recently, there have been several encouraging papers suggesting how to work with dissociation in the context of tfCBT (Kennerley, 2009; Schauer & Elbert, 2010; Chessell et al., 2019; Ehlers & Murray, 2020). This presentation will describe how these suggestions were put into practice in the treatment of a female refugee presenting with extremely severe dissociation and PTSD following domestic abuse and rape over many years. The techniques used and her progress in therapy will be discussed. A traditional tfCBT paradigm was adapted to minimise her dissociation (including the use of imagery re-scripting techniques). Following this, useful pointers and advice will be drawn out for other clinicians embarking on similar work in the future. We hope that this case study will provide encouragement to other therapists working with trauma.

"The memories are horrible, but the guilt is with me every day": Working with feelings of guilt and responsibility in trauma-focused therapy

Farreeha Khan, Freedom From Torture & Woodfield Trauma Service, CNWL, UK

For many refugees and asylum seekers, experiences following trauma survival can involve strong feelings of guilt (Lee, Scragg, & Turner, 2001). Survivors of trauma may hold themselves responsible for what occurred, both during and/or after the traumatic event(s). Guilt should always be considered within its cultural and social context and does not always merit an intervention. It can be a helpful emotional experience, holding individuals responsible for actions incongruent with their personal values/beliefs. However, trauma-related guilt can be a source of distress and may perpetuate an ongoing sense of threat and avoidance of trauma memories, contributing to the maintenance of symptoms of PTSD (Pugh, Taylor, & Berry, 2015). This presentation will share how cognitive and imagery techniques were used in trauma therapy with a refugee with very high levels of dissociation and trauma-related guilt. It will also include excerpts of a film in which the service user talks about the therapy from his own perspective. Finally, it will discuss the importance of reflecting on power and privilege when formulating and working with trauma-related guilt, and the importance of being led by survivors in this work.

Addressing guilt and shame in trauma-focused therapy with a survivor of sexual exploitation

Francesca Brady, Woodfield Trauma Service, CNWL

Survivors of trafficking often present with complex mental health needs (Ottisova et al., 2016), particularly those who have been exposed to repeated traumatic experiences, such as those who are exploited for the purposes of sexual exploitation. There is very limited research as to which therapeutic models or techniques are most effective to support survivors of trafficking (Hemmings et al., 2016; Salami et al., 2018), but there is evidence to suggest that existing trauma-focused therapies can be adapted to meet the needs of this vulnerable client group (e.g. Brady et al., 2021; Robjant, Roberts & Katona, 2017). This presentation will describe the details of an adapted trauma-focused cognitive therapy (Ehlers and Clark, 2000) intervention. We will focus on how the client's persistent feelings of guilt and shame were identified and addressed, and how we explored the profound impact of her trafficking experiences on her sense of identity and self-worth. We will also include the client's perspective on the therapy. We hope that this presentation will give other clinicians the confidence to approach trauma-focused work with trafficking survivors in a range of different contexts.

The social trauma of bullying from adolescence to adulthood

Chair: Belinda Graham, University of Oxford, UK

Peer functioning and social anxiety in adolescents: understanding the association.

Eleanor Leigh, University of Oxford, UK; Kenny Chiu, University of East Anglia, UK; David Clark, University of Oxford, UK

Background: Peer relationships are particularly important during adolescence, and we also see a normative increase in social anxiety at this time. Although prospective studies have suggested peer functioning and social anxiety can influence each other, findings have not been examined systematically. We performed a systematic review and meta-analysis of prospective studies to examine the bidirectional relationship between peer functioning and social anxiety in adolescence. Methods: EMBASE, PsycINFO, Medline, and PubMed were searched to identify relevant articles. Meta-analysis was conducted to examine the mean effect sizes of prospective associations between social anxiety and four dimensions of peer functioning. Moderator analysis was performed, with age, gender, time interval between baseline and follow-up assessment, and publication year as moderators.

Results: Meta-analyses of 23 studies showed that friendship quality, peer rejection, and peer victimization were each associated with later social anxiety, but peer acceptance was not. Social anxiety at baseline was associated with prospective levels of friendship quality, peer rejection, and peer victimization, but not peer acceptance. Age moderated the association between friendship quality and prospective social anxiety. Other moderator effects were statistically non-significant.

Conclusions: A significant two-way association was found with social anxiety across three dimensions of peer functioning. Limitations include different classifications of peer functioning, the use of self-report measures, heterogeneity between studies, and underrepresentation of clinical samples. Psychological prevention and intervention targeting peer functioning and social anxiety are indicated.

Vulnerability for bullying victimization – Examination of heritability and risk factors in a twin-family study

Dana Martinschledde, University of Bielefeld, Germany; Rainer Riemann, University of Bielefeld, Germany; Frank Neuner, University of Bielefeld, Germany; Benjamin Iffland, University of Bielefeld, Germany

A substantial proportion of children and adolescents is confronted with experiences of peer victimization in their everyday lives. Victimized individuals have to deal with serious short- and long-term consequences, including mental health problems. The close link between victimization and psychopathology highlights the importance of examining potential risk factors that may increase the vulnerability for experiences of victimization. The aim of this study was to gain a better understanding of the mechanisms underlying a transgenerational transmission of the risk for victimization by examining the interplay between genes and environment. Previous research was expanded through the use of a Nuclear Twin Family Design which did not only include data of monozygotic and dizygotic twin pairs, but also considered reports of their parents and siblings. In a sample of 2546 twin pairs and their relatives, bullying victimization was measured using the the Bullying and Victimization Questionnaire for Children (BVF-K; von Marées & Petermann, 2009) and the Gatehouse Bullying Scale (GBS; Bond et al., 2007). Structural equation modeling was used to estimate the heritability of direct and indirect forms of bullying and to determine the variance accounted for by genetic, shared environmental and non-shared environmental influences. Additionally, the role of parental and child psychopathology, particularly internalizing disorders, as potential risk factors for victimization was analyzed in path analyses. Implications of the transmission of vulnerability for victimization for maximization of the effectiveness of interventional approaches targeting both individual and environmental level factors will be discussed.

Physiological responses to social-evaluative stress in peer victimization related major depressive disorder

Klara Blauth, Bielefeld University, Germany; Frank Neuner, Bielefeld University, Germany; Benjamin Iffland, Bielefeld University, Germany

Relational peer victimization is associated with an increased risk for the development of a host of psychiatric disorders including major depressive disorder (MDD). However, the mechanisms underlying this association remain poorly understood. It has been suggested that psychophysiological changes associated with experiences of maltreatment may link victimization to the development of psychopathology. Different social stress tasks revealed that individuals who have experienced peer victimization differ in their stress response from individuals without such prior experiences. In adult patients with MDD, however, studies examining the effects of peer victimization on physiological stress responses are scarce. Therefore, the present study aimed to examine whether early experiences of peer victimization influence subsequent physiological and affective responses to socially negative evaluative and neutral stimuli in patients with MDD

and healthy controls. Using a social conditioning task, this study examined cardiac, ERP, and experiential responses to social evaluative stimuli in twenty-nine patients with MDD and twenty-nine healthy controls. In both groups, participants experienced various degrees of peer victimization. A history of peer victimization was associated with more arousing, negative, and disapproving ratings of both negative and neutral social stimuli. Similarly, participants with higher levels of peer victimization showed more pronounced ERP amplitudes on the P100 component in reaction to both valences. On the P200, however, attenuated amplitudes in peer victimized individuals were found in response to negative social evaluative stimuli. With respect to heart rate responses, depressive patients showed a more pronounced heart rate deceleration than healthy controls. Similarly, higher levels of peer victimization were associated with more pronounced heart rate decelerations, irrespective of the valence. Interestingly, the effect of peer victimization was found to be stronger in patients with MDD than in healthy controls. The results suggest that the physiological and experiential reactivity towards both negative and neutral social stimuli in depressive patients is affected by experiences of peer victimization. Peer victimization causes generalized autonomic dysregulation during social learning impeding adequate response preparation to social stressors which may enhance the risk for the development of depressive disorders.

Development and clinical utility of a new measure of cognitions related to bullying

Belinda Graham, University of Oxford, UK; Belinda Graham, University of Oxford; Anke Ehlers, University of Oxford, UK

Introduction: Bullying is associated with increased risk of social anxiety and can produce symptoms of posttraumatic stress disorder (PTSD). Cognitive models suggest that social anxiety and PTSD symptoms are maintained by unhelpful cognitions and coping strategies. Specific cognitions related to bullying may explain additional variance in symptoms and a new measure may help guide assessment and interventions for people who have been bullied. **Method:** Young people ($n = 1279$, mean age 19 years) who had been bullied completed an online survey about their experiences of bullying and mental health, including measures of social anxiety and PTSD symptoms related to their worst bullying experience. They also rated agreement with a series of items describing beliefs about self and others in relation to bullying that were developed from qualitative analysis of interviews with young people, expert review, and piloting. Item selection included exploratory and confirmatory factor analyses. The final solution was tested for reliability and validity. Predictive utility of the new measure was tested using multinomial logistic regression with likely diagnosis (SAD, PTSD, SAD+PTSD, None) as the dependent variable. **Results:** A new Bullying Cognitions Inventory was developed comprising 15 items that represented four factors labelled as “shame”, “self-criticism”, “threat”, and “social defeat”. The factor structure was confirmed by confirmatory factor analysis. The final version of the measure had good fit for the data ($CFI = 0.95$, $TLI = 0.94$, $RMSEA = 0.07$ ($CI: 0.06 - 0.08$), $\chi^2 = 244.59$ on $df = 83$, $\chi^2:df = 2.95$) and met reliability and validity criteria. Factors loaded significantly onto a second-order factor. Sufficient data were available to categorise 938 participants according to likely diagnostic status (SAD, $n = 329$; PTSD, $n = 38$; SAD+PTSD, $n = 309$; None, $n = 178$). Total score significantly predicted variance in the dependent variable group, $\chi^2 (3, N = 854) = 394.23$, Nagelkerke $R^2 = .41$, $p < .001$, such that the non-clinical group scored lowest compared to all other groups, and those with social anxiety alone scored lower than those with both social anxiety and PTSD symptoms. **Discussion:** The Bullying Cognitions Inventory is a reliable and valid measure of cognitions related to bullying that may be a useful guide for research, assessment, and intervention among young people who have been bullied. Limitations, research directions, and clinical implications will be discussed.

Leaving the Past Behind: Updating Memories of Bullying in Cognitive Therapy for Social Anxiety Disorder with Imagery Rescripting

Jennifer Wild, University of Oxford, UK; David M Clark, University of Oxford, UK

Patients with social anxiety disorder often experience an impression or image of their worst fears being realised when they feel nervous in social situations. Such images play a role in maintaining the disorder and are often linked to earlier socially traumatic memories of being bullied. Imagery rescripting is a technique used in cognitive therapy for social anxiety disorder (CT-SAD) which helps patients to unhook the present from the past. Patients revisit their past bullying in light of their current experiences and in so doing, re-evaluate the meaning of the past event and linked image. Several studies (e.g., Wild et al., 2007; Wild et al., 2008) demonstrate that imagery rescripting significantly reduces distress associated with the bullying memories as well as anxiety about feared social situations. In this talk, we describe how to use imagery rescripting to target memories of being bullied in CT-SAD to crystallise recovery from the disorder.

References:

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Chair: Marcella Woud, Ruhr-Universität Bochum, Bochum, Germany

Online ACT for Type I Diabetes: A Single Case Experimental Design to Examine Feasibility, Acceptability and Preliminary Effectiveness

Greta Somaini, Royal Holloway, UK; Jessica Kingston, Royal Holloway, UK; Michelle Taylor, Royal Holloway, UK

Acceptance and Commitment Therapy (ACT) has an established evidence-base for improving well-being and health outcomes for individuals with a range of chronic health conditions, with some evidence supporting dissemination of the intervention through digital methods. Research examining ACT for diabetes, and in particular the digital delivery of ACT for diabetes, is currently very limited. This study developed and tested the effects of a web-based modular ACT intervention for adults with type 1 diabetes (T1D), examining effects on diabetes self-management, well-being, quality of life and ACT processes. Feasibility and acceptability were also explored given the novelty of the online intervention. A randomized-multiple baseline Single Case Experimental Design (SCED) was used, with n=9 adults with T1D recruited through UK-based diabetes support groups and social media. Participants were randomised to baseline length (1-3 weeks) before accessing a 6-week ACT intervention, followed by one-month follow-up. Visual analogue scales of self-management, well-being and self-reported readings of blood glucose levels were recorded daily throughout the study duration, while standardised and process measures at pre-, post-intervention and end of follow-up. Data are in the final stages of analyses and will be fully analysed in time for the conference.

Brief Internet-Based Acceptance and Commitment Therapy Intervention for Parents in the Postpartum

Hannah Palma Carlos, Royal Holloway University of London, UK; Jessica Kingston, Royal Holloway University of London, UK; Emma O'Donoghue, South London and Maudsley NHS Foundation Trust, UK

The perinatal period is a time of increased risk for psychological difficulties. Postpartum depression is estimated to occur in 10-20% for women (Shorey et al., 2018) and 8% for men (Rao, et al., 2020). However, several barriers including stigma and lack of time reduce treatment uptake. Internet-based interventions overcome many of the identified barriers. This study aimed to examine the feasibility and acceptability of a 4-week internet-based ACT intervention for postpartum parents with elevated depressive symptoms (ClinicalTrials.gov NCT05173285). A self-selecting sample of parents were recruited between June 2020 and January 2022. A 2 (intervention versus wait-list control) by 3 (baseline, post-intervention, and 4-weeks follow-up) feasibility RCT was employed. The primary outcome measure was depression, measured by the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987). The secondary outcome measure was well-being, measured by the Flourishing scale (FS; Diener, et al., 2009). A total of 138 participants met the inclusion criteria and were randomised to intervention (n = 65) or control group (n =73). The data of this study is currently being analysed. For feasibility, recruitment and attrition rates will be presented in a CONSORT flow diagram. Acceptability will be established by examining self-report data. The preliminary effectiveness of the intervention will also be reported, including estimated effect size and confidence intervals.

Process-based analyses of the Acceptance and Commitment Therapy model

Ian Tyndall, Department of Psychology, University of Chichester, UK; Daniel Assaz, University of Sao Paulo, Brazil; Bryan Roche, Maynooth University, Ireland

The Acceptance and Commitment Therapy (ACT) model comprises six separate sub-component processes of psychological inflexibility (experiential avoidance, cognitive defusion, lack of present moment awareness, self-as-content, lack of values clarity, and non-commitment to action) that purportedly influence psychological distress experienced. For clinicians, it may not be clear, however, how these components interact to produce behaviour change, decrease psychological inflexibility, and facilitate enhanced emotional wellbeing. The present paper consists of two parts to provide the clinician with a deeper understanding of the broader spectrum of psychological inflexibility and to give insights as to how positive outcomes might be achieved with one particular core ACT process. First, we employed latent class analysis (N = 567; non-clinical sample) that identified potential clusters (i.e., classes) of psychological inflexibility, and importantly, examined whether there was clinical utility to this approach insofar as such classes could reliably differentiate levels of self-reported psychological distress (Depression, Anxiety, and Stress Scales-21; DASS-21) and positive and negative emotionality (Positive and Negative Emotion Scales; PANAS). The second part of this paper focuses on one key psychological inflexibility process, cognitive defusion, which in many respects represents the signature or most unique process in ACT, as compared to other forms of

cognitive-behavioural therapies. In simple terms, cognitive fusion refers to the idea that clients believe their negative thoughts to literally be true and act according to these negative thoughts in rigid and unhelpful ways. Cognitive defusion, then, is a process designed to counteract cognitive fusion by teaching clients to observe thoughts as verbal stimuli that come and go rather than verbal rules that the mind suggests must be adhered to. The aim here is to provide a more pragmatic and nuanced conceptual and behavioural process-based account of cognitive defusion for the clinician. It is proposed that this analysis might help enhance therapeutic practice by more clearly linking underlying theory to more probable clinical outcome.

Development of a novel, person-centred psychological intervention (ACT+) based on acceptance and commitment therapy to improve quality of life in patients living with and beyond cancer

Elisavet Moschopoulou, Queen Mary University of London, UK; Sheila Donovan, Queen Mary University of London, UK; Damien Ridge, University of Westminster, UK; Imran Khan, Queen Mary University of London, UK; Trudie Chalder, King's College London, UK

Introduction: The SURECAN (SURvivors' Rehabilitation Evaluation after CANcer) study is developing and evaluating a psychological intervention based on Acceptance and Commitment Therapy (ACT) for people who have completed treatment for cancer but have low quality of life. ACT is integrated with options to support exercise and work when highly valued thus we called the intervention ACT+. Here we describe the process by which ACT+ was developed and refined. **Method:** Normalisation process theory was used and a three-pronged approach was adopted. 1) Evidence was collated from qualitative interviews/focus groups with cancer patients (n=31) and key stakeholders (n=28); 2) Preliminary results from our qualitative meta-synthesis of cultural influences on psychological interventions were taken into account; 3) Insights from patient and public involvement consultations were also considered. **Results:** Qualitative work suggested several cross-cutting themes pertaining to the design and resources of the intervention, operational aspects of the trial conduct (e.g. ACT+ delivery; patient identification/recruitment) and to contextual factors (e.g. need for aftercare, ACT+ accessibility). **Discussion:** We have followed an iterative, evidence-based approach to intervention development. Qualitative work supported this process and potential barriers and facilitators to the delivery and uptake of ACT+ were uncovered. (Invited to submit as part of a symposium first convened for the EABCT 2021 congress)

Integrating ACT components in CBT training: Trainee appetite and supervisor preparedness

Fiona Mathieson, University of Otago, Wellington; Susan Watson, CBT Clinic, Wellington, New Zealand; Mark Huthwaite, University of Otago, Wellington, New Zealand

Can elements of CBT and Acceptance and Commitment Therapy (ACT) be integrated? Perhaps, in line with 'third wave' CBT, it would be beneficial to bring ACT components into post-graduate CBT training so that students become aware how ACT relates to and complements traditional CBT. This paper describes a study of interest and skills in ACT in students undertaking a post-graduate CBT course and their supervisors. It was unclear to what extent ACT was used at the 'coal face' of mental health services in New Zealand (NZ). We also assessed student and supervisors' views on the cultural appropriateness of ACT for Māori (the indigenous people of NZ). This study used Qualtrics surveys to assess whether it would be appropriate to include an ACT component in the training, in terms of interest by students and supervisor preparedness and cultural appropriateness. Survey results suggest that there is considerable interest in ACT amongst CBT students and their supervisors mostly consider themselves able to supervise if an ACT component was added to the training. Further, the majority of participants thought ACT was culturally appropriate for Māori (Watson, Mathieson & Huthwaite, 2021). We discuss how this could occur in a coherent, meaningful, formulation-driven way.

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Mindfulness in restrictive Settings: challenges and opportunities

Chair: Pamela Jacobsen, University of Bath, UK

Discussant: Willem Kuyken, University of Oxford, UK

Being mindful in unmindful places; The challenge of psychiatric wards

Pamela Jacobsen, University of Bath, UK

Inpatient psychiatric wards are one example of a restrictive setting, where people's free movements are restricted, there are high levels of supervision, and a lack of choice over everyday activities such as when to eat, sleep, or exercise. Given the great need to help reduce suffering and improve well-being for people receiving care in these settings, Mindfulness-

Based interventions have been an increasingly common addition to inpatient therapy programmes over recent years, both as a group and individual therapy. However, the characteristics which underlie a restrictive setting may also be considered to be in opposition to a 'mindful' environment in which difficulties are turned towards without the attempt to control or suppress them. This is because the successful operating of a restrictive environment relies partly on the control of the emotional 'temperature' of the ward; this is often maintained by the use of interventions such as use of as required (PRN) medication, or even control and restraint and seclusion in extreme circumstances.

In this talk I will give examples of implementing and evaluating mindfulness-based interventions for both service users and staff across a range of inpatient settings, including a specialist psychosis ward and acute psychiatric wards. I will outline adaptations to standard mindfulness programmes to better meet the needs of service users and staff in these settings, and present data on both the successes and challenges of being mindful in unmindful places.

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Mindfulness- and Yoga-based Approaches for Inpatients with Schizophrenia Spectrum Disorders

Kerem Boge, Department of Psychiatry and Psychotherapy, Campus Benjamin Franklin, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, Germany

In recent years, a growing body of literature demonstrates the effectiveness of mindfulness- and yoga-based interventions in the treatment of persons with schizophrenia spectrum disorders (SSD). A minor number of randomized controlled trials (RCTs), primarily in English-speaking countries such as the UK, USA, and Australia, have shown the effectiveness of mindfulness concerning positive- and negative symptoms, depressive and anxiety symptoms as well as reduced rehospitalization rates and overall enhanced positive well-being. Nonetheless, until today, worldwide only a handful studies have been conducted in inpatient settings, and to the best of the authors' knowledge, none in German-speaking countries. The current presentation aims at demonstrating the research processes of the past five years in which the first mindfulness-based group therapy (MBGT) and yoga-based group intervention (YOGI) for in- and outpatients with SSD was developed and implemented for the inpatient care in Germany within various trials (SENSE, YING, OXACH).

Overall, mixed-method approaches were employed using both qualitative and quantitative data analysis. Over 80 semi-structured interviews were conducted in order to gain an in-depth understanding of the therapeutic actions, processes and underlying mechanisms of mindfulness and yoga before and after the four-week treatment periods. Based on the results two psychological treatment manuals were developed within a participatory (participant involvement) approach (MBGT and YOGI). Furthermore, multiple RCTs for inpatients with SSD were conducted to assess changes in mindfulness abilities, clinical- and process outcomes, as well as iPad-based cognitive measures (CANTAB).

The presentation will illustrate the overall research process, results of the qualitative interviews and development of the therapeutic manuals as well as the clinical- and process outcomes of each intervention. Finally, the challenges, strengths, and limitations of the research processes, especially in the light of inpatient settings, will be shared as well as elaboration on future directions.

The Pentonville Prison Mindfulness Project: Benefits for prisoners and staff

Pamela Jacobsen, University of Bath UK; Andy Phee, Oxford Mindfulness Centre, UK; Debbie Murphy, Oxford Mindfulness Centre, UK

People in prison experience multiple stressors through the incarceration process including separation from loved ones, uncertainty regarding the future, and adjustment to the prison regime, with remand being a particularly difficult time. Almost half the UK prison population suffer from anxiety or depression, and there are high rates of people who have experienced some form of trauma. Research has demonstrated the effectiveness of Mindfulness Based Cognitive Therapy (MBCT) for people who suffer from depression, and in particular for people with a trauma history. However there has been little MBCT implementation in UK prison mental health services so far.

The Mindful Nation report, endorsed by an all-party parliamentary group made recommendations for the implementation of mindfulness-based approaches in four areas of British society, including the criminal justice sector. The Pentonville Prison Mindfulness Project was therefore established in 2016 in response to this report. The project delivered Mindfulness Based Cognitive Therapy (MBCT) to incarcerated men, on remand, experiencing mental health problems and to prison staff. The dual focus of the project on both prisoners and staff was in response to evidence that prison staff experience high levels of job-related stress and have high levels of burnout compared to other professions.

The Pentonville Prison Mindfulness Project developed over 3 years and delivered 4 MBCT based courses to men on remand who were experiencing mental health problems. The project also supported prison personnel in learning mindfulness skills and a selected group of mainly health and social care staff from several prisons who trained to teach MBCT. Data on outcomes suggested positive effects for wellbeing, perceived stress, and mindfulness for staff, and qualitative data from prisoners on remand showed they also reported subjective benefits in wellbeing. The Pentonville project was led by Andy Phee (Community Mental Health Nurse and mindfulness teacher and trainer) and Debbie Murphy (Occupational Therapist and previous lead for the Wellbeing Centre, HMP Pentonville).

Innovation in working with children, young people and parents

Chair: Maria Loades, University of Bath, UK

Can Psychological Flexibility predict Perinatal depression and Flourishing from pregnancy to the postpartum phase? A longitudinal study

Zaynab Al-Khooe, Royal Holloway University London, UK; Jessica Kingston, Royal Holloway University London, UK; Emma O'Donoghue, South London and Maudsley NHS Foundation Trust, UK

Postpartum Depression (PPD) is considered a debilitating disorder that affects 10-15% of the perinatal population. 'Psychological Flexibility' (PF) is a psychological process identified within Acceptance and Commitment Therapy (ACT) and refers to the extent an individual can pursue valued activities alongside difficult experiences. Research has suggested that PF is relevant to understanding depression and what helps perinatal women flourish and adjust to motherhood. However, so far, research has been cross-sectional and focused only on the pre or postpartum phase. This longitudinal study therefore aimed to examine the extent to which PF prospectively predicts PPD and flourishing in women from pregnancy to the postpartum phase, and whether PF provides a buffering effect, moderating the impact of known risk factors (e.g., social support, history of depression, etc) on later levels of PPD/flourishing. More than 220 pregnant women from the community completed measures online. PF was measured using The Multidimensional Psychological Flexibility Inventory (MFPI; Rolfss et al., 2018) and Personalised Psychological Flexibility Inventory (PPFI; Kashdan et al., 2020). The follow-up collection is still active and will consist of at least 100 women in the postpartum phase. This presentation will present novel data on the role of PF in understanding vulnerability to PPD and its role in fostering flourishing in perinatal women. Treatment implications will be discussed.

The development and evaluation of Cognitive Behavioural Therapy (CBT) for chronic loneliness in children and young people

Tom Cawthorne, Royal Holloway, University of London, UK; Anton Käll, Department of Behavioural Sciences and Learning, Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden; Sophie Bennett, UCL Great Ormond Street Institute of Child Health, UK; Gerhard Andersson, Linköping University, Linköping, Sweden; Karolinska Institute, Stockholm, Sweden; Elena Baker, Northamptonshire Healthcare NHS Foundation Trust; Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK

Introduction: Loneliness is a significant problem for CYP and associated with physical and mental health difficulties. This has been further exacerbated by social isolation caused by COVID-19. In adults, CBT is effective for chronic loneliness but no comparable CBT intervention for CYP exists. The aim was to develop an intervention for chronic loneliness in CYP and conduct a preliminary evaluation of its efficacy.

Method: We conducted a pilot and multiple baseline single-case experimental design (SCED) to assess the efficacy and feasibility of the intervention. Nine 11–18-year-olds were recruited. The design consisted of AB+ post-intervention. Loneliness was repeatedly assessed using the Three-item Loneliness Scale, which is the primary outcome. Secondary outcomes are reliable and clinically meaningful change on the UCLA Loneliness Scale, RCADS and SDQ. Feasibility and satisfaction were also examined. The methodology and intervention was developed in collaboration with CYP and parents.

Results: We are currently in the final stage of data collection. We will present full results at the conference and initial results are promising. This will include data on primary and secondary outcomes and feasibility and participant satisfaction.

Discussion: This study reports one of the first interventions evaluating CBT for loneliness in CYP. This study has significant implications for clinical practice, particularly for those experiencing chronic loneliness with anxiety and depression.

Developing a cognitive bias modification training task for alleviating loneliness in young people

Laura Riddleston, King's College London, UK; Elizabeth Bangura, King's College London, UK; Olivia Gibson, King's College London, UK; Pamela Qualter, The University of Manchester, UK; Jennifer Lau, Queen Mary University of London, UK

Introduction: Loneliness is common in youth, and may arise due to a tendency to select threatening over benign interpretations of social situations, and a preference for social withdrawal over social approach. Cognitive bias modification (CBM) training to reduce these biases may therefore be a useful tool for alleviating youth loneliness, but this is yet to be explored. In this study, we aimed to (i) develop age-appropriate, ecologically valid materials to be used in a CBM training task targeting youth loneliness, and (ii) evaluate whether a single session of CBM training can modify interpretation biases in social situations, and feelings of loneliness, compared with control training.

Method: Working with young people with experience of loneliness, we generated items for the CBM training. Young people aged 18-24 with high loneliness were subsequently recruited into an experimental study, and randomly allocated to either a single CBM (n=29) or control (n=26) training. Loneliness and interpretation biases in social situations were measured pre and post training.

Results: Preliminary analyses indicate training effects on both interpretation biases and loneliness levels.

Discussion: These findings suggest that interpretation biases relevant to youth loneliness may be modifiable, and CBM training could reduce feelings of loneliness. This could inform psychological models of loneliness, as well as the development of CBM interventions for targeting loneliness in young people.

Development and Usability of the KibA app: An mHealth Application to Support Exposure-Based Cognitive Behaviour Therapy in Children and Adolescents

Anke Klein, Leiden University, Netherlands; Annelieke Hagen, Leiden University, Netherlands; Jasmin Rahemenia, Leiden University, Netherlands; Thomas Ollendick, Virginia Tech, Virginia; Erwin de Gier, Trifork BV, Netherlands; Silvia Schneider, Ruhr University Bochum, Germany

Specific phobias in children are highly prevalent and have a great impact on their development. An effective treatment is exposure-based cognitive behavioral therapy. However, several studies showed that exposure could be used better during the treatment sessions and at home. A mobile app could enhance exposure in children thereby increasing treatment outcome. This paper includes the development and evaluation of the KibA app; An app especially developed for children between 7 and 14 years. The app includes evidence-based techniques, has a reward system, a photo and video option, a child-friendly interface, includes personalised practice exercises on different levels, and is available for Android and Apple. The app is attached to a therapist environment where therapists can login to include the exposure exercises for a child and where they can follow the progress of the child. The development of the app consisted of 4 stages and included 32 children between the ages of 6 and 14 years and their parents, a group of scientists and therapists, and a group of 4 IT specialists who also programmed the app. The iterative process and the inclusion of all different parties led to the development of an evidence-based child-friendly app with a good usability as rated by children and therapists. The iterative process was evaluated as very positive by all parties. The app has the potential to enhance exposure during CBT and to increase treatment outcome and is currently tested in a RCT.

Social anxiety and likeability in adolescents: A longitudinal study

Jeanine Baartmans, Leiden University, Netherlands; Jeanine Baartmans, Leiden University, Netherlands; Recep Uysal, Leiden University, Netherlands; Lisan Henricks, Radboud University Nijmegen, Netherlands; Tessa Lansu, Radboud University Nijmegen, Netherlands; Anke Klein, Leiden University, Netherlands

This study aimed to understand the connection between social anxiety and social relations with peers. The research could help with indicating predictors for why children with a social anxiety disorder improve less after CBT than children with other anxiety disorders. Our previous studies found that children with social anxiety assumed they are less liked by their peers, but on average underestimated their peer-indicated likeability. However, when children avoid social situations, they are actually indicated as less liked by their peers. The current study aimed to further explore what comes first: anxiety, avoidance or lower peer acceptance. We used a longitudinal design with 282 participants in the first three years of secondary school. Participants completed questionnaires about social anxiety, their estimates of their own likeability by peers, and they named their peers which they liked the most and least. This resulted in discrepancy scores between their estimated and actual likeability according to peers. The results of the crossed lagged panel model showed that the levels of anxiety symptoms and the likeability measures were relatively stable over time. Results also suggested that worrying about social functioning precedes the tendency to avoid social situations, which is followed by lower peer acceptance. We concluded that it is important to pay attention to subtypes in the group of children with social anxiety. Further results and implications will be discussed.

Chair: Glenn Waller, University of Sheffield, UK

A Digital Self-Help Form of Enhanced Cognitive Behaviour Therapy

Rebecca Murphy, University of Oxford UK; Charandeep Khera, University of Oxford, UK; Emma Osborne, University of Oxford, UK

Only a minority of people with eating disorders receive psychological treatments. The COVID-19 pandemic has increased this treatment gap. Therapist-led treatments, such as CBT for eating disorders, are inherently limited in their availability and difficult to scale up. An alternative is programme-led treatment, where the intervention is delivered by the programme rather than the therapist (self-help). Digital CBTe is a novel self-help programme, available as a smartphone app and website, for people with bulimia nervosa and binge eating disorder. It is closely derived from Enhanced Cognitive Behaviour Therapy (CBT-E) for eating disorders and its associated printed self-help programme (Overcoming Binge Eating). This digital programme has been adapted to the needs of individuals with these disorders through usability testing and has been through several iterative cycles of development. A recent proof-of-concept study of the latest version of Digital CBTe has shown that it is well accepted and appears to have a positive impact on binge eating and other eating disorder psychopathology. Further studies are needed to evaluate the clinical and cost effectiveness of this treatment.

Brief Group Cognitive Behavioural Therapy for Non-Underweight Eating Disorders (CBT-T): feasibility and acceptability

Elana Moore, South Yorkshire Eating Disorder Association (SYEDA), UK; Glenn Waller, University of Sheffield, UK
Brief Cognitive Behavioural Therapy (CBT-T) has repeatedly shown to be effective across non-underweight eating disorder diagnoses, when delivered 1:1. The present research piloted a group adaptation of the CBT-T 1:1 protocol in community settings (N=8). Results show large effect sizes in improved eating attitudes, eating behaviours, anxiety and depression. Results are comparable to those from 1:1 studies. Patient experiences of the intervention are reflected upon.

Developing the Cognitive Behaviour Therapy Scale for Eating Disorders (CBTS-ED): A tool for rating clinician performance in delivering evidence-based CBT for eating disorders

Jessica Beard, University of Sheffield, UK

Background: Evidence-based cognitive-behavioural therapy for eating disorders (CBT-ED) differs from other forms of CBT due to its strong focus on behaviour change techniques aimed to reduce problematic eating behaviours and achieve cognitive change. A wealth of evidence shows that clinicians do not reliably deliver core behavioural components of CBT-ED, or indeed substantially drift away from CBT-ED treatment manuals. The focus of existing measures, such as the Cognitive Therapy Scale-Revised, means they assess generic CBT skills but do not focus sufficiently on the specific skills necessary in CBT-ED to help bring about change. Clinicians and supervisors therefore need a suitable tool to accurately assess specific clinician skills to deliver CBT-ED. Objective: This pilot study aims to assess different aspects of the reliability of the Cognitive Behaviour Therapy Scale for Eating Disorders (CBTS-ED), a measure of session quality in CBT-ED, developed by a team of clinical researchers. Method: A group of CBT-ED experts and non-experts who are familiar with CBT-ED treatment content independently observed six mock CBT-ED therapy sessions. They rated the clinicians' in session performance using the CBTS-ED. The inter-item consistency (Cronbach's alpha) and interrater reliability (ICC) of the CBTS-ED were assessed. Results: Initial data suggests that the CBTS-ED has acceptable to good internal consistency and moderate to good interrater reliability, demonstrating comparable or improved psychometric properties relative to existing CBT therapy quality scales. Conclusion: These preliminary results suggest the CBTS-ED can be used effectively across both expert and non-expert raters, though further data are needed to add to this evidence. Potential research questions will be presented (e.g., the value of the measure in training CBT-ED therapists).

Improving availability of CBT for eating disorders: Delivering therapy via the workplace

Carla Toro, University of Warwick, UK; Tabitha Jackson, University of Warwick, UK; Agatha Payne, University of Warwick, UK; Sean Russell, Coventry University, UK; Glenn Waller, University of Sheffield, UK; Caroline Meyer, University of Warwick, UK

Introduction: CBT-T is a 10-week version of CBT-ED for non-underweight eating-disordered patients and those with subthreshold symptoms. Its effectiveness and remission rates are comparable with longer versions of CBT-ED when employed with adults and adolescents in routine health settings. However, not all people with eating disorders are able to access care that way, due to work commitments. This study explores the feasibility of recruiting to and delivering online

CBT-T therapy in the workplace, as an alternative to health service settings (see Toro et al., 2022 for published protocol). Effectiveness will also be measured.

Methods: Recruitment to this single-centre, single-group study is based on self-reported eating and weight concerns rather than diagnosis, potentially enabling access to treatment for employees who have not previously sought help and those with sub-threshold eating disorder symptoms. The treatment was advertised to employers across the Midlands of the UK, as part of a wider research programme delivering mental health interventions to workers in the workplace (the Mental Health and Productivity Pilot; MHPP; mhpp.me).

Results: Recruitment has already reached its feasibility target. Online treatment is currently being delivered over 10 weeks. Assessments take place at baseline, mid-treatment (week 4), post-treatment (week 10), and at follow-up (one month and three months post-treatment). Qualitative data on participant experiences will be collected at 1-month follow-up and analysed using thematic analysis. For the primary outcome, measures include recruitment, attrition and attendance levels. Clinical and work engagement outcomes will be assessed using standardised measures. Early findings are demonstrating feasibility and positive effects.

Discussion: The outcome to the first follow-up will be presented, to determine the viability of a future fully-powered clinical trial of CBT-T in the workplace.

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‘Severe and Enduring Eating Disorders’: A Snark for our times?

Glenn Waller, The University of Sheffield, UK

Introduction: In the past decade, the field of eating disorders has seen the emergence of the construct of ‘Severe and Enduring Eating Disorders’, particularly in relation to anorexia nervosa. However, the relevant literature has struggled to find a meaningful way to define such cases, in terms of either severity or duration. The risk of such a label is that clinicians will use it to justify offering less effective treatment approaches, on the grounds of a fatalism about the chances of the patient improving. This presentation will address the origins of the construct, the issues of defining it, and test whether the effects of well-applied CBT for eating disorders are influenced by severity and duration.

Method: The study examines outcomes for a case series of 134 adult patients with anorexia nervosa receiving enhanced CBT. The sample were divided into ‘severe’ and ‘enduring’ groups and examined dimensionally, based on their characteristics at assessment. Different definitions of each construct were used, to determine whether there is any way of predicting poorer outcome among some groups.

Results: Overall outcomes were comparable to those found in other studies of this therapy for anorexia nervosa. There was no definition of severity or duration that was linked to any impact on clinical outcomes. This finding is similar to that found among adolescents with anorexia nervosa, and in a recent meta-analysis of the relevance (or otherwise) of duration of the eating disorder.

Discussion: The label ‘Severe and Enduring Eating Disorder’ has become widely used. However, there is no clear definition of duration or severity that results in clinically meaningful groups being identified, and now we have evidence that it does not have any clinical utility when predicting who can benefit from therapy. The danger inherent in using this label is that clinicians and patients alike assume that they cannot work towards recovery, so give up on trying. These findings stress the importance of not allowing ourselves to be persuaded by the existence of a label, when the reality is very different. As demonstrated in Lewis Carroll’s work, sometimes the thing that we hunt for with great enthusiasm (the Snark), making up characteristics as we go, turns out to be what we already knew about (a plain old Boojum)

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The Evolution of Mindfulness (- Based Cognitive Therapy) into new formats, populations, and contexts

Chair: Shannon Maloney, University of Oxford, UK

Discussant: Barney Dunn, University of Exeter, UK

Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: the MYRIAD cluster randomised controlled trial

Willem Kuyken, University of Oxford, UK; Sarah-Jayne Blakemore, University of Cambridge, UK; Obi Ukoumunne, University of Exeter, UK; Mark Greenberg, Penn State University, Pennsylvania; Tamsin Ford, University of Cambridge, UK; Tim Dalgleish, University of Cambridge, UK; Mark Williams, University of Oxford, UK. Full author list: includes Sarah Byford, KCL as senior author, additional authors listed in the presentation and the wider MYRIAD team

Background: Systematic reviews suggest school-based mindfulness training (SBMT) shows promise in promoting student mental health.

Objective: The MYRIAD trial evaluated the effectiveness and cost-effectiveness of SBMT compared with teaching-as-usual (TAU).

Methods: MYRIAD was a parallel group, cluster-randomised controlled trial. Eighty-five eligible schools consented and were randomised 1:1 to TAU (43 schools, 4232 students) or SBMT (42 schools, 4144 students), stratified by school size, quality, type, deprivation, and region. Schools and students (mean (SD); range age=12.2, (0.6); 11-14) were broadly UK population-representative. Forty-three schools (n=3678 pupils; 86.9%) delivering SBMT, and 41 schools (n=3572; 86.2%) delivering TAU, provided primary end-point data. SBMT comprised ten lessons of psycho-education and mindfulness practices. TAU comprised standard social-emotional teaching. Participant-level risk-for-depression, social-emotional-behavioural functioning, and well-being at one-year follow-up were the co-primary outcomes. Secondary and economic outcomes were included.

Findings: Analysis of 84 schools (N=8,376 participants) found no evidence that SBMT was superior to TAU at one-year. Standardised mean differences (intervention minus control) were: 0.005 (95%CI: -0.05–0.06) for risk-for-depression; 0.02 (-0.02–0.07) for social-emotional-behavioural functioning; and 0.02 (-0.03–0.07) for well-being. SBMT had a high probability of cost-effectiveness (83%) at a willingness-to-pay threshold of £20,000 per QALY. No intervention-related adverse events were observed.

Conclusions: Findings do not support the superiority of SBMT over TAU in promoting mental health in adolescence. Clinical implications: There is need to ask what works, for whom and how, as well as considering key contextual and implementation factors.

Trial registration: Current Controlled Trials ISRCTN86619085. This research was funded by the Wellcome Trust [WT104908/Z/14/Z and WT107496/Z/15/Z].

MBCT Finding Peace in a Frantic World and MBCT for Life to improve well-being and mental health in teachers and healthcare workers: two randomised controlled trials

Jesus Montero-Marin, Teaching, Research & Innovation Unit, Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Spain; Clara Strauss, School of Psychology, University of Sussex, UK; Catherine Crane, Department of Psychiatry, University of Oxford, UK; Jenny Gu, Research Department, Sussex Partnership NHS Foundation Trust, Sussex Education Centre, Mill View Hospital, UK; Willem Kuyken, Department of Psychiatry, University of Oxford, UK

Introduction: Schoolteachers and healthcare workers play a critical role in the education and health of a nation, yet rates of teacher and healthcare workers' stress are disproportionately high. We evaluated whether mindfulness-based cognitive therapy (MBCT), using 'Finding Peace in a Frantic World' [MBCT-FP] and mindfulness-based cognitive therapy for life [MBCT-L], could reduce stress and target a range of secondary outcomes.

Method: The first study randomly assigned secondary schoolteachers to receive instructor-led and self-taught MBCT-FP. The second study randomly assigned NHS workers to receive either MBCT-L or wait-list. We measured psychological well-being and a range of mental health variables. Mixed regressions were used. Mindfulness and compassion were explored as potential mechanisms of effects.

Results: In the first study, 206 teachers from 43 schools were randomized by school to an instructor-led or self-taught course. Both formats showed similar rates of participant expectancy and engagement, but the instructor-led arm was perceived as more credible. We found the self-taught arm showed significant pre-post improvements in well-being and self-compassion, while the instructor-led arm showed such improvements in well-being, mindfulness, self-compassion, perceived stress, anxiety, depression, and burnout. Changes over time significantly differed between the groups in all these outcomes, favouring the instructor-led arm. The instructor-led arm, compared with the self-taught, indirectly improved teacher outcomes by enhancing mindfulness and self-compassion as mediating factors. In the second study, we assigned 234 participants to MBCT-L or to wait-list. 168 (72%) participants completed the measures and of those who started the MBCT-L, 73.4% (n = 69) attended most of the sessions. MBCT-L improved well-being compared with controls. Effects were

also found for stress, depression, and anxiety, but not for work-related outcomes. Mindfulness and self-compassion were mediators of effects.

Discussion: Our results suggest both instructor-led and self-taught formats of MBCT-FP are considered reasonable by secondary school teachers, but the instructor-led is more effective than the self-taught. On the other hand, MBCT-L could be an effective and acceptable part of a wider healthcare workers well-being and mental health strategy. Both mindfulness and self-compassion appeared as potential mechanisms of MBCT.

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Mindfulness-Based Cognitive Therapy — ‘Taking it Further’ (MBCT—TiF) Compared to Wait-list Control in the Promotion of Well-being and Mental Health: A Randomised Controlled Trial with Graduates of MBCT and MBSR

Shannon Maloney, Department of Psychiatry, University of Oxford, UK; Jesus Montero-Marin, Teaching, Research & Innovation Unit, Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Spain; Willem Kuyken, Department of Psychiatry, University of Oxford, UK

Introduction: Mindfulness-based programmes (MBPs) have demonstrated effectiveness in promoting mental health and well-being in general population samples. However, there is limited evidence on how to sustain these effects post-treatment and beyond the duration of traditional MBPs, such as mindfulness-based cognitive therapy [MBCT] and mindfulness-based stress reduction [MBSR]. MBCT—‘Taking it Further’ [MBCT-TiF] is a novel twelve-week MBP that was developed to help reinforce and sustain learning in those that have already completed an MBCT/MBSR programme. The primary aim of the current study was to evaluate the acceptability and effectiveness of the MBCT-TiF programme in a self-selected adult general population sample of MBCT/MBSR graduates using an online format.

Methods: A randomised controlled trial with waitlist-control and repeated measures design was used. Two cohorts of MBCT/MBSR graduates aged 18 and above were recruited and randomly assigned to either MBCT-TiF or wait-list control (WL). The primary outcome was self-reported well-being, measured with the 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Participants completed the WEMWBS three times before the start of the intervention, twice during the intervention, and once post-intervention. Secondary outcomes included: anxiety (GAD-7), depression (PHQ-9) and psychological quality of life (WHOQOL-BREF). Measures of acceptability included: attendance, self-reported home practice, perceived expectations and credibility, teacher quality, unpleasant experiences and harm. The primary analysis was intention to treat using complete cases. The trial was registered with ClinicalTrials.gov (Identifier: NCT05154266).

Results: Out of the 164 MBCT/MBSR graduates recruited and randomised across two cohorts (between June and September 2021), 83 were randomised to MBCT-TiF and 81 to WL. 96.4% of the MBCT-TiF arm attended at least half of the sessions. MBCT-TiF was significantly more effective than WL at improving well-being, with large effects post-intervention ($d = 0.78$). In terms of secondary outcomes, MBCT-TiF was significantly more effective than WL at improving psychological quality of life ($d = 0.74$) and symptoms of anxiety and depression ($d = -0.44$ to -0.53), with moderate to large effects post-intervention.

Discussion: Our findings demonstrated acceptability and effectiveness of an online format of MBCT-TiF in a self-selected adult general population sample of MBCT/MBSR graduates.

The effect of mindfulness-based programmes on elite athlete mental health: A systematic review and meta-analysis

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Introduction: Elite athletes face unique stressors that can place them at particular risk of experiencing mental health symptoms and disorders. Sport-specific recognition and assessment tools are available, but whilst a wide range of

psychological treatments show positive effects in preventing and treating mental health symptoms and disorders, few have been rigorously tested in elite athletes and the unique environments they operate in. Mindfulness-based programmes (MBPs) are becoming increasingly popular in elite sport for their potential to improve performance alongside mental health. Careful adaptation of these programmes is required when targeting specific groups and new contexts, such as elite athletes, to maximise acceptability, effectiveness, ease of implementation, and scalability. The objective of this review was to systematically evaluate the best available evidence to determine the effect MBPs had on elite athletes' mental health.

Methods: For this systematic review and meta-analysis we searched eight online databases (Embase; PsycINFO; SPORTDiscus, MEDLINE; Scopus; Cochrane CENTRAL; ProQuest Dissertations & Theses; Google Scholar), plus forwards and backwards searching from included studies and previous systematic reviews. Studies were included if they were randomised controlled trials (RCTs) that compared a MBP against a control, in current or former elite athletes. Between group differences were analysed for: (1) anxiety symptoms; (2) depression symptoms; (3) psychological well-being; (4) psychological distress; (5) stress; and (6) mindfulness.

Results: Of 2,386 articles identified, 12 RCTs were included in the systematic review and meta-analysis, comprising a total of 613 elite athletes (313 MBP; 300 controls). Overall, MBPs improved mental health, with large significant pooled effect sizes for reducing symptoms of anxiety (hedges $g = -0.87$, number of studies (n) = 6, $p = .02$, $I^2 = 90$), stress ($g = -0.91$, $n = 5$, $p = .01$, $I^2 = 74$), and increased psychological well-being ($g = 0.96$, $n = 5$, $p = .04$, $I^2 = 89$). Overall, the risk of bias and certainty of evidence was moderate and all findings were subject to high estimated levels of heterogeneity.

Discussion: MBPs demonstrated positive effects in improving elite athletes' mental health. Future research should concentrate on utilising high-quality MBPs that are adapted for elite sport settings and implemented with careful consideration of the requirements each unique environment has.

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Advances in our understanding of complex child trauma and psychopathology: Aetiology and treatment

Chair: Rebecca Davis, University of Bath, UK

Unravelling the contribution of complex trauma to psychopathology and cognitive deficits: a cohort study

Stephanie Lewis, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK; Karestan Koenen, Harvard T.H. Chan School of Public Health, USA; Antony Ambler, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK; Louise Arseneault, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK; Avshalom Caspi, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK; Helen Fisher, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK; Andrea Danese, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK

Background: Complex traumas are traumatic experiences that involve multiple interpersonal threats during childhood or adolescence, such as repeated abuse. These traumas are hypothesised to cause more severe psychopathology and poorer cognitive function than other non-complex traumas. However, empirical testing has been limited to clinical/convenience samples and cross-sectional designs.

Aims: To investigate psychopathology and cognitive function in young people exposed to complex, non-complex or no trauma, from a population-representative longitudinal cohort, and to consider the role of pre-existing vulnerabilities.

Method: Participants were from the Environmental Risk Longitudinal Twin Study, a population-representative birth cohort of 2232 British children. At age 18 years (93% participation), we assessed lifetime exposure to complex and non-complex trauma, past-year psychopathology and current cognitive function. We also prospectively assessed early childhood vulnerabilities: internalising and externalising symptoms at 5 years of age, IQ at 5 years of age, family history of mental illness, family socioeconomic status and sex.

Results: Participants exposed to complex trauma had more severe psychopathology and poorer cognitive function at 18 years of age, compared with both trauma-unexposed participants and those exposed to non-complex trauma. Early childhood vulnerabilities predicted risk of later complex trauma exposure, and largely explained associations of complex trauma with cognitive deficits, but not with psychopathology.

Conclusions: By conflating complex and non-complex traumas, current research and clinical practice underestimate the severity of psychopathology, cognitive deficits and pre-existing vulnerabilities linked with complex trauma. A better understanding of the mental health needs of people exposed to complex trauma could inform the development of new, more effective interventions.

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Voice hearing in children and adolescents with PTSD

Katie Lofthouse, University of East Anglia, UK; Richard Meiser-Stedman, University of East Anglia, UK

Investigating comorbidity in children and young people with posttraumatic stress disorder (PTSD) could have implications for the treatment of young people exposed to traumatic experiences. One comorbid symptom of note is hearing voices. Whilst research has explored psychotic-like experiences in young people (Laurens et al., 2007), research investigating the link between such experiences and PTSD has so far been limited to adult samples (e.g., Anketell et al., 2010). The present study explored the incidence of hearing voices in young people aged 8-17 with a diagnosis of PTSD after multiple trauma exposure using the baseline data from the DECRYPT trial (Allen et al., 2021). Youth who experienced voices in the last 2 weeks (n = 50) were compared to youth who did not (n = 70). Specifically, analyses were conducted to assess whether voices were more prevalent in young people exposed to sexual trauma compared to non-sexual trauma, whether hearing voices is related to PTSD severity and whether hearing voices is related to negative trauma-related beliefs. Results are discussed with relation to cognitive models of psychosis and the treatment of PTSD in children and young people using psychological therapies.

Six Simple Systematic Reviews: correlates and predictors of post-traumatic stress disorder (and its treatment) in children and young people.

Richard Meiser-Stedman, University of East Anglia, UK; Leila Allen, University of East Anglia, UK; Toby Cushing, University of East Anglia, UK; Georgina Gomez de la Cuesta, University of East Anglia, UK; Lauren Grainger, University of East Anglia, UK; Jessica Memarzia Caroline Simmons, University of East Anglia, UK

Post-traumatic stress disorder (PTSD) is a common, but not universal, response to trauma in children and adolescents. Since the late 1980s the study of PTSD in youth have grown at a phenomenal rate, giving rise to the problem of how to summarise the available evidence into clear messages for researchers and clinicians alike. In this presentation I will outline the results from six recent systematic reviews that explored correlates and predictors of PTSD in youth, and factors associated with the successful treatment of PTSD in this age group. Four systematic reviews concern psychosocial and cognitive-behavioural factors associated with the presence of post-traumatic stress in trauma-exposed youth: social support (Allen et al. 2021); attachment (Cushing et al., under review); peri-traumatic cognitive processing (Memarzia et al., 2021); and negative trauma-related appraisals (Gomez de la Cuesta et al., 2019). Two reviews concern elements of the treatment of PTSD in youth, in particular the acceptability of mainstream psychological therapies for PTSD in this age group (Simmons et al., 2021), and the influence of therapist qualifications and training on the efficacy of PTSD treatment (Grainger et al., 2022). The implications of these data for our theoretical understanding of PTSD in youth and the wider delivery of effective treatment will be outlined.

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Exploring differences in the diagnosis and treatment decisions for children in care compared to their peers: An experimental study on Post-Traumatic Stress Disorder

Rosie McGuire, University College London, UK; Sarah Halligan, University of Bath, UK; Richard Meiser-Stedman, University of East Anglia, UK; Lucy Durbin, University of Bath, UK; Rachel Hiller, University College London, UK

Objectives: Despite evidence of high rates of diagnosable mental health difficulties in children in care, there remains ongoing debate around the appropriateness of traditional diagnoses and treatments. The aim of this study was to quantitatively explore whether mental health diagnosis and treatment decision-making differed when a young person was identified as being in care, specifically focused on posttraumatic stress disorder (PTSD). PTSD is a trauma-specific mental health disorder with rates substantially higher in children in care versus their peers.

Methods: Participants were 270 UK mental health professionals who completed an online survey. Participants were randomised to receive one of two vignettes, which were identical in their description of a teenage boy experiencing PTSD symptoms, except in one he was in foster care and in the other he lived with his mother. Participants were asked to select a primary diagnosis, treatment approach, and potential secondary diagnosis.

Results: Professionals were twice as likely to choose a primary diagnosis of PTSD and a NICE-recommended PTSD treatment when randomised to the mother vignette versus the foster carer vignette. Selecting PTSD as the primary diagnosis made clinicians three times more likely to select a NICE-recommended treatment for PTSD. Developmental trauma was the most common “diagnosis” for both groups, although this led to different treatment decisions.

Conclusions: In the context of PTSD, we found children in care face diagnosis and treatment decision-making biases.

Practice implications are discussed.

A meta-analytic review of group-based interventions for treating post-traumatic stress symptoms in children and adolescents

Rebecca Davis, University of Bath, UK; Richard Meiser-Stedman, University of East Anglia, UK; Nimrah Afzal, University of Bath, UK; John Devaney, University of Edinburgh, UK; Sarah Halligan, University of Bath, UK; Katie Lofthouse, University of East Anglia, UK; Rachel Hiller, University College London, UK

Background: Trauma exposure in childhood is common and can lead to a range of negative mental health outcomes, including posttraumatic stress disorder (PTSD). In many services and communities, resources to address this distress are scarce. Compared to best-evidenced individual psychological intervention, group-based interventions often require minimal resources and training, can be delivered by non-mental health specialists, and target larger numbers of young people.

Methods: Our meta-analysis sought to establish whether such an approach is an effective method for targeting PTSD symptoms, and to identify potential moderators of effectiveness. We searched PubMed, PsycNET and PTSDPubs for RCTs which used a group-based PTSD intervention, with children aged 6-18 years. Data were extracted for PTSD symptoms and depression symptoms. We conducted a random effects meta-analysis to obtain between group pooled effect size estimates.

Findings: The initial search identified 9,650 studies, of which 42 were eligible for inclusion (N=5,998). Children randomised to a group-based PTSD intervention had significantly lower PTSD symptoms post-treatment compared to control, with a medium pooled effect ($g=-0.55$, CI -0.76 , -0.35). Significant between group differences were maintained when compared to a passive versus active control (although effect sizes were stronger against passive control); at follow-up; and for depression symptoms. There was a large amount of heterogeneity, but no evidence that this was explained by whether the intervention was delivered in a low-to-middle income or high-income country, included caregivers, or was a universal or targeted intervention.

Interpretation: Group delivered PTSD interventions, particularly those which are CBT-based, are effective at targeting children’s post-trauma distress. There was evidence of effectiveness when delivered in highly complex and resource-scarce settings and to a range of trauma-exposed groups, including those exposed to war/conflict, natural disasters, and abuse.

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Lessons learned in making IAPT work for everyone. Whose IAPT is it anyway?

Convenor: Leila Lawton, South London & Maudsley NHS Trust, UK

Chair: Peter Phiri, University of Southampton, UK

Lessons Learned in Making IAPT Work for Everyone- Whose IAPT is it anyway?

Peter Phiri, University of Southampton, UK; Daniela Zigova, Bromley Healthcare, UK; Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Leila Lawton, South London & Maudsley NHS Foundation Trust, UK; Shah Alam, East London NHS Foundation Trust, UK

Though there have been considerable developments in culturally responsive and sensitive CBT in recent decades, wide dissemination of learning in clinical practice is required. Statistics illustrating the harsh reality of the implications of inequities for racially minoritised communities are not debatable. We make no apologies for our continued commitment to advancing work in this area. This inspiring symposium takes us on a journey, mapping out ways to better engage and support different racially minoritised groups. The first speaker presents learning on the Gypsy Roma Community; a forgotten people, counting the cost and seeking to address the disparity. Research findings on work with Gypsy, Roma, and Traveller communities exploring their experiences in mental health. Highlighting gaps in care and barriers in access to treatment, and implications for the IAPT programme. The second speaker will then consider evidence base and lessons learned on working with Refuge and Asylum-seeking populations at service and therapist level. Implementation of the 'BAME' PPG audit tool reviewing race equity in access, engagement, and workforce within IAPT. Examples of working with voluntary sector services to identify and address barriers to access. Highlighting challenges, putting theory to practice, improving experiences and outcomes. The third speaker will review learning from application of a culturally responsive online group; combining anti-oppressive practice with CBT interventions. Looking at mental health through the lens of race - a social construct exploring whiteness and implications of navigating stereotype and power. Supporting participants to reclaim and re-define their identity- rewriting the narrative, exploring impact of micro aggression and generational trauma on wellbeing. Who has access to research routes for decimation of learning? We ask services what they are doing to target underrepresented populations. Our fourth speaker considers empirical findings on addressing barriers within a Bangladeshi population who have the lowest rates of access to IAPT services. Clinical guidance is provided for commissioners, services and health professionals. We ask what we/you/us can do to address the systemic barriers to equitable access, experience and outcomes for racialised communities?

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Gypsy Roma Community; a forgotten people, counting the cost and seeking to address the disparity

Daniela Zigova, Bromley Healthcare, UK; Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Leila Lawton, South London & Maudsley NHS Foundation Trust, UK; Shah Alam, East London NHS Foundation Trust, UK

This review focuses on the theme of improving access to mental health services for people of Gypsy, Roma, and Travellers background. Gypsy, Roma, and Travellers (GRT) community are an underrepresented group within mental health research, despite high rates of mental illness and suicide. They are often the most disadvantaged and presents with poorest health outcomes and difficult engagement with services. Thus, their needs are ought to be explored further to help us understand and reshape policies and services to better serve GRT population. We conducted a literature review and meta-synthesis of current qualitative research exploring the experiences of GRT population with healthcare system and mental health. Our findings highlight the gaps in care and barriers in access to services and treatment, such as stigma, distrust and lack of understanding of mental health. We discuss the barriers in help seeking behaviours related specifically to services that are currently not suitable to adequately support to GRT communities. We identified the key concepts which can help improve access to services and improve awareness of mental health for the community. We also discussed direct implications on the IAPT programme. IAPT programme was developed in 2008 to help improve access to psychological therapies for people with common mental health problems by providing simple and quick access through self-referrals. However, after 14 active years, there are still many gaps in access, especially for GRT population. Many face barriers entering IAPT services, both cultural and structural. Roma community often faces language barrier with lack of interpreters available to services who can speak Roma language. Travellers and Gypsy communities are often turned away from IAPT and GP surgeries due to their culture and lifestyle. Our findings highlight these structural barriers and discuss adaptations to minimise them. We also found that GRT as an ethnic category is currently not recorded as a minimum dataset for IAPT, which means that services are missing out important data to help provide necessary adjustments and adaptations for this population. Due to lack of data, we are unable to understand specific differences between services and learn from practice. Implications and recommendations to improve access and provide cultural adaptations for interventions are also discussed.

Putting Theory into practice in IAPT working with Asylum Seekers & Refugees

Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Daniela Zigova, Bromley Healthcare, UK; Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Leila Lawton, South London & Maudsley NHS Foundation Trust, UK; Shah Alam, East London NHS Foundation Trust, UK

The importance of developing culturally sensitive and responsive services to better meet needs of under-represented racially minoritized groups has been nationally recognised. The BAME Positive Practice Guide (2019) clearly outlines the need to improve IAPT services racial equity for access, engagement, adaptation, and the workforce. However, the application of the BAME PPG, including its embedded audit tool is varied across services. We look at steps taken by an IAPT service to improve access for underrepresented and racially minoritized groups by implementing change in line with the guidance. We highlight work with Refugee and Asylum seeker populations both at a service and therapist level in the IAPT service. Compared to other patients seeking primary care psychological services, Refugees and those seeking asylum are likely to experience more complex levels of need, both psychologically and socially. Despite this they are underrepresented in IAPT services. We focus on examples of working with voluntary sector services and community engagement work. Change implementation and clinical application considerations around help-seeking across cultures, non-Western perceptions of mental health, rethinking service delivery and needs of non-English speakers are explored. The role of therapist beliefs, supervision and training are discussed in actively engaging with therapists around this important work. Through these examples we examine the challenges of putting theory into practice in an IAPT setting. This initial learning is then used to make suggestions to support development of IAPT services. It is essential that IAPT services are active in developing to meet the needs of underrepresented, disadvantaged, and vulnerable groups if it is to provide care that accessible, safe, culturally responsive and truly for us all.

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Race Identity and Me- New Narratives in CBT recognising the Role of Racism-providing Therapy

Leila Lawton, South London & Maudsley NHS Trust, UK; Daniela Zigova, Bromley Healthcare, UK; Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Shah Alam, East London NHS Foundation Trust, UK

Mental health services need to accept, understand and manage the effects of legacies of oppression and racism on our British shores. Repetitive statistics highlighting the prevalence of poorer outcomes in mental/physical health for the African, Caribbean & Asian communities are not coincidental. Neither can they be accepted as the status quo or seen as intrinsic to minoritised ethnicity. In Global majority populations; minoritised in the UK context; the risks of common mental disorder are higher, access to culturally appropriate mental health provision lower. In addition to less opportunities for progression within educational and employment systems. With more challenging socio-economic conditions, whether first, second, third or fourth generations. Studies in the UK indicate that Racially minoritised populations experience repeated increased incidences of racialised trauma (Frissa et al, 2013, Majors, Carberry, & Ransaw, 2020). We review learning from application of a culturally adapted online group, combining anti-oppressive practice with CBT interventions. Exploring mental health through the lens of race - a social construct exploring whiteness and implications of navigating stereotype and power. Supporting participants to reclaim and re-define their identity- rewriting the narrative, exploring impact of micro aggression and generational trauma on wellbeing. Transcultural CBT demonstrates how CBT requires adaptation for culture and context (Beck 2016). The 2019 IAPT BAME Positive Practice Guide endorses cultural adaptations (Beck et al, 2019). CBT idiosyncratic models can be adapted to centre difficulties within the context of social constructions of whiteness and race. The trauma of oppression; has varied aetiologies of stressors which threaten personal safety, violate autonomy and can be both overt and covert. Developed through ostracisation, discrimination, poor access to resources due to systemic structures and social positioning. Cultural Trauma may be linked to the impact of bias in the treatment towards racially minoritised groups in comparison to the dominant culture. * This can create a crushing of identity and self-worth, imposition of expression and assertion of power. In preparing data for a consecutive single case series we review qualitative and quantitative data; and consider who has access to research routes for decimation of learning? We ask services what they are doing to target underrepresented populations.

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Seeking Support-where do I get help?- Bangladeshi Men & Mental Health

Shah Alam, East London NHS Foundation Trust, UK; Daniela Zigova, Bromley Healthcare, UK; Rani Griffiths, Berkshire Healthcare NHS Foundation Trust, UK; Leila Lawton, South London & Maudsley NHS Foundation Trust, UK

In the UK, men are reluctant to seek support & disclose mental health problems, with higher rates of suicide in racially minoritised ethnic groups. Despite the large South Asian Bangladeshi population in London, their use of mental health services is low comparative to White Britons. The Bangladeshi community is considerably the most disadvantaged of Britain's ethnic minorities, occupying the worst & most overcrowded housing, high unemployment, with average earnings being lower than any other ethnic group. Furthermore, Bangladeshi men are less represented in Primary Care NHS mental health services in England, such as Improving Access to Psychological Therapies (IAPT) services. Social and economic inequalities have a major impact on mental health & to tackle these inequalities, services must give more attention to people at greatest risk of poor health. The needs of the Bangladeshi community in Britain are not being fully met and this empirical study hoped to improve understanding and knowledge of the community and how better to support men, who are likely to be at risk of difficulties. The aim of this study was to qualitatively explore stigma and help-seeking for mental health difficulties, within British-Bangladeshi Muslim men. What attitudes related to mental health, stigma and help-seeking exist within this population? Twelve British-Bangladeshi Muslim men in London were recruited, aged between 22 and 59, experiencing symptoms of anxiety and/or depression but not accessing formal support. An initial online Qualtrics screening questionnaire was completed and men who met criteria were then interviewed. Individual semi-structured video interviews were completed between May and October 2020, during the COVID-19 pandemic, exploring men's views around mental health, accessing support and stigma. Ethical approval was obtained from Royal Holloway, University of London and participants were debriefed. Results from reflexive thematic analysis show 24 subthemes and six overarching themes such as 'different understanding of mental health', 'traditional Eastern cultural expectations in the West', 'fear and loss from a permanent abnormal label', 'coping resources', 'access barriers to Western support' and 'community outreach and collaboration'. There are various factors related to levels of stigma and barriers accessing mental health support. Participants suggested initiatives to reduce stigma, raise mental health awareness and help the community access support.

References:

Alam (2022 in press) Seeking Support; Bangladeshi Community & Mental Health

Innovations in Perinatal Mental Health Treatment Interventions

Chair: Heather O'Mahen, University of Exeter, UK

Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis

Danella Pettman, Uppsala University, Sweden; Heather O'Mahen, University of Exeter, UK; Oscar Blomberg, Uppsala University, Sweden; Agneta Skoog Svanberg, Uppsala University, Sweden; Louise von Essen, Uppsala University, Sweden; Joanne Woodford, Uppsala University, Sweden

Background: Perinatal depression is prevalent condition which impact negatively upon mothers, infants, families and wider society. The evidence based suggests that cognitive behavioral therapy (CBT) based interventions are effective for perinatal depression, however the effect upon important secondary outcomes, and a number of potential clinical and methodological moderators has yet to be examined.

Methods: A systematic review and meta-analysis was conducted to explore the effectiveness of CBT-based interventions for perinatal depression on symptoms of depression, anxiety, stress, parenting, perceived social support, and perceived parental competence. Clinical and methodological moderators potentially associated with effectiveness were explored. A systematic search was performed for randomized controlled trials (RCTs) of CBT-based interventions for perinatal depression. Searches were performed up until November 2021.

Results: The systematic review included 31 studies (5,291 participants) and the meta-analysis included 26 studies (4,658 participants). The overall effect size was medium (hedges $g = -0.53$ [95% CI -0.65 to -0.40]); with high heterogeneity. Significant effects were found for anxiety, individual stress, and perceived social support, however few studies included these secondary outcomes. In the subgroup analysis; type of control, type of cognitive behavioral therapy, and type of health professional were significant moderators of the main effect (symptoms of depression). Some concerns of risk of bias were present in many studies and one study had a high risk of bias.

Conclusions: CBT-based interventions for perinatal depression appear effective, however results should be cautiously interpreted given high levels of heterogeneity and risk of bias presented in many studies. The moderating effect of the type of professional delivering interventions warrants further study. Additionally, the results indicate a need to improve consistency of reporting across trials with the development of a minimum core data set and to design and conduct trials with longer-term follow-up periods.

PROSPERO registration: CRD42020152254.

Are exposure-based treatments acceptable for women with anxiety disorders in pregnancy?

Fiona Challacombe, King's College London, UK; Ben Carter, King's College London, UK; Vanessa Lawrence, King's College London, UK; Potts Laura, King's College London, UK; Rose Tinch-Taylor, King's College London, UK; Katie Sabin, King's College London, UK; Louise Howard, King's College London, UK

Background: Antenatal anxiety and anxiety disorders are very common, impair the functioning of women and potentially impact child development and early parenting. Exposure-based therapies are effective for anxiety disorders but their effectiveness and acceptability for women in pregnancy is not known. The ADEPT study (Challacombe et al, 2021) aimed to assess the feasibility of running an RCT for women with moderate to severe antenatal anxiety-related disorders, testing intensively delivered CBT against standard weekly CBT.

Methods: Women with PTSD, OCD, Panic Disorder or Social Phobia were recruited by self-referral, midwife referral, IAPT or specialist mental health teams between 12 and 20 weeks of pregnancy and offered individual CBT in one of two formats. 11 hours of treatment took place during pregnancy, with a postnatal follow-up. Much of the treatment was delivered online. Qualitative data on the use and acceptability of exposure-based therapy was collected.

Results: Of 135 women screened, 59 women were randomised into the study with 57 starting and completing treatment in pregnancy. 83% of women provided follow up data at 3m postpartum. Women found both forms of CBT acceptable and helpful for anxiety, reporting specific pros and cons for each modality. They were willing to engage in exposure and perceived it as important to therapy.

Conclusions: Pregnant women consider exposure-based therapy an acceptable and useful treatment for anxiety problems.

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Remote Delivered Acceptance and Commitment Therapy for Perinatal Mood and Anxiety Disorders: a feasibility and proof of concept study

Cerith Waters, Cardiff University, UK; Claire T aylor, Cardiff & Vale University Health Board, UK; Jessica Simmonds, Cardiff & Vale University Health Board, UK; Matthew Lewis, Swansea Bay University Health Board, UK; Jessica Williams, Cardiff & Vale University Health Board, UK; Jenny Berrett, Swansea Bay UHB, UK

Introduction: Depression and anxiety during pregnancy and postpartum can affect approximately 1 in 5 women and if left untreated, and can lead to long-term adverse outcomes for women and children. Access to effective treatments for women experiencing moderate-severe perinatal depressive and/or anxiety disorders is limited. To address this problem, we developed an on-line group-delivered Acceptance and Commitment Therapy intervention for perinatal mental health (ACT-PNMH).

Method: An open-label pilot study was conducted of an 8-week, group-based ACT intervention delivered on-line for women with moderate-to-severe mood and/or anxiety disorders during pregnancy and/or postpartum. The women were accessing a specialist Perinatal Community Mental Health Service (PCMHS). Outcomes included session attendance rates, dropout rates, crisis/inpatient service use, and standardized symptom scales. Participant's responses to open-ended questions in an end of therapy questionnaire were analyzed using thematic analysis.

Results: Fifty-seven women were referred to the intervention with 41 (72%) completing treatment. The median number of sessions attended was 6. No women required input from crisis/inpatient services. All reported finding the intervention helpful. The benefits of the ACT skills and techniques, the advantages and challenges of attending an on-line group-

delivered intervention, and the impact of the COVID-19 were salient themes in the data. At post-treatment, there was a significant reduction in symptoms of global distress, depression, and anxiety, and an increase in psychological flexibility. Discussion: The group delivery of ACT on-line for women accessing a specialist PCMH is feasible, safe, and effective. A randomized control trial (RCT) is needed to establish the efficacy and cost-effectiveness of this group-delivered ACT intervention.

What are the potential benefits of a parenting intervention like Baby Triple P to perinatal women's mental health and their infants?

Anja Wittkowski, The University of Manchester, UK; Richard Emsley, Kings College London, UK; Penny E Bee, The University of Manchester UK; Elizabeth Camacho, The University of Manchester, UK; Rachel Calam, The University of Manchester, UK; Kathryn M Abel, The University of Manchester, UK; Paula Duxbury et al, Greater Manchester Mental Health NHS Foundation Trust, UK

Introduction: Dr Anja Wittkowski will use the example of the IMAGINE feasibility study findings to discuss the acceptability and the potential benefits of offering a parenting intervention like Baby Triple P to mothers admitted to a Mother and Baby Unit (MBU) for severe mental health problems. Although MBUs offer a range of therapeutic interventions, they do not routinely offer more structured parenting interventions. The Baby Triple P intervention consisted of eight sessions, with the final four being delivered over the telephone following MBU discharge.

Method: This multi-site, parallel-group, single-blind pilot randomised controlled trial compared the intervention with usual care versus usual care in mothers recruited from two MBUs in England. Clinical outcomes including maternal parenting competence, bonding and mental health outcomes were assessed at baseline, post-baseline/intervention (10 weeks) and six-month follow-up. Data were analysed using descriptive statistics and linear regression models. An economic feasibility analysis was also conducted.

Results: Thirty-four mothers were randomised, with 21 being retained to final follow up. Clinical outcomes indicated potential improvements in maternal parenting competence, mood and other mental health symptoms as well as bonding. Women and staff reported noting positive changes.

Discussion: Despite this being a feasibility study, this was the first trial of a parenting intervention in this particular perinatal setting, despite recruitment proving challenging. As part of this presentation Anja Wittkowski will highlight what benefits a parenting intervention could offer to mothers and their infants being supported by MBUs or perinatal CMHTs.

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Wittkowski, A., Cartwright, K., Emsley, R., Bee, P., Camacho, E., Calam, R., ... & Reid, H. (2018). Enhancing maternal and infant wellbeing: study protocol for a feasibility trial of the Baby Triple P Positive Parenting programme for mothers with severe mental health difficulties (the IMAGINE study). *Trials*, 19(1), 479, 1-15
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Interventions for parents with serious mental illness

Chair: Lynsey Gregg, University of Manchester, UK

Discussant: Louise Johns, University of Oxford, UK

The Triple P Positive Parenting Programme for Parents with Psychosis

Lynsey Gregg, University of Manchester, UK; Lauren Wolfenden, University of Manchester, UK; Richard Drake, University of Manchester, UK; Rachel Calam, University of Manchester, UK

Introduction: Caring for children alongside coping with psychosis can be extremely difficult. Mental health symptoms and medication side effects can reduce parental responsiveness, and interfere with important family routines. A reciprocal cycle of effects may be created in which poor parental mental health reduces the use of effective parenting strategies, negatively impacting child behaviour and resulting in a stressful home environment which may serve to worsen parental mental health further. Parenting interventions have the potential to disrupt this cycle, improving outcomes for both parents and children, and possibly preventing the intergenerational transmission of mental illness, but they have not

properly evaluated in parents with psychosis. We report on the first study to evaluate an evidence-based parenting intervention for parents with psychosis.

Methods: A guided version of the Triple P Positive Parenting programme's "Every Parent's Self-Help Workbook" was evaluated with ten parents experiencing psychosis in a multiple baseline case series study. Sessions were weekly and home-based. Outcome measures examined aspects of parenting, including parenting self-efficacy, child behaviour and parental mental health, including psychosis symptoms. Semi-structured interviews were conducted as part of the follow up to allow in-depth exploration of parents' experiences of the intervention, and to elicit their reflections on its impact.

Results: Five participants (50%) completed all ten sessions of Triple P and for these five, clinically significant change (>25% improvement) was observed in mental health, parenting and child behaviour measures post-intervention. Improvements were maintained at 3 and 6 month follow up. Interviews with those who completed the programme revealed it to have been transformative: parents reported positive changes in parenting style; they were empowered regarding their parenting and had a greater sense of control over their mental health.

Discussion: This is the first evaluation of an evidence-based parenting intervention for parents with psychosis. It provides preliminary evidence that self-directed Triple P might be able to improve family functioning and reduce the symptoms of psychosis in parents who engage with it. Findings have been used to inform an NIHR-funded feasibility trial of Triple P for parents with psychosis within adult mental health services.

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Wolfenden, L., Calam, R., Drake, R., and Gregg, L. (2022). The impact of the Triple P positive parenting program on parents with psychosis: a case series with qualitative evaluation. *Frontiers in Psychiatry*. Volume 13. <https://doi.org/10.3389/fpsyt.2022.791294>

What are the needs and experiences of parents with psychosis and what interventions exist to address these needs?

Jessica Radley, University of Oxford, UK; Jane Barloe, University of Oxford, UK; Louise Johns, University of Oxford, UK

Study 1: Qualitative interviews with parents with psychosis

Intro: The symptoms of psychosis and side-effects of antipsychotic medication can impact on parents' awareness of the needs of their children and, at times, the parent may be emotionally and practically unavailable to the child. This study aims to investigate the needs and experience of parents with psychosis in order to identify how best to support this parent group.

Methods: Twelve parents with psychosis and with a child aged between 3 and 11 years took part in semi-structured interviews. Thematic analysis was used to analyse the data.

Results and discussion: Two overarching themes were identified: 1) the impact of psychosis on parenting and 2) the impact of parenting on psychosis. The first theme described how the experience of psychosis can impact on the parent's ability to care for their child, their self-confidence, and their desire to protect their child. The second theme explained how the stress from parenting was identified as a possible trigger for a psychotic episode for some parents. The interaction between the two themes highlights the cyclical relationship between parenting and psychosis, and the need for research to examine this relationship further.

Study 2: A scoping review of parenting interventions for parents with psychosis

Intro: There is limited evidence on parenting interventions for parents with psychosis. It is not yet known what, if any, interventions exist for this population, or what kinds of evaluations have been conducted.

Methods: We conducted a scoping review to determine 1) what parenting interventions have been developed for parents with psychosis, 2) what components these interventions contain, and 3) what kinds of evaluations have been conducted.

Results: Thirty-four interventions were included. The findings show that most interventions have been broadly designed for parents with any mental illness, and only two interventions were trialled with a group of parents with psychosis. Five types of interventions were identified: 1) talking about parental mental illness, 2) improving parenting skills, 3) long-term support, 4) groups for parents with mental illness, and 5) family therapy. Only eight interventions have or are being evaluated using a randomised controlled trial (RCT).

Conclusions: More RCTs of these interventions are needed, in addition to further analysis of the components that are the most effective in changing outcomes for these families.

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Radley, J., Sivarajah, N., Moltrecht, B., Klampe, M. L., Hudson, F., ... & Johns, L. C. (2021). A scoping review of interventions designed to support parents with mental illness that would be appropriate for parents with psychosis. *Frontiers in psychiatry*, 2434.

Parents with serious mental illness: how do they conceptualise their support needs and what inpatient intervention is available?

Abby Dunn, University of Sussex, UK; Samantha Cartwright-Hatton, University of Sussex, UK; Helen Startup, Sussex Partnership NHS Foundation Trust, UK; Alexia Papamichail, Kings College, London, UK

Introduction: Up to 50% of individuals with psychiatric disorders are parents. Parental mental health difficulties are associated with impaired outcomes for children and the stresses of parenting can be implicated in the onset and maintenance of psychiatric symptoms. For parents in receipt of inpatient psychiatric care, these effects are accompanied by the challenge of separation from their child during treatment. The provision of targeted support to parents is beneficial to the parent-child dyad, including by limiting the incidence of child psychopathology. Given the nascency of this form of intervention, there is utility in generating understanding of the experience and support needs of parents with severe mental illness to inform the provision of care.

Method: Systematic review of studies which explored the experience of parents who had received psychiatric inpatient care and identified interventions delivered to support them during hospitalisation. In a second study, interviews with 12 parents with borderline personality disorder and 21 practitioners were carried out and subject to thematic analysis.

Results: Parents with severe mental illness (SMI) want their parenting role to be identified during treatment and to be offered support before the point of crisis. This support should facilitate connection with other parents and be delivered by individuals with an understanding of the intersection of mental health and parenting. Parents and practitioners identified an absence of appropriate support within UK mental health services. A systematic review reflected these findings. From 20,570 records identified, 24 papers were included of which 8 reported on interventions. The sole UK-based study described provision for parents which is no longer available. The 16 qualitative papers highlighted the challenges parents experience in remaining connected to their child along with an absence of parenting-orientated support.

Discussion: A growing evidence-base indicates that supporting parents with SMI offers improved outcomes across a range of domains however parents report that their parenting identity and support needs are poorly engaged with. Within inpatient care this is exemplified by a failure to respond to the parenting identity of parents and a lack of appropriate facilities for child visits. Parents and practitioners highlight the need for improved provision for parents. Doing so would offer cascading benefits for parents, children, and wider society.

Me, My Child & Us: A parenting intervention for parents with psychosis.

Nithura Sivarajah, University of Oxford, UK, Oxford Health NHS Foundation Trust, UK; Jessica Radley, University of Oxford, UK; Abby Dunn, University of Sussex, UK; Lynsey Gregg, University of Manchester, UK

Introduction: Parenting can be stressful for all parents. Combining parenting responsibilities and coping with psychosis can make parents more vulnerable to stress. Research suggests that stressful interpersonal environments and social difficulties can exacerbate psychotic symptoms and trigger relapse. Parents with psychosis (PwP) often encounter multiple challenges, such as high levels of parental stress, attachment problems, low emotional support, poverty, ambivalent communication, increased stigmatisation, and risk of losing their children's custody. These difficulties can have an impact on the management of parents' psychosis, their children's mental health and the parental relationships.

PwP can benefit from learning new skills such as mentalizing and reflective functioning (RF), which would help them better understand and respond to their own and their children's mental states. RF can be increased with psychoeducation and teaching enhanced communication and behavioural skills. There are currently no evidence-based programs in the UK that meet the needs of PwP.

Methods: PwP with children under the age of 18, were invited to take part in an eight-week manualised group-based online parenting intervention. The focus of the group was to support parents in managing parenting-related stress levels and enhance parent-child relationships.

Results: Outcome data was collected via pre- and post-intervention questionnaires. Changes in scores were analysed descriptively by comparing individual differences on pre- and post-scores. Qualitative feedback on the group and individual experiences were also collected. Parents reported positively to the acceptability and feasibility of the group and outcome measures indicated positive changes in overall wellbeing, parental stress levels and parent-child relationships.

Discussion: This was a pilot study looking at the acceptability and feasibility of a community-based parenting intervention for PwP, who have children below the age of 18. The current findings offer a good understanding of the specific needs of PwP and provides further insight into the design and delivery of an accessible, acceptable, and effective intervention for parents who are often marginalized by conventional parenting programs. We plan to re-run the group with a greater sample size over the next few months and hope to publish recommendations on how to embed the parenting intervention in existing adult psychology services.

Cognitive and behavioural interventions for children and young people

Chair: Sophie Bennett, UCL Great Ormond Street Institute of Child Health, UK

Mental Health Interventions for Children with Epilepsy (MICE)

Sophie Bennett, UCL Great Ormond Street Institute of Child Health, UK; Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK; MICE Study Team, UK

Introduction: Mental and physical health treatment should be delivered together for children and young people with epilepsy. Training healthcare professionals (HCPs) in epilepsy services to deliver mental health interventions is an important way to facilitate integrated care. The Mental Health in Children with Epilepsy study is a programme of research investigating such interventions. Methods: Thirty-four children and young people with epilepsy who had impairing symptoms of a common mental health difficulty were allocated to receive 6 months of a modular cognitive behavioral intervention delivered by a healthcare professional (HCP) with limited formal psychological therapy experience. Thirteen HCPs were trained in delivery of the intervention. Parent-reported measures of mental health symptoms and quality of life were completed at baseline and following the intervention. Results: All HCPs who participated in the training were considered competent in therapeutic delivery by the end of the training period. Twenty-three patients completed pre- and post-intervention measures and were included in the analysis. There were statistically significant improvements in: symptoms of mental health problems, total impact of mental health problems, anxiety and depression symptoms and quality of life. Discussion: The results suggest that it was possible to successfully train these HCPs to deliver the CBT intervention. A randomized controlled trial (RCT) is currently underway (n=334).

A Mental Health Drop-In Centre Offering Brief Transdiagnostic Psychological Assessment and Treatment in a Paediatric Hospital Setting

Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK; Lucy Project Study Team, UCL Great Ormond Street Institute of Child Health, UK

Background: Children and young people with long-term physical conditions have significantly elevated mental health needs. Brief psychological interventions have the potential to increase access to evidence-based psychological treatments for patients who attend health services primarily for physical health needs. This paper reports on a non-randomised study conducted to assess the impact of brief psychological interventions in children and young people presenting at a drop-in mental health centre in the reception area of a paediatric hospital. Methods: 186 participants attending the drop-in centre were allocated to assessment and psychological intervention. Interventions included signposting, guided self-help based on a modular psychological treatment and referral to the hospital's paediatric psychology service. Results: 186 participants were allocated to the intervention, of which 156 were analysed. Following initial assessment, 32% of participants were provided with a brief CBT, 45% were referred onwards, 1% liaison work was carried out, 3% underwent a neurodevelopmental assessment and 19% were signposted to resources/services. There was a significant positive impact of attending the drop-in mental health centre on mental health symptoms and quality of Life Scale according to measures. Discussion: A mental health drop-in centre offering brief assessment and treatment may reduce emotional and behavioural symptoms and improve quality of life in children and young people.

Mental health interventions for children and young people with long-term health conditions in Children and Young People's Mental Health Services in England

Tom King, UCL Great Ormond Street Institute of Child Health, UK; Gladys Hui, University College London, UK; Luke Muschialli, University College London, UK; Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK; Dougal Hargreaves, Imperial College London, UK; Benjamin Ritchie, CORC Child Outcomes Research Consortium, UK

Introduction: Children and young people (CYP) with a long-term health condition (LTC) are much more likely to develop mental health difficulties than the general population. There is a lack of understanding about the routine provision and efficacy of mental health interventions for CYP with LTCs who are in contact with Children and Young People's Mental Health Services (CYPMHS). Methods: This study analysed national service-reported data in England from two secondary datasets. Data on CYP periods of contact were submitted by services between 2011 and 2019, although some admission dates were prior to this. CYP were included in the analysis if there were data on the presence or absence of a physical health issue, including neurological issues, and which interventions they were offered. Results: A total of 789 CYP were flagged as having serious physical health issues and 635 as having neurological issues. The most common intervention for CYP with a serious physical health issue was Cognitive Behavioural Therapy (CBT) and for those with a neurological condition the most common was Parent Training. However, a large percentage of interventions remained unclassified. The majority of young people showed improvements across all outcome measures in both groups. Discussion: The findings suggest that CYP with LTCs improve across a range of mental health outcomes following interventions delivered by CYPMHS. Many interventions were unable to be categorised.

Illness related cognitions and Mental Health in Teenage and Young Adult Cancer Survivors

Cara Davis, University of Bath, UK; Mike Horwood, University of Bath, UK; Maria Loades, University of Bath, UK; Urska Kosir, University of Oxford, UK

Introduction: Despite the theoretical rationale from the Common Sense Model and existing evidence in adults of associations between illness specific cognitions (fear of cancer recurrence, FCR and illness perceptions) and mental health, there is limited empirical research examining these constructs within the developmentally distinct population of young adult survivors of teenage cancer. The current study aimed to bridge that gap to inform potential cognitive treatment targets in this population.

Method: Cross-sectional, correlational design to examine the associations between variables of interest. A web-based survey was used to collect data. Participants were a convenience sample, recruited over 14 months, via several charities (e.g., Shine), support groups (e.g., Trekstock) and social media (e.g., Instagram).

Results: The final sample consisted of 90 TYA cancer survivors, aged 16-30. Overall, more negative illness perceptions were associated with depression, anxiety and fear of cancer recurrence ($r > 0.6$). Illness concern, identity, consequences and personal control were the specific illness perceptions that were particularly strongly associated with all outcome variables. Regression analysis was conducted to explore potential interactions.

Conclusions: The associations suggest that identifying and therapeutically targeting negative illness perceptions in those young adults who have survived teenage cancer could be a means of reducing psychological distress. Further work is needed using longitudinal and experimental methods.

A cognitive behavioural intervention for low self-esteem in young people who have experienced stigma, prejudice, or discrimination: An uncontrolled acceptability and feasibility study

Katharine Rimes, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Katie Langford, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Katrina McMullen, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Livia Bridge, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Lovedeep Rai, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Patrick Smith, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK

Introduction: Stigma can impair self-esteem. Low self-esteem is associated with various mental health conditions. This uncontrolled study evaluated feasibility, acceptability, and preliminary outcomes of a CBT intervention targeting low self-esteem in people with different stigmatised characteristics, aged 16-24 years.

Method: Participants with stigmatised characteristics, low self-esteem and impaired daily functioning, were recruited from the general population. The six-session intervention included compassion-focused therapy methods and was informed by stigma research. Feasibility outcomes involved recruitment, retention, and protocol-adherence. Questionnaires assessing self-esteem, functional impairment, depression, anxiety and other outcomes were administered at baseline, pre-, mid-, post-intervention, and two-month follow-up.

Results: Screening was completed by 44 people and 73% were eligible. Of these, 78% consented to take part and 69% (N=22) began CBT. Eighteen (82%) participants completed. Treatment completers reported the intervention was useful, improved their self-esteem and coping, and would recommend it. Ratings of usefulness and frequency of use of intervention components were high.

Discussion: This intervention was feasible and highly acceptable to treatment completers. A randomised controlled trial is now required.

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Dehumanisation, stigma, and epistemic injustice in psychosis

Chair: Pamela Jacobsen, University of Bath, UK

Epistemic injustice: An introduction to the concept

David Harper, University of East London, UK

This conceptual paper begins with Miranda Fricker's (2007) elaboration of the concept of "epistemic injustice which encompassed two different forms of injustice: (a) testimonial injustice, whereby "prejudice causes a hearer to give a

deflated level of credibility to a speaker's word" (p. 1), and (b) hermeneutical injustice, which "occurs at a prior stage, when a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experience" (p. 1). Fricker was primarily concerned with injustice concerning a person's status as a "knower." These definitions will be illustrated with examples drawn from a range of different topics including scholarship and research on stigma (e.g. Harper & Vakili, 2021), delusions and medicalisation (Harper, 2021). Epistemic injustice will be put in a broader historical context of critiques of colonialism and related notions like "epistemic violence". A recent search on Scopus identified 768 publications between 1996-2022. Nearly two thirds of the 146 publications in the subject areas of nursing, medicine and psychology were published between 2020-2022. Topics include communicating across language divides, how children can experience epistemic injustice, applications to particular kinds of problem (e.g. dementia, race, borderline personality diagnoses, self-injury etc). Initially scholars and researchers focused on testimonial injustice but, increasingly, attention has been paid to hermeneutical injustice as well as the way in which healthcare practitioners experience epistemic privilege.

The paper will close by identifying some of the potential contributions the concept of epistemic injustice could make to addressing the dehumanisation, stigma and discrimination experienced by people with psychosis diagnoses as well as dilemmas it might pose.

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Epistemic injustice amongst clinical and non-clinical voice-hearers: a qualitative thematic analysis study

Olivia Harris, Oxleas NHS Foundation Trust, UK; Carina Andrews; Pamela Jacobsen, Bath University, UK; Matthew Broome, University of Birmingham, UK; Claudia Kustner, Berkshire Healthcare NHS Foundation Trust, UK

Introduction: People with mental health conditions, such as psychosis, are at high risk of epistemic injustice. This is a form of discrimination whereby someone is unfairly judged to be unreliable (testimonial injustice) or is unable to contribute to and therefore access concepts that make sense of their experience within mainstream society (hermeneutical injustice). Experiences such as hearing voices occur both in people who are mental health service users with varied diagnoses (for example, psychosis) as well as in the general population (clinical and non-clinical voice-hearers respectively). The degree of distress and impairment associated with voices relates to how individuals make sense of their experiences and how others respond to their identity as a voice-hearer, both of which may be impacted by epistemic injustice. Despite this, there is a lack of research exploring voice-hearers experiences of this form of discrimination. The aim of this study was to explore people's experiences of epistemic injustice in relation to voice-hearing, and to understand how these may differ between clinical and non-clinical voice-hearers.

Method: Eight clinical and nine non-clinical voice-hearers take part in qualitative semi-structured interviews. Interviews were transcribed verbatim and analysed using thematic analysis.

Results: Eight themes were constructed overall. Three pairs of themes related to i) identity, ii) relationships and iii) power and position across the clinical and non-clinical groups, and two shared themes arose within both groups relating to testimonial and hermeneutical injustice.

Discussion: Both clinical and non-clinical voice-hearers described experiencing epistemic injustice in wider society, with voice-hearing being both misunderstood and heavily stigmatised. The presence of a 'safe haven' for non-clinical voice-hearers ameliorated the impact of this to some degree, by allowing people to make connections with others with similar experiences within a non-judgemental and accepting community. Thus, this study shows both clinical and non-clinical voice-hearers experience epistemic injustice, but that it differs in its form and severity between the groups. These findings could better inform strategies to reduce stigma and marginalisation in people who hear voices. In addition, it highlights the need for professionals and services to consider and target systemic processes of discrimination to effectively support this client group.

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Experiences of Dehumanisation in People with Psychosis: A Conceptualisation, Measure Development and Therapeutic Intervention

Tom Jenkins, University of Bath, UK; Paul Chadwick, University of Bath, UK; Pamela Jacobsen, University of Bath, UK

Introduction: People with psychosis have expressed that a distressing element of their experience is the feeling of dehumanisation – feeling less than, or other than human. This may arise from interactions with other people, stigmatisation of psychosis in society, and the nature and content of auditory hallucinations. The aim of this project is to measure how dehumanisation is experienced by people with psychosis and understand whether therapeutic interventions, such as mindfulness, can help people reconnect with their sense of humanity. This presentation will include an introduction to dehumanisation theory, and how this relates to people with psychosis. The plans for two empirical studies will then be presented:

Study 1: Development and validation of a scale to measure feelings of dehumanisation in people with psychosis. First, we will generate an initial pool of items, using both deductive and inductive methods. We will conduct tests for face validity, gathering the perspectives of people with lived experience of psychosis, and content validity, gathering the perspectives of academic and clinical experts. Then, we will administer the measure to assess reliability and construct validity, allowing us to select the most relevant items for the final scale.

Study 2: Pilot testing of dehumanisation measure in mindfulness for psychosis groups. Mindfulness cultivates attention, awareness and acceptance of experience, and has been suggested to have a humanising therapeutic benefit (Chadwick, 2019). We will pilot test the dehumanisation measure in mindfulness for psychosis groups as part of routine clinical care, to see 1) whether mindfulness reduces feelings of dehumanisation and 2) how dehumanisation relates to other measures of mental health and wellbeing.

Implications: The project will provide greater understanding of the experiences of people with psychosis, supporting the development and implementation of therapeutic interventions, such as mindfulness, to reduce distress and help people to feel a greater sense of humanness.

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Dehumanisation in Voice Hearers: The End of Continua

Bethany Venus, University of Bath UK; Pamela Jacobsen, University of Bath; Tom Jenkins, University of Bath UK; Olivia Harris, University of Bath, UK

Introduction: Meta-dehumanization and self-dehumanization have been identified as relevant phenomena for developing a deeper understanding of distress related to psychosis. Chadwick (2019) has previously argued that people with psychosis typically feel “dehumanised and set apart by their experiences of psychosis and trauma” and frames mindfulness for psychosis as a humanising therapeutic process. Exploring the experience of dehumanisation in voice-hearers was selected as a useful starting point in understanding dehumanisation in people with psychosis, due to the potential dehumanising effect of voices. The present study was aimed at understanding what constitutes the experience of feeling dehumanised in voice-hearers and what factors influence the development and mitigation of this experience, with a view to opening a pathway to further exploring the role of dehumanisation in distressing psychosis.

Method: Qualitative data were obtained through twenty semi-structured interviews with self-identifying voice hearers and analysed using reflexive thematic analysis. This followed the recursive and iterative six phase process of Braun and Clarke (2022) and this was conducted from a critical realist, contextualist position.

Results: Reflexive thematic analysis of participant’s experiences produced a core theme, Dehumanisation as the End of Experiential Continua, and six subthemes: “It’s Like Burning Alive”: Extent of Distressing Sensory Fragmentation; “You Belong to the Wild and They Belong to the Earth”: Sense of Belonging with Other Humans; “They Destroy Your Sense of Self”: Integrity of Self as a Private, Coherent Entity; “I’m Part of the Scrap Heap”: Sense of Worth as a Human Being; “They Took a Part of Me”: Strength of Personal Agency; “It has a Psychosis Ring Around It”: Trust in Own Credibility and Reliability. Two further themes, The Push and Pull of Dehumanising Forces and Reclaiming Life through Humanising Forces, were identified.

Conclusions: For the participants in the present study, distressing psychotic experience is not the end of the line - it is self-dehumanization that lies at the end of continua. Reflexive thematic analysis of voice-hearers’ accounts identified self-dehumanisation as such, a point where six experiential continua coalesce. Movement along these continua was affected by a range of interpersonal, intrapersonal, and societal forces, including dehumanising attitudes of others and voice malevolence and omnipotence.

Addressing Intimate Partner Abuse (IPA) perpetrated by heterosexual men in substance use treatment: The ADVANCE Programme

Convenor: Elizabeth Gilchrist, University of Edinburgh, UK

Chair: Gail Gilchrist, Kings College London, UK

Designing and adapting an intervention for partner abusive men in drug and alcohol treatment before and during the pandemic: the ADVANCE intervention

Elizabeth Gilchrist, University of Edinburgh, UK; Amy Johnson, University of Worcester, UK; Mary McMurrin, Independent, UK; Kate Thomson, University of Edinburgh, UK; Sara Kirkpatrick, Welsh Women's Aid; Cassandra Berbery, Rochester Institute Technology, UK; Gail Gilchrist, Kings College London, UK

Existing perpetrator interventions only addressed intoxicated IPA, whereas our research highlighted the complex interplay between IPA perpetration and the effects of intoxication, withdrawal and craving, gendered power relations and controlling behaviours. Our ADVANCE intervention targets these specific risks and needs of men in substance use treatment. We established the core elements required for a group therapy programme for men who disclose perpetrating IPA in a substance use setting. The theoretical development and content of the ADVANCE intervention for (remote) delivery in substance use services is described. We employed the 'COM-B' ('capability', 'opportunity', 'motivation' and 'behaviour') model for intervention design. The ADVANCE intervention was originally developed for face-to-face group delivery. As a result of the pandemic, ADVANCE was adapted for remote digital delivery, based on available evidence and think aloud interviews with service users. The ADVANCE intervention focuses on developing participants' strengths and developing healthy, non-abusive relationships. The main targets for change were personal goal planning, self-regulation and attitudes and beliefs supporting intimate partner abuse. ADVANCE originally consisted of a face-to-face delivered group intervention comprising of up to 4 pre-group individual sessions, followed by 12 x 2-hour group sessions. ADVANCE digital includes an individual goal-setting session; a welcome to group video session; 6 fortnightly group video sessions; 12 online, interactive digital practice sessions; 12 x 1:1 telephone coaching sessions. ADVANCE was supported by integrated safety work for victim/survivors, and risk and safety support and integrity support for professionals.

A demonstration of the ADVANCE digital intervention will be given.

Substance Use and Intimate Partner Abuse (IPA): A Descriptive Model of the Pathways Between Substance Use and IPA Perpetration for Men

Amy Johnson, University of Edinburgh, UK; Elizabeth Gilchrist, University of Edinburgh, UK; Kate Thomson, University of Edinburgh, UK; Juliet Henderson, Kings College London, UK; David Gadd, University of Manchester, UK; Polly Radcliffe, Kings College London, UK; Gail Gilchrist, Kings College London, UK

Substance use is strongly correlated with IPA perpetration, this relationship is complex and the route leading to substance use and IPA is still not well understood. Pathway models have been applied to explore heterogeneous trajectories into other behaviours and to identify areas for intervention. This approach has not previously been applied in the area of substance use and IPA. A better understanding of these routes will inform targeted interventions to reduce IPA.

A descriptive model of pathways into substance use-related IPA perpetration (i.e. IPA associated with intoxication, withdrawal, acquisition and substance use lifestyle) based on inductive thematic analysis of 37 narrative interviews with heterosexual men aged 28-52 recruited from substance use services in England who had reported previous IPA perpetration was conducted. Three groupings of pathways into substance use-related IPA were generated: 1) Rule Breaking Pathway (n=11); 2) Entrenched Substance Use Pathway (n=13); and 3) Relationship Insecurity Pathway (n=13). Across the three groupings of pathways, the men's childhood and early experiences led to different journeys into substance use-related IPA. Each pathway presented differently with varying core features, for example core features of generalised violence, mental health or jealousy, and different predisposing background factors, including types and timing of childhood abuse and trauma. This presentation describes dominant traits of groupings but recognises the dynamic nature of risk and need. The benefit of identifying dominant themes is that it increases understanding of risk and need, provides points to promote protective factors and informs effective treatment and intervention targets.

The feasibility and acceptability of delivering the ADVANCE group intervention (completed) and the ADVANCE digital intervention (ongoing) in substance use treatment.

Gail Gilchrist, Kings College London, UK; Zohra Zenasni, Kings College London, UK; Laura Potts, Kings College London, UK; Sandi Dheensa, University of Bristol, UK; Juliet Henderson, Kings College London, UK; Polly Radcliffe, Kings College London, UK; Amy Johnson, University of Edinburgh, UK

Findings of the feasibility and acceptability of the ADVANCE group intervention (completed) and the ADVANCE digital intervention (ongoing) will be presented and compared.

Two studies were conducted among men in substance use treatment who had perpetrated IPA in the past year. Firstly, in a multicentre feasibility trial, 104 men were randomly allocated to receive the ADVANCE group intervention + substance use treatment as usual (TAU) (n = 54) or TAU only (n = 50) and assessed 16-weeks post-randomisation. Secondly, we are undertaking a multicentre feasibility study of delivering the ADVANCE digital intervention to 45 men, who will be followed-up post-intervention. Tablets and data are provided, contingent on engagement with the ADVANCE digital intervention. Female (ex)partners were offered support and provided outcome data. Nested process evaluations were conducted for both studies, including qualitative interviews with participants and staff.

Qualitative research confirmed the acceptability of both interventions. Therapeutic alliance and session satisfaction were rated highly. At follow-up, neither substance use nor IPA perpetration had worsened for men in the intervention arm. The overall median rate of group intervention session attendance was 28.6% (range 14.3–64.3% by the third cycle). The evaluation of the ADVANCE digital intervention is ongoing, however, the current median rate of intervention session attendance is 61.5% at video groups and 36.7% for digital practice sessions.

Trained substance use treatment staff can safely deliver the ADVANCE intervention in-person and digitally. Risk to female (ex)partners can be effectively managed and mitigated using case management and the support of an integrated support service.

Harnessing digital technology to develop an inclusive and effective new treatment for paranoia: The story of SlowMo

Convenor: Amy Hardy, King's College London; South London & Maudsley NHS Foundation Trust, UK

Chair: Filippo Varese, University of Manchester and Greater Manchester Mental Health Foundation Trust, UK

Bridging the 'digital divide' in psychological therapies: Engagement with the SlowMo mobile app for paranoia in psychosis

Amy Hardy, Institute of Psychiatry, Psychology & Neuroscience, King's College London; South London & Maudsley NHS Foundation Trust, UK; Thomas Ward, Institute of Psychiatry, Psychology & Neuroscience, King's College London; South London & Maudsley NHS Foundation Trust, UK; Kathy Greenwood, University of Sussex; Sussex Partnership Foundation Trust, UK; Angie, Sussex Partnership Foundation Trust; Philippa Garety, Institute of Psychiatry, Psychology & Neuroscience, King's College London; South London & Maudsley NHS Foundation Trust, UK

Background: Delivering the benefits of efficacious cognitive-behavioural therapies in routine care will be assisted by tackling barriers to access, engagement and effects. Technology has great potential to support this by reducing the demands of delivery and optimising the therapy experience. However, digital therapeutics for mental health often have low usage and may exclude marginalised groups, who experience a 'digital divide' in technology access and literacy. To address this, we adopted inclusive, human-centred design to develop a user-friendly and appealing therapy that targets an evidence-based mechanism, fast thinking, in paranoia. SlowMo combines a webapp to support sessions with a therapist, with a mobile app for use in daily life. It works by encouraging people to 'slow down for a moment' to find ways of feeling safer and living well. SlowMo visualises thoughts as spinning bubbles, with SlowMo tips used to shrink personalised grey, worry bubbles and grow colourful, slow-spinning helpful thoughts that support valued goals. This study aimed to explore the user experience of the mobile app, and its relationship to demographics, in the SlowMo randomised-controlled trial. **Method:** Digital literacy was assessed at baseline and multidimensional assessment of engagement (i.e. adherence (via system analytics and self-report) and self-reported user experience) conducted at 12 weeks (post-therapy). Engagement was investigated in relation to demographics (i.e. gender, age, ethnicity, paranoia severity).

Results: Digital literacy data demonstrated that technology use and confidence were lower in Black people and older people (n=168). The engagement findings indicated that 81% of therapy completers (n=140) met a priori analytics adherence criteria. However, analytics adherence did not differ by demographics. High rates of user experience were reported overall (75%, SD = 17.06, n=82). No differences in user experience were found for ethnicity, age, or paranoia severity, although self-reported app use, enjoyment and usefulness were higher in women than men.

Discussion: SlowMo may overcome barriers to access of digital therapeutics in routine care. Technology-related inequalities related to age and ethnicity did not influence engagement with SlowMo suggesting the therapy design supports digital inclusion. SlowMo in a next generation cognitive-behaviour therapy that could address barriers to the access of evidence-based therapies in routine care, and its implement

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SlowMo therapy, a new digital blended therapy for fear of harm from others: An account of therapy personalisation within a targeted intervention.

Thomas Ward, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK & South London and Maudsley NHS Foundation Trust, London, UK.; Philippa Garety, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK & South London and Maudsley NHS Foundation Trust, London, UK; Amy Hardy, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK & South London and Maudsley NHS Foundation Trust, London, UK; Kathryn Greenwood, School of Psychology, University of Sussex, Brighton, UK.

Background: SlowMo therapy is a pioneering blended digital therapy for paranoia, augmenting face-to-face therapy with an interactive 'webapp' and a mobile app. A recent large-scale trial demonstrated positive effects on paranoia alongside improvements in self-esteem, worry, well-being and quality of life. This paper provides a comprehensive account of the service user experience of SlowMo, with a focus on therapy personalisation within a targeted cognitive-behavioural digital therapeutic.

Method: Core aspects of SlowMo therapy are described with case examples to illustrate therapy delivery. Descriptive data is presented on personalised thought content extracted from the webapp (n = 140 participants) and coded using a novel system of categorisation, to illustrate use of the digital tools. Data on therapy fidelity is also presented.

Results: The personalised content demonstrated a consistent focus on the a priori SlowMo treatment targets (i.e., persecutory thoughts and fear of negative evaluation) with the most common helpful bubbles reflecting paranoia-specific 'safer thoughts' and 'second-wave' (general) coping. However, there was also clear evidence of use of the digital tools to target a broader range of worries (including general life stresses) and helpful bubbles focussing on 'positive self-concept' and 'positive activities'. The blended digital approach delivered excellent therapy fidelity with a mean session adherence rating of 15.2 (out of 16) and delivery of out-of-clinic work for over 70% of people attending therapy.

Discussion: SlowMo therapy delivers a targeted yet personalised approach. Potential mechanisms of action extend beyond reasoning. Slowing down appears to support 'stepping back' (decentring or defusion) from unhelpful thoughts and beliefs, a cornerstone of cognitive therapy, with potential for transdiagnostic application to support quality of life.

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Innovations in patient and public involvement and the service user experience of a blended CBT therapy

Kathryn Greenwood, Sussex Partnership NHS Foundation Trust/University of Sussex; Angie, Service User Researcher; Tom Ward, IOPPN, Kings College London/South London and Maudsley NHS Foundation Trust, UK; Amy Hardy, IOPPN, Kings College London/South London and Maudsley NHS Foundation Trust; Philippa Garety, IOPPN, Kings College London/South London and Maudsley NHS Foundation Trust, UK

Background: SlowMo is the first blended digital therapy for paranoia, showing significant reductions in paranoia over 6 months in a recent large-scale randomized controlled trial (RCT). The current studies explore innovations arising from public and patient involvement (PPI) and in the subjective service-user experience of the SlowMo therapy content, design and triangle of therapeutic alliance.

Method: The PPI was delivered by six women and three men from Sussex, Oxford and London with experience of using mental health services for psychosis. The impact was captured quantitatively and qualitatively through (i) a log of PPI recommendations and whether these were implemented; (ii) written subjective experiences of the PPI members; (iii) meeting minutes; and (iv) outputs produced. One output was the qualitative sub-study. The PPI team co-produced the topic guide, interviewed the 22 adult service users who completed at least one SlowMo therapy session, and contributed

to the thematic analysis, which involved multiple coding, triangulation and PPI validation to reach the final theme structure.

Results: The PPI log revealed 107 PPI recommendations, of which 87 (81%) were implemented, to support recruitment, data collection, organization and dissemination of the study. The innovative PPI approach to this blended CBT therapy related to the emergent 'peer innovator' role, with novel and unexpected impacts at a societal level, including a peer-led film about psychosis that aired on BBC primetime television, novel webpages and journal articles, with a strong normalizing message. The qualitative study identified six core themes: (i) starting the SlowMo journey; (ii) the central role of the supportive therapist; (iii) slowing things down; (iv) value and learning from social connections; (v) approaches and challenges of technology; and (vi) improvements in paranoia and well-being.

Conclusions: Slowing down for a moment was helpful, and integrated into thinking over time. The central role of the supportive therapist and the triangle of alliance between service user, therapist, and digital platform were effective in promoting positive therapeutic outcomes. A core innovative theme identified by service users, validating the SlowMo therapy design, was the potential through this blended CBT therapy approach to use digital media, television and video vignettes to promote normalizing messages, reduce feelings of isolation and enable learning from peers with the same lived experience.

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Effects and Active Ingredients of SlowMo, a Blended Digital Therapy Targeting Reasoning, on Paranoia Among People with Psychosis: A Randomized Clinical Trial

Philippa Garety, King's College London, UK; Thomas Ward, King's College London, UK; Kathryn Greenwood, University of Sussex, UK; Amy Hardy, King's College London, UK

Introduction: Persistent paranoia is common in psychosis, and developing more effective interventions remains a priority. Reasoning, specifically jumping to conclusions and belief inflexibility, may play a causal role in paranoia. SlowMo, a new digitally supported blended cognitive-behavioural therapy, targets these reasoning processes to improve effects. Adopting 'fast' and 'slow thinking' as helpful terminology to support therapy, SlowMo encourages people to notice a tendency to fast thinking, and to slow down for a moment to identify safer thoughts and so to reduce paranoia.

Method: In this trial, we examined SlowMo's effectiveness in reducing paranoia and improving reasoning, quality of life and wellbeing and its mechanisms of action. This was a parallel-arm, assessor-blind, randomised controlled trial comparing SlowMo plus Treatment as Usual (TAU) with TAU alone. It took place in community mental health services in NHS Mental Health Trusts in England. We compared 8 face-to-face SlowMo sessions over 12 weeks, supported by a mobile app, plus TAU with TAU alone.

Results: 362 participants with distressing and persistent paranoia were recruited, 181 in the SlowMo intervention group and 181 controls. SlowMo had high rates of treatment engagement and completion. SlowMo was effective at reducing paranoia with consistent small-medium effect sizes across a range of self- and observer-rated measures, both at end of treatment and 6 month follow-up. It also improved quality of life and well-being, compared to those in the control group. The active ingredients (or mechanisms) of improvements in paranoia were reasoning (slower thinking) and reduced levels of worry.

Discussion: SlowMo is the first digitally supported cognitive-behavioural therapy for paranoia to demonstrate robust evidence of uptake, engagement, efficacy, mechanism and positive user experience across a diverse range of NHS patients. SlowMo is strongly positioned to translate its benefits to real world settings, and implementation should be investigated in the psychological practitioner workforce.

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Disorder-specific Cognitive Therapy adapted for adolescents with Social Anxiety Disorder and Panic Disorder: Recent advances and evidence of effectiveness

Chair: Polly Waite, University of Reading, UK

Internet-delivered Cognitive Therapy for adolescent social anxiety disorder (OSCA): a randomised controlled trial in schools.

Eleanor Leigh, University of Oxford, UK; David Clark, University of Oxford, UK

Introduction: Cognitive therapy for Social Anxiety Disorder (CT-SAD) is a first-line recommended treatment for adult social anxiety disorder (SAD) and shows considerable promise for youth. However, the high prevalence of adolescent SAD and limited number of therapists presents an implementation challenge. Delivery of CT-SAD via the internet may offer part of the solution.

Method: A two-arm randomised controlled trial of internet-delivered CT-SAD (called OSCA) compared to waitlist for 14 weeks with 43 adolescents with SAD recruited through schools (ISRCTN15079139).

Results: OSCA outperformed waitlist on all measures and was associated with large effects that were maintained at 6-month follow-up. 77% of adolescents lost their SAD diagnosis post (vs. 14% in waitlist), increasing to 91% at 6-months. Beneficial effects of OSCA were mediated through changes in cognitions and safety behaviours as predicted by cognitive models of SAD. OSCA was associated with high credibility and therapeutic alliance.

Discussion: This preliminary trial suggests OSCA holds promise as an effective, accessible treatment for adolescent SAD. Future definitive trials could compare OSCA to active comparators to examine specificity of effects.

Brief treatment for adolescents with panic disorder: preliminary findings from the PANDA feasibility randomised controlled trial comparing brief cognitive therapy to a general form of CBT

Polly Waite, University of Reading, UK

Introduction: Panic disorder occurs in between 1-3% of adolescents and is associated with high levels of co-morbidity, and without treatment, appears to have a chronic course. To improve access to effective psychological interventions, briefer versions of cognitive behaviour therapy (CBT) have been developed and evaluated for pre-adolescent children with anxiety disorders. However, there are currently no brief evidence-based CBT interventions for adolescents with anxiety disorders that can be delivered in less than eight sessions. Given that a brief version of cognitive therapy has been shown to be effective in adults with panic disorder (Clark et al., 1999), it is possible that an adapted version could be effective for adolescents with panic disorder. This study aimed to examine whether a definitive trial could be conducted, based on a single centre feasibility randomised controlled trial (The Treatment of Panic Disorder in Adolescents: 'PANDA' Study; <https://doi.org/10.1186/ISRCTN14884288>; for protocol see Waite, 2021) using several well-defined criteria.

Methods: Thirty-four young people (age 11-17 years) who met diagnostic criteria for panic disorder, were randomly allocated to receive either (i) brief cognitive therapy, or (ii) a general form of CBT treatment that is more commonly used for adolescents with anxiety disorders. Both treatments were delivered 1:1 (face-to-face and remotely) by children's wellbeing practitioners in a routine NHS-commissioned clinical service and involved five treatment sessions and two booster sessions.

Results: Young people's outcomes were assessed at the end of treatment and at 3 month follow up, as well as any negative impacts of treatment. Preliminary results will be presented.

Discussion: The outputs from the study will provide a clear indication of the feasibility of a future definitive trial and, if indicated, the critical resources that will be required and key information to inform the design and maximise the successful completion of the trial. This has the potential to bring direct benefits to young people and their families, as well as services and society more broadly.

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The acceptability of brief cognitive therapy and general CBT for panic disorder: adolescent and parent experiences of treatment

Laura Maratchi, Berkshire Healthcare Foundation NHS Trust, UK; Mark Jeavons, University of Reading, UK

Introduction: Qualitative studies of cognitive behaviour therapy with young people with anxiety disorders have shown that treatments are generally seen as acceptable, e.g., ‘challenging but helpful’ (e.g., Taylor et al., 2021). To date, there is limited evidence of the acceptability of treatment specifically for panic disorder in adolescents or for CBT delivered in brief formats. The aim of this qualitative study was to explore the experiences of young people undergoing either brief cognitive therapy or a general form of CBT for panic disorder. Parental experiences were also explored with a particular focus on the acceptability of the two treatment protocols.

Methods: Semi-structured qualitative interviews were conducted post-treatment with participants from both treatment groups within the Treatment of Panic Disorder in Adolescents (PANDA) Study (<https://doi.org/10.1186/ISRCTN14884288>; for protocol see Waite, 2021). Thirteen adolescents and 14 parents were purposively sampled for a diverse range of demographic and clinical characteristics. Interviews follow predetermined topic guides and were carried out one-to-one by interviewers who had no other involvement in the study. Thematic analysis was used to identify and describe emergent themes within the interviews and strategies were employed to enhance the credibility and methodological rigour of the analysis.

Results: Themes and subthemes were developed to understand both the experiences of the young people and their parents of treatment within the study. Findings will be presented in the symposium.

Discussion: The findings from this qualitative study will enable us to have a better understanding of the experience of young people and their parents of brief cognitive therapy and a general form of CBT for the treatment of adolescent panic disorder. Going forward, it will be crucial to ensure that brief treatments are not only effective, but that they also have high levels of acceptability prior to implementation in routine clinical services.

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Can low intensity practitioners be trained to deliver internet Cognitive Therapy for adolescent social anxiety disorder in schools? A pilot study.

Rosie Nicol-Harper, University of Oxford, UK; Eleanor Leigh, University of Oxford, UK; David M. Clark, University of Oxford, UK

Introduction: Promising results have been achieved in a trial of an internet version of cognitive therapy for social anxiety in adolescents. In the OSCA trial, therapy was delivered by a highly specialist clinical psychologist. However, as most adolescents with SAD are not seen in specialist clinics, this small pilot study aimed to learn about the practicalities of training practitioners in a low-intensity school support service (non-NHS, 3rd sector) to deliver OSCA. Equally important was testing the acceptability of the treatment to young people and their parents, when delivered in this way.

Method: Five practitioners in a school support service offering fully remote assessment and treatment for common adolescent mental health conditions were trained to deliver OSCA. Five young people (aged 14-18) received a 10 week programme of treatment. Weekly self-report questionnaire measures of social anxiety and mood were completed. Semi-structured interviews took place at the end of treatment with young people, their parents and practitioners.

Results: Findings will be presented to illustrate the acceptability of this method of delivery, based on the experience and perceptions of young people and their parents. Initial learning points about the training and supervision needs of practitioners will be discussed.

Discussion: Although this is a small pilot study, there has been rich learning about the use of this online treatment in real world clinical settings. Results will be used to inform next steps to improve access to effective psychological treatments for socially anxious adolescents.

The Presentation and Treatment of long COVID across the lifespan

Convenor: Fiona Newlands, UCL Great Ormond Street Institute of Child Health, UK

Chair: Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK

Discussant: Isobel Heyman, UCL Great Ormond Street Institute of Child Health, UK

The presentation of long COVID in young adults

Fiona Newlands, Great Ormond Street Institute of Child Health, University College London, UK; Trudie Chalder, Department of Psychological Medicine, Kings College London, UK; Isobel Heyman, Great Ormond Street Institute of Child Health, University College London, UK; Terence Stephenson, Great Ormond Street Institute of Child Health, University College London, UK; Roz Shafran, Great Ormond Street Institute of Child Health, University College London, UK

Introduction: Long COVID has been described as a post-COVID condition in which individuals experience persistent symptoms for a prolonged period after contracting the virus. Currently, little is known about its prevalence, symptomatology, duration and treatment. Studies have focused on children and young people up to 18, or adults, but no study has specifically focused on 18–20-year-olds despite the pandemic adversely and disproportionately affecting the mental health of older adolescents. This study is part of the Children and Young People with Long COVID (CLOcK) study, a national matched cohort study of 30,000 children and young people aged 11–17 in England (Stephenson et al 2021). It aims to describe post-COVID symptomatology in a national sample of non-hospitalised 18–20-year-olds with a PCR-confirmed SARS-CoV-2 infection compared to test-negative controls.

Method: Approximately 1000 participants aged 18–20 took part in the study, half of whom had tested PCR-positive for SARS-CoV-2. These participants were matched with PCR-negative young people based on month of test, age, sex and region. Participants completed questionnaires about mental and physical health symptoms 3–16 months after a PCR test. Standardised mental health measures included GAD-7, PHQ-9, EQ-5D, Chalder Fatigue Questionnaire, UCLA-Loneliness and Warwick-Edinburgh Mental Wellbeing Scale.

Results: The mean duration of completion of the questionnaire was 7 months after a PCR test. Approximately 60% positives and 50% negatives had physical symptoms at the time of completing the questionnaire with the most frequently reported symptoms being tiredness, shortness of breath and headaches. Only the test positives reported continued loss of smell; the test negatives had increased dizziness compared to the positives. Scores on standardised measures of mental health indicated no significant differences between test positives and negatives. Over half of all participants reported feeling anxious or depressed to some extent as indicated by a single item of the EQ-5D but scores on standardised mental health measures were largely comparable with the general population.

Discussion: Reported physical symptoms were similar in the PCR- positive and negative groups and were also consistent with those reported by participants in the CLOcK study (Stephenson et al. 2022). The proportion of young people who reported feeling anxious or depressed was high. Treatment implications of the findings will be discussed.

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“I am only half left” – a qualitative exploration of Long COVID patients’ existential loss and its impact on their identity and wellbeing

Chao Fang, Institute of Education, University College London, UK; JD Carpentieri, Institute of Education, University College London, UK

Long COVID (LC) can challenge patients’ wellbeing in a multitude of ways (e.g., physical, cognitive, emotional, social and financial) and thus can significantly disrupt their everyday lives. A growing body of literature has captured how living with LC may ‘spoil’ patients’ identity, shattering people’s capability and motivation to resume commitments that are central to their core identity. Based on a large dataset of 80 interviews with LC patients collected from across the UK between 2021–22, we argue that the impact of LC may run deeper than simply losing one’s identity. Rather, the ongoing experiences of learning to cope with LC are inextricably connected to a sense of loss at a more existential level. Our data has revealed that the multifaceted constraints and uncertainties around LC can threaten the integrity of patients’ taken-for-granted self and also give rise to painful realisations of their frailty, finitude and even mortality. These deeper pains may further shape the way that they plan and anticipate their future (e.g., career, family, health, death or life in general), forcing/enabling patients to fundamentally and continuously review their selfhood. Despite this, the resilience and agency of our participants were also highlighted by our data, demonstrating the possibility of experiencing existential growth in their

identity and wellbeing in the face of distressing losses. These conflicting pictures have illustrated the importance of better understanding and further supporting LC patients' deeper (and often abstract) loss of identity, providing grounds to further improve holistic support for LC patients alongside their illness trajectories.

A transdiagnostic approach to Long Covid: case study

Trudie Chalder, King's College London, UK; Katie Sellwood, South London and Maudsley NHS Trust, UK; Fiona Newlands, Institute of Child Health, UCL, UK; Isobel Heyman, Institute of Child Health, UCL, UK; Roz Shafran, Institute of Child Health, UCL, UK

Long Covid is characterised by multiple somatic symptoms including fatigue, breathlessness, headache, hypersomnia, palpitations, headaches, concentration difficulties, muscle weakness, dizziness amongst others¹. NICE operationalises Long COVID as the presence of multiple symptoms at 3 months post infection. Prevalence rates vary depending on country, setting and sampling procedures. The recent UK CLOCK study found that over 30% of sero-positive cases reported 3 or more symptoms². However, the pattern of symptoms was similar in sero-negative participants. In a similar study in Denmark, participants with positive tests had more long-lasting symptoms and sick leave, whereas participants in the control group (those with a negative test) had more short-lasting symptoms and worse quality of life³. It may be the interaction of environmental stressors and post viral sequelae that produces symptoms idiosyncratically in different individuals. Transdiagnostic theory proposes that heterogeneous symptoms share similar underlying physiological, emotional, cognitive and behavioural aetiological processes. Accordingly, the same treatment can be used across different presentations if targeted individually. A transdiagnostic case formulation was used to identify mechanisms with an individual with Long COVID. These included, booming and busting activity patterns, a dysregulated sleep pattern, symptom focusing and perfectionism. Improvement in quality of life and symptoms was reported at the end of treatment. Although spontaneous recovery is possible improvement may be accelerated by early intervention. Feasibility studies are required.

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Innovative approaches to address specific maintenance factors in psychosis

Chair: Katherine Newman-Taylor, University of Southampton, UK

Outcomes from a pilot randomized controlled trial of a targeted online intervention to reduce the impact of cannabis use on psychosis risk.

Thomas Richardson, University of Southampton, UK; Matt Sopp, University of Southampton, UK; Katherine Newman-Taylor, University of Southampton, UK; Thomas Richardson, University of Southampton, UK

Background: There is strong evidence that cannabis use increases the risk of psychosis, however this is especially the case for those who are already high risk, for example with a history of sexual abuse. Previous research has shown that cognitive fusion and external attribution are possible mechanisms in the relationship between cannabis use and paranoia.

Method: We assessed the feasibility and acceptability of a novel online intervention targeting cognitive fusion and external attribution in people with cannabis-related paranoia. In total, 80 participants were recruited via the research platform Prolific, randomised to the intervention or a wait list control, and completed measures of cannabis dependence, cognitive fusion, external attribution, paranoid cognitions and psychotic symptoms.

Results: Feasibility outcomes were strong; 85% of the intervention group completed the intervention, and quantitative and qualitative feedback indicated that the intervention was acceptable and useful. Preliminary outcome data signalled increases in 'readiness to change' and cannabis dependence in the intervention group. There was also a non-significant

trend for reduced distress, which became significant when only those high on prodromal symptoms were included. There was no indication of impact of intervention on cognitive fusion, external attribution or paranoid cognitions.

Discussion: An online intervention targeting the psychological mechanisms likely to be driving cannabis-related psychosis is feasible and acceptable. The intervention may improve readiness to change and reduce distress. The combination of increased dependence readiness to change scores is likely to indicate improved insight about the problematic nature of cannabis use, resulting improved motivation to change. A fully powered trial is now warranted, and extended to people with psychosis and at risk mental states in clinical settings.

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Therapists experiences of applying EMDR with people experiencing psychosis

Tess Maguire, University of Southampton, UK; Rebecca Phillips, Southern Health NHS Trust, UK

Little is known of the usability of Eye Movement Desensitization and Reprocessing (EMDR) as an intervention for those experiencing psychosis. We will be presenting findings from a study which aimed to explore therapists' experience of using EMDR with this population. A qualitative design was employed using an inductive approach and a thematic analysis.

Twenty therapists, who had used EMDR with this client group, took part in a semi-structured interview to explore their experiences of the intervention. Key themes were generated from the data: (a) Familiarity with psychosis and EMDR, (b) Acceptability of EMDR, (c) The importance of systemic factors, and (d) Keeping key therapy principles in mind. Findings highlighted the importance of supervision to build therapist confidence, the value of the multidisciplinary team and the need for a shift in beliefs surrounding the usefulness of EMDR to the wider system. We will also discuss recommendations for individuals and services arising from these findings.

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Pathways from insecure attachment to paranoia: the mediating role of emotion regulation

Katherine Newman-Taylor, University of Southampton, UK; Olivia Partridge, University of Southampton, UK; Tess Maguire, University of Southampton, UK

Pathways from insecure attachment to paranoia: the mediating role of emotion regulation

Introduction: Paranoia is common across the clinical and non-clinical spectrum. Cognitive behavioural therapy for psychosis currently yields modest results, warranting research into symptom-specific maintenance factors to improve outcomes. There is strong evidence of a relationship between insecure attachment and increased paranoia, but little is known about the mediating mechanisms. Emotion dysregulation is associated with both insecure attachment and paranoia, and a candidate causal mechanism. This study aimed to determine if emotion dysregulation mediates the association between attachment and paranoia.

Method: Sixty-two individuals with elevated paranoia were recruited from NHS services and community settings across the South of England. Mediation analyses were conducted on trait attachment, emotion regulation and paranoia variables, which were collected at one time point.

Results: As predicted, emotion dysregulation mediated the relationship between attachment avoidance and paranoia, and between attachment anxiety and paranoia. Emotion suppression did not mediate the relationship between attachment avoidance and paranoia, possibly due to power. Attachment avoidance correlated with deactivating emotion regulation strategies (e.g. lack of emotional awareness) and attachment anxiety correlated with hyperactivating emotion regulation strategies (e.g. impulse control difficulties). Both deactivating and hyperactivating strategies correlated with paranoia.

Discussion: Emotion dysregulation is not routinely targeted in cognitive behavioural therapy for psychosis. This study suggests that incorporating emotion regulation strategies in therapy may improve clinical outcomes. Experimental studies are now required to support a causal argument, and pilot intervention studies should investigate if emotion regulation skills development (aligned with attachment style) is effective in reducing non-clinical and clinical paranoia.

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Self-structure and persecutory delusions

Lyn Ellett, University of Southampton, UK; Jessica Kingston, Royal Holloway, University of London, UK; Eryna Tarrant, Surrey and Borders Partnership NHS Foundation Trust, UK; Christos Kouimtsidis, Surrey and Borders Partnership NHS Foundation Trust, UK; Laura Vivarelli, Surrey and Borders Partnership NHS Foundation Trust, UK; Paul Chadwick, University of Bath, UK

Introduction: There is currently limited research examining self-structure in clinical groups, including the extent to which self-structure is amendable to change following psychological therapy. We address this important gap by examining self-structure in individuals with a schizophrenia spectrum diagnoses with current persecutory delusions.

Method: We used an established paradigm to measure self-structure - the card sort task, which measures key self-structure indices, including the degree to which self-structure is compartmentalised (characterised by primarily positive or negative attributes, as opposed to a mix of both), and the proportion and importance of negative attributes.

We used a pilot RCT design in which individuals with a schizophrenia spectrum diagnosis with current persecutory delusions (n=27) completed the card sort task before and after randomisation to either a 12-week group mindfulness-based therapy or treatment as usual control.

Results

Large effect sizes were found for reductions in self-structure indices, including compartmentalisation and proportion of negative attributes across self-aspects following group mindfulness therapy compared to treatment as usual.

Discussion: The findings suggest that it might be possible to change self-structure in people with persecutory delusions following group mindfulness therapy. These data support the central role of the self in theoretical models of paranoid thinking. Limitations and clinical implications will be discussed.

CBT for the senses: Research and stories on sensory sensitivity from the fields of psychology, audiology and neurodiversity

Convenor: Jane Gregory, University of Oxford, UK

Chair and discussant: Paul Salkovskis, University of Oxford, UK

Cognitive Behaviour Therapy (CBT) for Depersonalization Derealization Disorder (DDD): A Self-Controlled Cross-Over Study of Wait List versus Active Treatment

Elaine Hunter, University College London, UK; Cheuk Lon Malcolm Wong, Royal Holloway, University of London, UK; Rafael Gafoor, University College London, UK; Glyn Lewis, University College London, UK; Anthony David, University College London, UK

Introduction: Depersonalisation-Derealisation Disorder (DDD) is a dissociative disorder which is characterised by a sense of unreality and detachment from the self and world. Although epidemiological studies of DDD consistently report a prevalence of around 1%, it is under-recognized and research on treatment is limited. An early published small-scale open study of CBT for DDD showed promising results (Hunter et al, 2005).

Method: We report on a clinical audit of 36 participants with a diagnosis of chronic DDD who were sequentially recruited from a specialist UK National Health Service clinic in London. Three outcomes were assessed (Cambridge Depersonalisation Scale [CDS], Beck Depression Inventory [BDI] and the Beck Anxiety Inventory [BAI]) at three time points in a naturalistic, self-controlled, cross-over design. Hierarchical longitudinal analyses for outcome response clustered by patient were performed using scores from baseline, beginning and end of therapy. The co-variables of age, ethnicity and gender were pre-specified.

Results: Participants did not show a statistically significant change in CDS or BAI between baseline and start of treatment, however there were statistically significant reductions during the treatment period. The reduction in CDS scores in the waiting period was -4.250 (95%CI: -16.592 to 8.092) and after treatment was -35.986 (95%CI: -48.456 to -23.517). BAI scores showed a reduction of 0.033 (95% CI: -3.197 to 3.263) during the waiting period and -5.895 (95% CI: -19.126 to -2.664) after treatment. Participants showed a statistically significant decrease in BDI scores during the waiting period but a larger reduction after treatment. The reduction in BDI scores was -4.000 (95% CI: -7.737 to -0.264) in the waiting period and -7.813 (95% CI: -11.584 to -4.041). There were no differences in outcome scores between sex and age categories for any of the outcomes.

Discussion: CBT may be an effective treatment for DDD. However, treatment was not randomly assigned and clinical staff assessing outcomes were not blinded so bias could account for some of the results. The sample is small. More research is needed, including the use of blinding and randomisation to assess the efficacy of CBT for DDD. Based on these findings, a feasibility RCT has recently been funded by the National Institute of Health Research to investigate if these effects can be replicated in routine NHS clinical practice with generic CBT therapists trained in CBT for DDD.

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Audiologist-Delivered Cognitive Behavioural Therapy for Tinnitus and Sound Intolerance

Hashir Aazh, Honorary Hearing Research Consultant, Audiology Department, Royal Surrey NHS Foundation Trust, Guildford, UK; Hashir Aazh, Audiology Department, Royal Surrey NHS Foundation Trust, Guildford, United Kingdom, UK

Tinnitus is the sensation of sound without any external source. Sound intolerance can be divided into hyperacusis, misophonia and noise sensitivity. Hyperacusis is perception of certain everyday sounds, such as kitchen noises, bangs, music as too loud or painful. Misophonia is perception of certain sounds produced by human beings or animals, such as eating and breathing noises, as disgusting, offensive or annoying. On the other hand, noise sensitivity is a personality trait involving underlying attitudes towards noise in general. A person with high noise sensitivity may perceive noise caused by neighbours, nearby factories, workshops, and air conditioning as disruptive and distressing. In this presentation, we discuss our experience of audiologist-delivered Cognitive behavioural therapy (CBT) in the UK as a part of a specialised rehabilitation programme for tinnitus and sound intolerance management.

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From therapy to research: In support of CBT for misophonia

Jane Gregory, University of Oxford, UK; Anonymous (by request of author) , Expert by experience

There is preliminary evidence that CBT can help improve the symptoms of misophonia, a decreased tolerance to everyday sounds like eating, breathing and repetitive environmental noises. Group CBT for misophonia was superior to waitlist in a randomized trial (Jager et al., 2020) and case studies of individual CBT have shown promise (see for review, Potgieter et al., 2019). However, we do not yet know the key maintaining factors for misophonia, making it difficult to develop and refine interventions.

Observations from clinical practice can provide proof of concept for interventions, support the development of theoretical models and help generate hypotheses to be tested experimentally. This presentation aims to describe a theoretical model of misophonia, by reporting on themes that emerged from clinical practice, hypotheses developed from those themes, preliminary results from the research that followed, and a plan for future hypothesis testing.

An Expert by Experience (anonymous by request) will share lessons learned from CBT for misophonia. She will talk about key themes of humour, relating, de-shaming, understanding and communication. She will reflect on the therapeutic relationship, the significance of shared understanding, and using this to break the cycle of shame and social consequences in misophonia.

These experiences will be contextualised into a theoretical cognitive model of misophonia. Preliminary results will be presented from the "Feared consequences" and "Behaviours" subscales of the S-Five psychometric scale for misophonia, examining predictors of symptoms of misophonia, anxiety and depression. Future research questions and plans will be discussed.

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Autism and Sensory beyond DSM-5: A shared understanding between Clinicians and Autistic young people with lived experience of sensory processing difference

Sarah Wilcock, Oxford Health NHS Foundation Trust, UK

Atypical responses to sensory stimuli as manifestations of 'restricted, repetitive patterns of behaviour, interests, or activities' are recognised in the Diagnostic and Statistical Manual of Mental Disorders [DSM-5] (5th Ed. APA 2013) within criterion for the diagnosis of Autism. However, this representation does not reflect the broader picture of sensory processing difficulties and the impact upon the young person's occupational engagement, performance and participation. Without developing this shared understanding we as professionals will not be able to appreciate the alternative sensory reality that many Autistic young people experience, often at odds with and inconceivable to those supporting them. Use of self-report sensory profiles can offer up starting point on which to invite the young person to share their lived experience and for the clinician to begin to build a fuller picture of the individuals sensory differences. For many young people and for those supporting them, education about sensory processing patterns and thresholds can be a pivotal intervention and lead to a better understanding of ways in which to adapt the environment and interventions. Given the increased emphasis on sensory features in Autism Diagnosis, This presentation will reflect on current understanding of the manifestation of sensory features (difficulty processing and integrating sensory information) and their relationship to core features of Autism, drawing from the perspectives of young people who are known to the Neurodevelopmental Team and wider CAMHS Service and from recent research in the fields of neuroscience, Sensory Integration and developmental conditions.

What makes groupwork work?

Chair: Nicola Walker, University of Sheffield, UK

Making Affirmative CBT Groups Work for Sexual and Gender Minority Youth: The Role of Facilitator Training

Shelley Craig, University of Toronto, Canada; Austin Ashley, Barry University, USA; Iacono Gio, University of Connecticut, USA

Introduction: Empirically-supported interventions (ESIs) for marginalized populations can contribute to equitable mental health services. Their effectiveness is dependent on implementation fidelity, which hinges on the facilitator being trained to deliver the intervention competently. Yet, despite the risks encountered by sexual and gender minority youth (SGMY), and the proliferation of groups to meet their needs, few ESI's address the training needs of group clinicians. As the first ESI designed for SGMY, AFFIRM is an affirmative cognitive-behavioral therapeutic (CBT) group intervention that has been found to improve coping and reduce depression (Craig et. al, 2021). To promote fidelity, an AFFIRM Facilitator Training was designed. The training, informed by experiential learning theory, is a two-day (14-hour) intensive training that integrates didactic and experiential learning (e.g., role play, problem-based learning). This study evaluated the training, which aims to ensure effective delivery of AFFIRM in a range of settings.

Method: Training participants (n=58) represented diverse sexual (33% gay, 29% lesbian, 21% bisexual, 13% pansexual, 4% heterosexual); gender (52% female, 40% male, 8% transgender, 4% gender non-conforming); ethnoracial (42% Caucasian, 29% Asian, 19% Black, 5% Indigenous, 5% Latinx) and professional identities (e.g., community workers, case managers, social workers, psychologists). The Affirmative CBT Facilitator Competence Scale (ACCS) ($\alpha = 0.922$), is a 7-item scale designed to measure confidence to implement Affirmative CBT. Qualitative feedback was also collected.

Results: There was a significant difference between pre ($M=14.92$, $SD = 4.84$) and the post training competence scores ($M=20.58$, $SD = 4.02$); $t(57) = -9.206$, $p < .001$. Participants also noted that "I learned how to incorporate affirming LGBTQ+ identities with CBT" and "I feel more confident to utilize the group to meet youth needs". Our results suggest that the training components had a significant impact on clinician competence.

Discussion: As finding practitioners with the expertise to facilitate group-based ESIs can be challenging, the importance of providing effective training to ensure groups are being delivered to underserved populations is of critical importance. The presentation will explore training considerations for groups drawn from AFFIRM.

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The initial design and programme theory for a new work-focused psychotherapeutic intervention to treat moderate-severe recurrent depression and enhance job retention.

Nicola Walker, University of Sheffield, UK; Sally Hall, Leeds City Council, UK

Introduction: Many employees with moderate-severe recurrent depression struggle to maintain their employment. There are few work-focused psychotherapeutic interventions which are effective in both treating depression and enhancing job retention. Therefore, the aim of this study was to design a new treatment programme to help employed service-users of Community Mental Health Teams who are at risk of losing their jobs.

Method: This case study shows how we (i) designed the intervention using component analysis of existing literature and focus groups of frontline practitioners and former service users and mind-mapping analysis to establish its operational logic; and (ii) evaluated the theory underpinning the intervention using realist synthesis and evaluation to establish its conceptual logic.

Findings: An iterative hybrid approach of literature review, component analysis, focus group discussion, and realist methods established the initial design and programme theory for the new intervention. The intervention focused on three areas of therapy, three inter-dependent outcomes, in a group format, with opportunities created for peer interaction. The main theoretical principles most likely to promote efficacy were to accelerate and optimise activation of one or more of six hypothesised mechanisms: realise, reflect, regulate, resolve, relate, and retain/resume in the context of skilfully facilitated group psychotherapy. The new intervention is called a work-focused relational Group Cognitive Behavioural Therapy (GCBT) treatment programme.

Discussion: This study outlines a methodological approach based on the layered ontology of critical realist philosophy, applied to a successful example, which will be useful during the early stages of design and development of new group-based psychotherapeutic interventions.

By adopting the critical realist approach, we identified underlying mechanisms of change in relational group CBT. Whilst it is unlikely that all biases were eliminated because the sample was small and self-selected, a major strength of this study is the participatory approach with a high degree of user involvement. The theoretically integrated approach involving service-users and practitioners from different professional backgrounds was unique and meant that the treatment programme was multi-modal rather than informed by a single therapeutic or theoretical approach. The new intervention is also fully specified and manualised.

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Arts for the Blues – a new creative evidence- based group psychotherapy for depression

Joanna Omylinska-Thurston, Greater Manchester Mental Health Trust and University of Salford, UK; Nicola Walker, University of Sheffield, UK; Catherine Carr, Queen Mary University, UK; Shelley Craig, University Of Toronto, Canada; Marnin Romm, Harvard medical School, USA

Introduction: Depression affects many adults in the UK, often resulting in referral to primary care mental health services (e.g. IAPT). CBT is the main modality for depression within IAPT, with other approaches offered in a limited capacity. Arts psychotherapies are rarely provided despite their attractiveness to clients. Therefore, in order to expand clients' choice and following MRC framework (2006) for developing complex interventions, we developed a new creative psychological therapy integrating evidence-based approaches with arts psychotherapies called Arts for the Blues.

Methods: Following systematic review of mechanisms of change in evidence- based therapies and arts psychotherapies for depression and pilot workshops in IAPT we identified eight key ingredients underpinning Arts for the Blues model. The model was tested in 12 sessions intervention with clients from MIND.

Results: During the conference key ingredients of Arts for the Blues will be presented alongside results from IAPT workshops (n= 13) and MIND intervention (n=7). Workshops and interventions were evaluated using PHQ9, GAD7, WHOS and PANAS measures. Qualitative data from focus groups and interviews was also collected.

Discussion: The evidence-based foundation, creative content and pluralistic nature of this new approach aligned with eight client-identified key ingredients for positive therapy outcomes make it a promising therapy option. Arts for the Blues received substantial funding from Edge Hill University, University of Salford, CCG and AHRC to develop this intervention further. Implications include consideration for NICE approval as an additional therapy for depression.

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What makes us the same and what makes us different? Exploring challenges in the design and description of group arts therapies practice within randomised controlled trials.

Catherine Carr, Queen Mary University of London, East London NHS Foundation Trust, UK; Barbara Feldtkeller, Avon and Wiltshire Partnership NHS Trust, UK; Jennifer French, East London NHS Foundation Trust, UK; Dominik Havsteen-Franklin, Brunel University, Central and North-West London NHS Foundation Trust, UK; Val Huet, British Association of Art Therapists, UK; Vicky Karkou, Edge Hill University, UK; Stephen Sandford, East London NHS Foundation Trust, UK

Randomised controlled trials pose a number of challenges for group-based therapies. As ‘complex’ interventions (Craig et al., 2008) one particular challenge arises in terms of how we set up and describe practice. This becomes even more complex, when looking at group provision in the arts therapies. The ERA study is an NIHR funded, multicentre randomised controlled trial of group arts therapies compared to group counselling in community mental health care. Group arts therapies in this study are art therapy, music therapy and dance movement therapy. The ERA study has several unique design features including use of video to help patients give a preference for the type of art therapy they want, focus on group provision to people with a range of mental health diagnoses, and arts-based workshops with therapists to develop a working manual and practice principles of group arts therapies for the trial. This presentation will explore issues in the design and running of group therapy trials, using ERA as an example. We will share some of the decisions and approaches taken in designing a randomised controlled trial including our arts-based methods of sharing practice across professions. Learning will be discussed in relation to current practice and research into group-based CBT interventions.

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The Mechanisms of Action in Group Interventions (MAGI) framework for designing, delivering and evaluating group-based interventions: applicability to group therapies?

Jane Smith, University of Exeter Medical School, UK; Aleksandra Borek, University of Oxford, UK; Mark Tarrant, University of Exeter, UK; Nicola Walker, University of Teesside, UK

Introduction: Studies and theories on group dynamics and change processes in groups are dispersed across disciplines, and rarely explicitly used to design, deliver or evaluate group-based interventions often used to promote individual change in healthcare settings. The aims of the MAGI study were to 1) develop a framework of change processes in group interventions, 2) test the framework by identifying examples of these processes and strategies used to facilitate them in selected groups, and 3) illustrate methods for exploring links between group mechanisms and outcomes. The study focussed on behaviour change interventions for weight loss, but this presentation aims to stimulate discussion about the wider applicability of findings to group therapies.

Methods: The mixed-methods study involved 1) a review of literature, including theories of group dynamics and change processes, taxonomies of change techniques, measures of group processes and qualitative studies on people’s experiences of weight loss groups; 2) consultations with, and feedback from, researchers, group participants and facilitators; and 3) coding of intervention manuals and 38 transcripts of audio-recorded sessions from 3 group-based weight loss interventions. We also explored ways to integrate available group-level qualitative and quantitative data.

Results: The MAGI framework defined group processes and categorised them into 1) group intervention design features, 2) facilitation techniques, 3) group dynamic and development processes, 4) inter-personal change processes, 5) intra-personal

change processes, and 4) contextual factors. We identified practical strategies for facilitating and managing these processes, categorised into 1) group design elements, 2) group set-up tasks, 3) group facilitation strategies, and 4) group closure tasks. Examples illustrated the content validity of the framework for weight loss groups. We showed how it could be used to generate and test hypotheses about links between group mechanisms and outcomes.

Discussion: The MAGI framework provides a first step towards understanding how groups work to influence individual change. It is a potentially generalisable practical tool for researchers and practitioners working with group interventions that can inform design and delivery, support facilitator training and guide evaluation. Ongoing research is exploring its applicability to online group interventions, further work could extend this to group therapies for mental health.

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Developing technologies for the implementation of CBT across disorders

Chair: Jason Roscoe, University of Cumbria, UK

Seeing the Connections Between Behaviours: Developing Tools to Facilitate Policy, Research and Practice in Cognitive Behavioural Therapy

Vyv Huddy, University of Sheffield, UK; The TURBBO Project Group, University of Sheffield and Keele University, UK

Introduction: Cognitive behavioural therapy (CBT) tends to focus on problematic behaviours in isolation; for example, sleep hygiene or physical activity. However, changing one behaviour can spill over to others, either positively (e.g. exercise leads to more socialising) or negatively (e.g. exercise leads to greater consumption of unhealthy food). The TURBBO project is developing an open access knowledge base to visualise and facilitate understanding of the relationship between behaviours. We first developed a behavioural ontology to provide a means of describing the entities used in the behavioural domain and the relationships between them.

Methods: A co-design approach used workshops featuring interactive tools to generate the behavioural ontology. Participants were behavioural scientists and practitioners from varied fields who discussed the core concepts of behaviour and key questions for the knowledge base.

Results: The project has generated an initial 'upper and middle ontology' describing (i) cross-domain characteristics of behaviours and their associated concepts (e.g., measurement, context, temporality, and co-occurrence), and (ii) a structural hierarchy of behaviours (e.g., walking is a form of physical activity).

Discussion: The ontology provides a structured knowledge base for behavioural practitioners and scientists to input data on the relationship between behaviours. They can then query the resource to answer questions about how behaviours are related.

Encouraging results from an initial evaluation of CBT Bytesize - a novel multimodal digital intervention for anxiety

Emily Galloghly, Healios Ltd., UK; Polly A. Haselton, Healios Ltd., UK; Frank R. Burbach, Healios Ltd., UK

Background: Following feedback from CYP that they wanted support between weekly Cognitive Behavioural Therapy (CBT) sessions, we designed a novel intervention 'CBT Bytesize' (Burbach, Galloghly & Snaith, EABCT 2021) delivering CBT via text, video-conferencing, and the use of a CBT-based app ('ThinkNinja').

Methods: BABCP accredited therapists and wellbeing coaches supported CYP (aged 11-17) within a multi-modal CBT programme for anxiety and related problems. Therapists initiated contact three times per week, and CYP received daily responses from coaches. N=28 CYP opted for CBT Bytesize when referred to Healios (a digital mental health care provider). 86% were clinical at baseline on at least one routine outcome measure (ROM).

Results: CYP engaged for M=12 weeks. N=16 (57%) completed treatment, N=3 (11%) remain active, and N=9 (32%) completed 1-9 weeks. Of those with paired scores (N=26): 27% clinically improved, 65% reliably improved and 27% clinically & reliably improved on at least one ROM. Of completers (N=16), 44% clinically improved, 88% reliably improved and 44% clinically & reliably improved on at least one ROM. Completers from tier 2 had better outcomes than tier 3. CYP enjoyed texting their therapist and accessing help in the moment. Constructive feedback was provided.

Conclusions: Emerging results and feedback from CYP about the current pilot study are encouraging and indicate that CBT Bytesize is an effective treatment for CYP with anxiety and related problems.

What are the factors that help or hinder CBT trainees developing skills in Guided Discovery?

Jason Roscoe, University of Cumbria, UK; Elizabeth Bates, University of Cumbria, UK

Training as a CBT Therapist involves attending a Masters level course which is a blend of teaching, supervision and placement within a mental health service. Whilst most trainees are existing mental health professionals, the style of working is often new, in particular, the approach that is called Guided Discovery. This is an integral part of formulation and treatment requiring trainees to refrain from advice giving, instead emphasising collaboration and Socratic Dialogue. This can be in stark contrast to the more didactic style that trainees are familiar with prior to embarking on their training. Little is known at present about the experiences of CBT trainees when learning this new skill, specifically, how they assimilate this with existing ways of working and the challenges this might involve. This research is a preliminary attempt to understand factors that help and hinder skill acquisition. Eighteen trainee CBT practitioners undertaking the final module of IAPT high intensity training completed an online questionnaire answering eight open ended questions that sought to understand their experience of learning skills in GD. In particular, the questions looked to determine factors that assisted in understanding GD and potential obstacles. A grounded theory approach was applied to the data with four key themes emerging. These themes were used to develop a preliminary model of factors that enable or inhibit skills in GD. Implications of the findings for CBT trainers.

Digital self-management intervention for people living with Long COVID

Faith Martin, Coventry University, UK; Hayley Wright, Coventry University, UK; Andy Turner, Coventry University, UK

Introduction: Long COVID affects 1.3 million people in the UK. People describe uncertainty about how to manage it, with high levels of anxiety and depression. There is an urgent need support self-management with low intensity, scalable interventions.

Method: We co-developed an 8-week digital intervention. It includes behavioural techniques of pacing and cognitive techniques for managing unhelpful thoughts and rumination. It is delivered asynchronously through online text and videos, with trained facilitators and optional online meetings. Outcomes were the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Self-Efficacy to Self-Manage, pre and post course. WEMWBS scores correlate highly with common depression and anxiety measures. Open ended questions asked participants to comment on their experiences.

Results: Data were from 28 people who completed the intervention and measures. Mostly female (83%), White British (91%) and employed (78%). WEMWBS and self-efficacy scores significantly increased. Participants talked about the flexible nature of the intervention being easy to use around their symptoms and lives, and found the structured approach of different topics per session helpful.

Discussion: The change in outcomes provides initial support for the intervention. Qualitative data describe the major advantage of our delivery mode for a population living with a fluctuating and fatiguing condition. We are now conducting evaluations against a control group and over 6 months.

Single Case Experimental Designs: Methodological innovations and clinical challenges

Chair: Stephen Kellett, University of Sheffield and Rotherham Doncaster and South Humber NHS Foundation Trust, UK

Co-production of SCED - the tensions and the potential.

Stephen Kellett, University of Sheffield and Rotherham Doncaster and South Humber NHS Foundation Trust, UK and Lisa Alhadeff, Expert by experience

Introduction: Whilst the individual patient and their outcomes are at the heart of SCED, the patient tends to be used as a 'data collector' rather than a 'co-evaluator' of change. The aim of the presentation is to explain and demonstrate the potential for co-production in SCED in the evaluation of outcome for a patient with bi-polar disorder.

Methods: An A1/B/A2/C with extended follow-up SCED with a female patient meeting diagnostic criteria for bipolar disorder. Following the 6-week baseline period 'A1', treatment occurred in two phases (18 'B' and 6 sessions 'C') sandwiching a 12-week treatment withdrawal phase ('A2') and a 24-week structured follow-up phase. Five idiographic daily measures were collected daily to create a 622-day timeline. The PHQ-9 and the Mania Rating Scale were completed after each treatment session. The participant held two roles: as the patient and provider of the idiographic/nomothetic outcomes and also as part of the research team through providing a commentary on the outcomes identified.

Results: A partially effective intervention. There were improvements to idiographic measures of self-criticism, self-acceptance, body dissatisfaction and worry. Nomothetic outcomes showed little change. The intervention did not insulate from the occurrence of a hypermanic relapse during the follow-up phase. The change commentary mirrored the idiographic outcomes in noting that the 'active change' was harder to implement during the manic relapse.

Discussion: Methodologically, it is possible to improve SCED methodology through widening the participant role further beyond that of data collection. The talk will conclude with highlighting these co-production methods.

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Single Case Experimental Designs to explore Virtual reality-based Interventions

Desiree Colombo, Polibienestar Research Institute, University of Valencia, Valencia, Spain; Carlos Suso Ribera, Department of Basic Psychology, Clinic and Psychobiology, Jaume I University, Castellón, Spain; Cristina Botella, Department of Basic Psychology, Clinic and Psychobiology, Jaume I University, Castellón, Spain

So far, most of the traditional literature has relied on the use of randomized controlled trials (RCTs) to test the efficacy of psychological interventions. Even though RCTs provide valuable information, they also show some disadvantages, such as the requirement of large samples or the presence of control or waiting list conditions. These issues can be particularly important when dealing with a novel intervention whose efficacy is still not known. In this sense, single case experimental designs (SCEDs) are an adequate methodological alternative to RCTs, allowing to explore the feasibility and preliminary efficacy of a new intervention with a small number of participants and without the need for a control condition. In this presentation, we will provide examples of SCEDs applied to the specific field of virtual reality and, more specifically, to explore the effects of novel virtual-reality based interventions addressing autobiographical memory impairments and behavioural activation in depression. We will discuss the advantages of integrating SCEDs with virtual-reality treatments, as well as the methodological issues observed throughout the studies.

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A novel method to manipulate penis length to measure female sexual satisfaction: a single-case experimental design

David Veale, Kings College London, UK; Aashay Vaidaya, Kings College London, UK; Andriana Papageorgiou, Kings College London, UK; John Hodsoll, Kings College London, UK; Simone Giona, King's College Hospital, UK; Mark Freeston, Newcastle University, UK; Gordon Muir, Kings College London, UK

Objectives: To investigate a novel methodology and explore whether artificially reducing the depth of penetration during intercourse matters to women. In this presentation, we will highlight the methodology that was used in a Single Case Experimental Design.

Methods: A study with a single-case experimental design ('n of 1'), in which a heterosexual couple act as their own control and the study is then replicated in subsequent couples, was conducted. Thirty-five couples were assessed for eligibility to participate. Twenty-nine couples without any sexual problems were randomized and 12 submitted sufficient data to analyse. As a proxy for reducing penis length, we artificially reduced the depth of penetration by using different sizes of silicone rings around the base of the man's erect penis. The main outcome measures were provided by the female partner on a scale of 0–100 and comprised: degree of (i) overall sexual pleasure; (ii) sexual pleasure from intercourse alone; and (iii) emotional connection to the male partner. The female partner was also asked before the experiment began to rate the degree of positive or negative change that would be personally meaningful for her.

Results: On average, reducing the depth of penetration led to a statistically significant 18% reduction of overall sexual pleasure with an average 15% reduction in length of the penis. The longer the erect penis, the less likely the rings were to have an impact on sexual pleasure. There was a range of individual responses, however, with a minority of women reporting that reducing the depth of penetration was more pleasurable on some occasions.

Discussion: Size may matter in women in a healthy stable relationship when there is penile shortening. Because of the small number of couples and the inclusion of men with an apparently long penis, our results are preliminary, and we welcome replication in a larger sample with a more diverse range of penile lengths. Our results should not be misinterpreted as meaning that increasing penile length will increase sexual pleasure in women.

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Where we might be able to go with single case experimental designs and how we might be able to get there.

Gary Brown, Royal Holloway University of London, UK

Single case experimental designs were traditionally the lynchpin of the scientist practitioner approach. Following a period in which randomized controlled trials have held sway, SCEDs are enjoying a resurgence. Unlike RCTs, SCEDs are accessible to the clinician working in routine practice and so are a potential route to promoting practice based evidence. Aside from practitioners gaining the knowledge required to carry out SCEDs, various gate-keeping steps need to be negotiated, including ethics, confidentiality, and data protection. This presentation will provide an overview of these issues, offer potential solutions, and sketch out a future scenario in which the potential for routine clinical research is optimized.

Building Cognitive behavioural treatments for physical health difficulties

Chair: Trudie Chalder, King's College London, UK

The CODES pragmatic, multicentre randomised controlled trial evaluating CBT for adults with dissociative seizures; planned evaluation of clinical outcomes and exploratory secondary analysis

Laura Goldstein, King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, UK; The CODES Study Team, UK

Introduction: Dissociative seizures (DSs) are a common functional neurological disorder. We report a large multi-centre RCT testing the effectiveness of DS-specific CBT in adults with DSs.

Method: 368 adults with DSs were randomised to receive DS-specific CBT plus standardised medical care (CBT+SMC; n=186) vs SMC-alone (n=182). Our primary outcome was monthly DS frequency 12-months post-randomisation; secondary outcomes were also evaluated at 12 months. Unplanned secondary analyses considered outcomes 6 months post-randomisation, near the end of CBT.

Results: At 12 months post-randomisation monthly DS frequency did not differ between arms but 9/16 secondary outcomes were better in the CBT+SMC arm ($p < 0.05$), of which 5 were better at $p \leq 0.001$ e.g., less impairment (Work & Social Adjustment Scale) and more DS-free days in the last 6 months (Goldstein et al, 2020 [doi.org/10.1016/S2215-0366\(20\)30128-0](https://doi.org/10.1016/S2215-0366(20)30128-0)). Secondary analysis (Goldstein et al, 2022) found that 13/14 outcomes measured at 6- and 12-months post-randomisation were better in the CBT+SMC arm at 6 months ($p < 0.05$, including monthly DSs).

Discussion: Our 12-month evaluation showed no between-arms difference in DS frequency but benefits in psychosocial and DS-related outcomes. Secondary analysis indicated wider benefits including for DS frequency. Treatment evaluation close to treatment end is informative but longer-term evaluation better explains the pattern of treatment effects in DSs.

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A model and treatment of dissociative seizures

Trudie Chalder, King's College London, UK; Ken McKeown, South London and Maudsley NHS Trust; Laura Goldstein, King's College London, UK; Trudie Chalder, King's College London, UK

Dissociative Seizures (DS) or non epileptic attacks are otherwise known as functional neurological disorders, associated with a significant reduction in physical activity and impaired social functioning. We developed a cognitive behavioural model of DS which assumes that an initial physiological trigger begins a vicious cycle in which cognitive, attributional, physiological, affective and social factors fuel avoidant behaviour. Treatment techniques include a combination of DS specific techniques devised to interrupt the seizures and some transdiagnostic cognitive and behavioural strategies are used to suit the needs of individual patients. In brief patients are encouraged to utilise techniques that help them to control seizures and engage in avoided activities over 12 sessions. We published a case report, pilot study and randomised controlled trial to evaluate the approach. Patients reported a significant reduction in DS frequency and an improvement in psycho-social functioning. This presentation will describe the approach and a case study will be used to illustrate the approach.

Acceptance and commitment therapy for Muscle Disease: a randomised controlled trial

Trudie Chalder, King's College London, UK; Christopher Graham, Queen's Belfast, Northern Ireland; Sam Norton, King's College London, UK; Michael Rose, King's College London, UK

Chronic muscle disorders (MD) such as muscular dystrophy cannot be cured. We randomised people with MD who were distressed to Acceptance and Commitment Therapy (ACT) plus usual medical care (UMC) or UMC alone. This two-arm, randomised, multicentre, parallel design recruited 155 patients with MD. 138 people completed the 9 week study. Participants receiving ACT were supported by a therapist in using 4 skills to help them manage the challenges of daily life more flexibly. These were mindfulness, ways of stepping back from thoughts and taking an observer perspective, help in identifying what was important to them and encouragement in living life according to what was personally meaningful. At 9 weeks post randomisation, the participants receiving ACT demonstrated a marked improvement in their quality of life, including their independence, social and emotional functioning and body image. They also noted improvements in their overall mood, a secondary but nonetheless important measure of wellbeing. Significant with moderate to large effect sizes. ACT in addition to usual care was effective in improving QoL and other psychological and social outcomes in patients with Muscle Disease. A six month follow up has shown that benefits persist.

Moderators of cognitive behavioural therapy treatment effects and predictors of outcome in the CODES randomised controlled trial for adults with dissociative seizures

Emily Robinson, King's College London, UK; The CODES Study Team, UK

Introduction: We explored moderators of CBT treatment effects and predictors of outcome in the CODES trial (n=368) comparing cognitive behavioural therapy (CBT) plus standardised medical care (SMC) vs SMC-alone for dissociative seizures (DS).

Methods: Outcomes were at 12 months post randomisation: monthly DS frequency, psychosocial functioning (Work and Social Adjustment Scale, WSAS), and health-related quality of life (both the mental and physical component summary scores, SF-12v2 MCS/PCS). Moderation analyses of baseline characteristics determined who benefited from being offered CBT; and if effects were absent we tested whether baseline variables predicted change, irrespective of treatment allocation.

Results: We found CBT reduced DS frequency for participants with more (≥ 22) symptoms or ≥ 1 current comorbid psychiatric diagnosis ($p < 0.05$); and the effect of CBT on PCS scores was moderated by gender, where women did better than men in the CBT+SMC group. Predictors of improved outcome included: not receiving disability benefits, lower anxiety/depression scores (PCS, MCS, WSAS); shorter duration, younger age at DS onset, employment, fewer symptoms and higher educational qualification (PCS, WSAS); stronger belief in the diagnosis and in CBT as a "logical" treatment (MCS). Discussion: Patient complexity interacted with treatment. CBT was more likely to reduce DS frequency in those with greater comorbidity. Other patient characteristics predict outcome regardless of intervention.

Treating depression using Augmented Depression Therapy and Behavioural Activation: Emerging insights and future directions

Chair: Barney Dunn, University of Exeter, UK

Discussants: Nigel Reed, Expert by Experience

Exploring clients experiences of undertaking Augmented Depression Therapy (ADepT): A qualitative interview study.

Barney Dunn, University of Exeter, UK; Kalliopi Demetriou, University of Edinburgh, UK; Emily Widnall, University of Exeter, UK; Laura Warbrick, University of Exeter, UK; Faith Warner, University of Exeter, UK; Christabel Owens, University of Exeter, UK

Background: Augmented Depression Therapy (ADepT) aims to concurrently build wellbeing and reduce depression using a solution-focused, values-based, and cognitively augmented behavioural activation approach. A pilot RCT has recently compared ADepT to CBT in the treatment of depression, randomising 41 adult participants to each arm. This qualitative interview study explored experiences of undergoing ADepT treatment in a subset of those in the ADepT arm of the trial.

Method: Eighteen participants who received ADepT attended semi-structured interviews after the end of treatment using purposive sampling. The qualitative data was analysed using the Framework method and implementing an integrative deductive and inductive approach.

Results: Overall, participants were satisfied with ADepT and talked about undergoing a positive transformation through treatment. Participants reported learning to act opposite to depressogenic patterns to help them maximise opportunities and minimise challenges in life, a process that continued beyond the end of treatment. Participants found the concurrent focusing on reducing depression and enhancing wellbeing acceptable. Key perceived helpful elements of change included enabling the positives, becoming more proactive, gaining confidence and motivation, discovering themselves beyond depression, cultivating self-compassion, and living a values consistent life. Although the therapy was perceived as challenging, most participants appreciated the need to work hard to experience benefits.

Conclusion: Addressing wellbeing and depression concurrently in ADepT is perceived by clients as a feasible, acceptable, and effective approach in recovering from depression.

References:

Dunn, B. D et al (2019). Evaluating Augmented Depression Therapy (ADepT): Study protocol for a pilot randomised controlled trial. *Pilot and Feasibility Studies*, 5:63.

Preliminary evaluation of a training pathway for Augmented Depression Therapy for high intensity therapists in IAPT settings

Laura Warbrick, University of Exeter, UK; Kalliopi Demetriou, University of Edinburgh, UK; Barney Dunn, University of Exeter, UK

Background: Augmented Depression Therapy (ADepT) has been provisionally shown to be an effective treatment for depression in a recent pilot randomised controlled trial. Before proceeding to definitive trial evaluation of ADepT, it is important to establish if a larger workforce in routine care settings can be trained to competently deliver ADepT and to canvas their views on the approach.

Method: A cohort of eleven IAPT experienced CBT high intensity therapists underwent a six-month training in ADepT, consisting of a one-day initial workshop, weekly two-hour skills practice sessions for a month, treating at least two cases while receiving weekly small group supervision for a six-month period, and tape feedback at the end of training.

Results: The proportion of therapists completing the training and who were judged to reach competence criteria will be reported, as will clinical outcomes in the cases they treated. Therapist's views on training they received and the acceptability, feasibility and fit of the ADepT approach in IAPT (captured via a feedback survey at the end of the training) will also be discussed.

Discussion: Implications for the feasibility of implementing ADepT in a larger scale trial will be discussed, as will learning about how to optimise the training of therapists in a new treatment modality.

A case series evaluation of Augmented Depression Therapy (ADepT) for treatment of depression in young adults

James Carson, University of Exeter, UK; James Carson, University of Exeter, UK; Kalliopi Demetriou, University of Edinburgh, UK; Barney Dunn, University of Exeter, UK

Introduction: There is increasing recognition of the importance of targeting depression in young adults when it first presents, to try and minimise the chances of a chronic, relapsing future course. Augmented Depression Therapy (ADepT) has previously been shown to be effective in treating depression across the adult life span. The current study preliminarily examines if ADepT may be beneficial for treating depression in the 18-24 year age range specifically.

Method: A mixed methods multiple randomised baseline case series designed was used, recruiting eleven clinically depressed young adults from a university wellbeing service. Many of the sample also presented with anxiety, features of emotional and interpersonal dysregulation linked to previous complex trauma, and neuroatypical features. Participants completed weekly measures of wellbeing and depression during the baseline and treatment phase and a longer battery of outcomes measures at intake, pre-treatment, post-treatment and two-month follow-up. Participants also underwent a qualitative interview to explore their experiences of ADepT.

Results: Clinical outcomes will be examined at the within-participant and group level. Acceptability and feasibility data will be presented, alongside a thematic analysis of qualitative interviews conducted with participants after completing treatment.

Discussion: Implications of this work for further refinement evaluation of ADepT in young adults will be discussed.

“But doesn’t that lead to hypomania?”: A multiple baseline case series of Behavioural Activation for bipolar depression.

Kim Wright, University of Exeter, UK; Barney Dunn, University of Exeter, UK; Megan Colletta, University of Exeter, UK; Heather O'Mahen, University of Exeter, UK

Background: Behavioural Activation (BA) is an established psychological intervention for unipolar depression, and has the advantage of being relatively simple to train and deliver. Despite this, few studies have evaluated BA as a treatment for acute bipolar depression. In this study we sought to establish the feasibility and acceptability of the therapy and research procedures, as well as the potential for an adapted BA protocol (BA-B) to represent a safe and effective treatment option for this patient group. A secondary aim was to explore relationships between depression and hypomania symptoms, distress and engagement in valued activity within participants across the course of therapy.

Method: Within a two-wave, randomised-multiple-baseline, ABA case-series design we offered BA-B to adults experiencing a current episode of depression within bipolar I or II disorder. Outcome and process measures were administered at the start and end of the baseline period and post treatment completion. Weekly symptom measures were completed across the baseline and therapy periods and for three weeks post treatment. Quantitative and qualitative feedback from participants was gathered post treatment.

Results: Acceptability and feasibility data will be presented, as will analyses of reliable change within the sample. The findings from multilevel models examining relationships across time between depression, hypomania, distress and valued activity will be described.

Discussion: The talk will consider the implications of this work for further evaluation of BA-B, as well as clinical learning.

Expanding and supporting choice in IAPT: Outcomes from a patient preference trial of guided self-help for anxiety disorders

Chair: Stephen Kellett, University of Sheffield, and Rotherham Doncaster and South Humber NHS Foundation Trust, UK

What is a patient preference trial? How did we support choice of intervention, how did we support PWPs and how did we gather the outcomes?

Charlotte Bee, Pennine Care NHS, UK; Stephen Kellett, University of Sheffield, UK; Jessica Smithies, Pennine Care NHS, UK; Vikki Aadahl, Pennine Care NHS, UK; Mel Simmonds-Buckley, University of Sheffield, UK

Introduction: There is both a moral reason for supporting patient choice and there is a convincing evidence base that shows that when patient preferences are supported, this improves indices of service engagement and clinical outcome. The IAPT manual advises therefore offering a choice of treatment to patients accessing any step of the service. Clinical trials however reduce choice by taking the treatment decision out of the participant's hands and using technology to randomly assign people to the arms of a trial. This risks people not engaging because of lack of choice and dropping out when they do not receive the treatment that they want. Outcomes may therefore more strongly reflect preference than intervention. The methodological solution to this issue is to complete patient preference randomised controlled trials. All treatments at step 2 of IAPT are currently low intensity cognitive-behavioural guided self-help (CBT-GSH) and so a manualized guided self-help (GSH) version of cognitive analytic therapy (CAT) has been developed and piloted (CAT-GSH). We aim to describe the methods of a four-arm patient preference randomised clinical trial (arm 1 randomised to CAT-GSH, arm 2 preference for CAT-GSH, arm 3 randomised to CBT-GSH and arm 4 preference for CBT-GSH).

Method: Participants meet diagnostic criteria for any anxiety disorder (defined by the MINI and the Beck Anxiety Inventory (BAI)) and are deemed suitable for a step 2 intervention (i.e. GSH delivered by a psychological wellbeing practitioner; PWP). Participants are presented with standardised treatment information and indicate a preference of CAT-GSH, CBT-GSH or randomization to either CBT-GSH or CAT-GSH. One session per treatment has been sampled and PWP competency assessed. The primary outcome measure is the BAI and secondary outcomes include uptake, attendance and dropout rates and contrasting sessional outcomes on the IAPT minimum dataset (PHQ-9 and GAD-7). Follow-up occurs at 8 and 24 weeks.

Results: The presentation will report via a CONSORT diagram the recruitment, preference, retention and follow-up rates and will report on the manner past engagement with the service influences current treatment preferences when the patient returns to the service.

Discussion

That expanding patient choice is possible and that patients at step 2 clearly want to exert a choice over their treatment options. The pros and cons of conducting a pragmatic trial at step 2 of a busy IAPT service will be discussed

Assessing how the therapies were delivered: the relationship between PWP competence and patient outcome

Niall Power, The University of Sheffield, UK

Introduction: There is scarce research on the relationship between practitioner competence in low intensity psychological interventions and treatment outcome. Therefore, this study investigated the association between practitioner competence in delivering guided self-help (GSH) and clinical outcome, rate of clinical change, need for further intervention, attendance and drop out.

Method: Data from a randomised controlled patient preference trial of GSH for anxiety disorders in an Improving Access to Psychological Therapies service were used. The trial compared GSH based on cognitive analytic therapy (CAT-GSH) with standard GSH based on cognitive behaviour therapy (CBT-GSH). Sessions were randomly sampled from the 6-8 session manualised treatments (CAT-GSH, n=60 and CBT-GSH, n=20) and rated using a validated competence rating tool. A 'fully crossed' independent rating design was used with two independent rating groups. Competence ratings were then used to explore associations with anxiety, depression and functioning, treatment engagement (attendance and drop-out), and need for further intervention.

Results: Competence ratings had very high inter-rater reliability across all competence levels and in both treatments (intraclass correlation coefficients between 0.85 and 0.99). No significant associations were found between competence and clinical outcome, treatment engagement or need for further intervention. Competence did not predict rate of change in anxiety symptoms.

Discussion: Practitioners were competent in the delivery of either version of GSH, but competency did not predict clinical or service outcomes. Analyses were under-powered and exploratory and directions for future LI competency-outcome research are provided.

The acceptability of cognitive analytic guided self-help in an Improving Access to Psychological Therapies service

Stephen Kellett, University of Sheffield, Sheffield, UK; Rotherham Doncaster and South Humber NHS Foundation Trust, UK; Annie Wray, University of Sheffield, Sheffield, UK; Charlotte Bee, Pennine Care NHS Foundation Trust, UK; Jess Smithies, Pennine Care NHS Foundation Trust, UK; Vikki Aadahl, Pennine Care NHS Foundation Trust, UK; Mel Simmonds-Buckley, University of Sheffield, Sheffield, UK; Colleen McElhatton, University of Sheffield, Sheffield, UK

Background: An Improving Access to Psychological Therapies (IAPT) service in England has implemented cognitive analytic therapy guided self-help (CAT-GSH) alongside cognitive behavioural guided self-help (CBT-GSH) in order to support enhanced patient choice. This study sought to explore the acceptability to psychological wellbeing practitioners (PWP) of delivering CAT-GSH.

Method: This study used a qualitative design with semi-structured interviews and associated thematic analysis (TA). A sample of n=12 PWP experienced in delivering CAT-GSH were interviewed.

Results: Five over-arching themes (containing 12 subthemes) were identified and conceptually mapped: (a) the past-present focus (made up of working with clients' pasts and the different type of change work), (b) expanding the treatment offer (from the perspective of PWP and clients), (c) the time and resources required to effectively deliver CAT-GSH (to enable safe and effective delivery for clients and personal/professional development for PWP), (d) understanding CAT-GSH (made up of confidence, learning new therapeutic language/concepts and appreciating the difference with CBT-GSH) and (e) joint exploration (made up of therapeutic/supervisory relationships and enhanced collaboration).

Conclusion: CAT-GSH appears an acceptable (but challenging) approach for PWP to deliver in IAPT services. Services should prioritise training and supervision for PWP to ensure good governance of delivery.

References:

Kellett, S., Bee, C., Aadahl, V., Headley, E., & Delgadillo, J. (2021). A pragmatic patient preference trial of cognitive behavioural versus cognitive analytic guided self-help for anxiety disorders. *Behavioural and Cognitive Psychotherapy*, 49(1), 104-111. <https://doi.org/10.1017/S1352465820000442>

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Main outcome from the randomised patient preference trial

Mel Simmonds-Buckley, University of Sheffield, UK; Steve Kellett, Rotherham Doncaster South Humber NHS Foundation Trust, UK; Charlotte Bee, Pennine Care, NHS Foundation Trust, UK; Jess Smithies, Pennine Care, NHS Foundation Trust, UK; Vikki Aadahl, Pennine Care, NHS Foundation Trust, UK; Jaime Delgadillo, University of Sheffield, UK

The UK Government's implementation in 2008 of the Improving Access to Psychological Therapies (IAPT) in England systematised the delivery of guided self-help for mild-to-moderate depression and anxiety in primary care. Whilst guided self-help for anxiety is the most common IAPT intervention, there have been limited evaluations of its efficacy within IAPT based on clinical trials. This study sought to compare the efficacy of two types of guided self-help in the treatment of mild-to-moderate anxiety within an IAPT service. A pragmatic, partially randomised, patient preference trial (PRPPT) was completed in the Pennine Care IAPT service in England and recruited participants aged 18 years or older with mild-to-moderate anxiety. Eligible participants that stated a treatment preference were allocated to or were randomly assigned (1:1) to receive either 6-8 (35 minute) sessions of cognitive-behavioural guided self-help (CBT-GSH) or cognitive-analytic guided self-help (CAT-GSH). Trial outcomes will be presented based on anxiety severity (measured by the Beck Anxiety Inventory (BAI)) at 8 and 24-week post-treatment as the primary outcome, with the IAPT minimum dataset measures and service utilisation being secondary outcomes.

Comparing idiographic change in cognitive analytic and cognitive behavioural guided self-help

Emma Headley, University of Sheffield, UK; Stephen Kellett, University of Sheffield, and Rotherham Doncaster and South Humber NHS Foundation Trust, UK

Introduction: Understanding the context in which therapy is effective is crucial for effective clinical delivery. What makes therapy successful has been widely considered. Many believe different psychological therapies are equivalent in their effectiveness due to shared common factors such as therapeutic alliance. Others believe that specific scientific ingredients of different psychotherapies create change. Literature examining change processes in guided self-help (GSH) interventions emphasise the importance of client related factors in the process of change. This study sought to identify types of

idiographic change and explore possible mechanisms of change through two forms of GSH; cognitive behavioural therapy guided self-help (CBT-GSH) and cognitive analytic therapy guided self-help (CAT-GSH).

Method: Seventeen individuals recruited from a wider clinical trial (Kellett et al., 2021) demonstrating reliable change after completing two different types of GSH for anxiety, participated in semi-structured interviews. An adapted Client Change Interview (Elliott, 2011) schedule was used. Changes were categorised and non-parametric analysis examined differences between the two groups. Inductive thematic analysis (Boyatzis, 1999) was used to extract themes.

Results: No differences were found between groups in types of reported change. Both experienced cognitive, behavioural, emotional and relational change. Five overarching themes were found; 'Personal qualities of success'; 'Enlightenment through understanding'; 'Specific tools and techniques'; 'Relationships'; 'Tailoring support'. Four themes maximally differentiated between the two treatment groups.

Discussion: A combination of model specific and common factors contributed to the process of change. Tailoring intervention structure to the needs of the client, connecting to the therapist and being committed to the change process were important for both groups. CAT-GSH completers uniquely reported the importance of understanding the origins of their anxiety. They noted new relational insight and relational change, and transformation of the self-self relationship. CBT-GSH completers uniquely reported the importance of understanding what anxiety was. They described the importance of learning new techniques to cope and having supportive relationships. The findings suggest that change mechanisms in these two forms of GSH are a collaborative integration of both model specific and common factors.

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Boyatzis, R. E. (1998). Transforming qualitative information: Thematic analysis and code development. Sage.

Elliott, R. (2011). Qualitative methods for studying psychotherapy change processes. In A. Thompson & D. Harper (Eds.) (2012). Qualitative research methods in mental health & psychotherapy: An introduction for students & practitioners (pp. 69-81). Wiley-Blackwells

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Innovating and implementing trauma therapies for psychosis

Chair: Amy Hardy, King's College London & South London & Maudsley NHS Foundation Trust, UK

A multiple baseline case series of a novel imagery rescripting protocol for intrusive trauma memories in people with psychosis

Rachel Clarke, King's College London; South London and Maudsley NHS Foundation Trust, UK; Amy Hardy, King's College London; South London and Maudsley NHS Foundation Trust, UK; Rebecca Kelly, South London and Maudsley NHS Foundation Trust, UK

Introduction: There has been limited investigation of therapies targeting trauma-related psychological mechanisms hypothesised to play a role in post-traumatic and psychosis symptoms. Imagery rescripting (ImRs) is a therapeutic technique which involves transforming images, such as episodic memories, to modify associated distressing beliefs. This study is the first ImRs study for psychosis to incorporate experimental controls. We used a novel ImRs protocol, targeting present-focused, self-referential distressing meanings associated with intrusive trauma memories. A multiple baseline case series design investigated whether the protocol was feasible, safe, acceptable and effective.

Methods: 12 participants with a psychosis diagnosis and intrusive trauma memories were assessed and randomised to a monitoring period (one, two or three weeks), followed by three ImRs sessions (over three weeks), a further two-week monitoring period with a post-therapy assessment a week after completing therapy. Memory phenomenology was assessed daily during monitoring. Post-traumatic stress symptoms and wellbeing were assessed pre and post therapy.

Results: ImRs was feasible, safe and rated as highly acceptable. No participants dropped-out of the brief, targeted intervention. There were moderate effects on the frequency, distress, controllability and appraisals of trauma memories. Notably, ten participants showed reliable change, and seven clinically significant change, in post-traumatic stress symptoms.

Conclusions: The study indicates that a brief, novel ImRs protocol targeting present-focused, self-referential meanings is a promising intervention for intrusive trauma memories. Future research should investigate its integration into trauma-focused therapy for psychosis and impact on psychosis severity.

References:

Clarke, R., Kelly, R., Hardy, A. (2021). A randomised multiple baseline case series of a novel imagery rescripting protocol for intrusive trauma memories in people with psychosis. Journal of Behavior Therapy and Experimental Psychiatry, 75, 101699. <https://doi.org/10.1016/j.jbtep.2021.101699>

The EASE trial: Results of a feasibility randomised controlled trial of 'EMDR for psychosis' in Early Intervention settings

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Introduction: Traumatic events are involved in the development and maintenance of psychotic symptoms. There are few trials exploring trauma-focused treatments as interventions for psychotic symptoms, especially in individuals with early psychosis. This trial evaluated the feasibility and acceptability of conducting a definitive trial of Eye Movement Desensitization and Reprocessing for psychosis (EMDRp) in people with early psychosis.

Methods: 60 service users with a history of a traumatic/ adverse life events were recruited from Early Intervention (EI) services in the North West of England and randomized to receive 16 sessions of EMDRp + Treatment as Usual (TAU) or TAU alone. Participants were assessed at baseline, 6 and 12 months post-randomization using several measures of psychotic symptoms, trauma symptoms, anxiety, depression, functioning, service-user defined recovery. Two nested qualitative studies to assess participant feedback of therapy and views of professional stakeholders on the implementation of EMDRp into services were also conducted.

Results: We examined several feasibility outcomes, including ability to recruit and randomize participants, trial retention at follow-up assessments, treatment engagement and ability to deliver EMDRp with a high level of fidelity in EI settings. Despite the impact that the COVID-19 pandemic had on the trial, leading to several adaptations to our recruitment, assessment, and treatment delivery procedures, all quantitative data pertaining to these feasibility outcomes confirmed the overall viability of this line of research. Analysis of quantitative outcomes also suggested promise of efficacy of EMDRp against TAU on several clinically meaningful outcome. The qualitative data suggested that the experience of receiving EMDRp was overall positive and associated with personally-valued gains, but sometimes understandably challenging for participants with complex trauma histories. Service users and clinicians made several recommendations to better prepare clients for trauma-focused work in EI settings, with implications beyond EMDRp and applicable to the delivery of CBT trauma-focused protocols.

Discussion: Our findings are promising and suggest that further larger scale research is warranted to evaluate whether EMDRp represents a beneficial treatment to augment existing evidence-based care of individuals with early psychosis supported by EI services.

The bumpy road of trauma-focused treatment: PTSD symptom exacerbation in people with psychosis

Simone Burger, VU University Amsterdam, The Netherlands; Amy Hardy, King's College London & South London & Maudsley NHS Foundation Trust, UK; Tineke van der Linden, GGzE Mental Health Institute, the Netherlands; Agnes van Minnen, Radboud Universiteit Nijmegen, the Netherlands; Mark van der Gaag, VU University Amsterdam, The Netherlands; David van den Berg, VU University Amsterdam, The Netherlands

Introduction: Concern for symptom exacerbation and treatment drop-out is an important barrier to implementation of trauma-focused treatment, especially in people with psychosis diagnoses.

Objective: We investigated PTSD symptom exacerbation during eye movement desensitization reprocessing (EMDR) therapy and prolonged exposure (PE) in a sample of 99 participants with PTSD and psychosis. We also tested whether exacerbation predicted drop-out or poor treatment response.

Method: This study was part of a multicenter randomized controlled trial. PTSD symptoms were monitored at each session. Exacerbation was defined in two ways: (1) symptom increase in comparison to the first rating anywhere in the first four sessions (early exacerbation) and (2) in comparison to the previous rating throughout the entire therapy (between-session exacerbation).

Results: Both early exacerbation and between-session exacerbation were relatively common (32.3% and 46.5% respectively), but were not related to either drop-out or poor treatment response.

Discussion: It is important for both clinicians and patients to know that symptom exacerbation during trauma-focused treatment is common and not related to poor outcome. Symptom exacerbation can be part of the therapeutic process, should be acknowledged and guided, and should not be a barrier to the implementation of trauma-focused therapy in people with psychosis.

A qualitative interview study of therapists' experiences of implementing trauma-informed care in Early Intervention in Psychosis teams

Amy Hardy, South London and Maudsley NHS Foundation Trust, UK; Claire Thompson, South West London and St Georges NHS Mental Health trust, UK; Jonathan Bradley, South West London and St George's NHS Mental Health trust, UK; Paul Tomlin, King's College London, UK

Introduction: Many people with first episode psychosis have experienced significant trauma in their lives, and support with the consequences of trauma often forms part of their treatment plan under Early Intervention for Psychosis services. This talk will describe a qualitative study which explored the experience of therapists of implementing trauma-focussed therapies in Early Intervention in Psychosis (EIP) teams.

Methods: 6 clinical psychologists working in NHS EIP services in London, UK, completed a semi-structured interview about their experiences of assessing trauma, how trauma-focussed therapy is offered and delivering trauma-focused therapy. The interviews were transcribed and a critical realist approach adopted for thematic analysis.

Results: Three superordinate themes were identified during analysis. These were: 1) Breaking the silence, 2) Dilemmas in trauma-focussed therapy and 3) Need for support. The themes will be discussed to highlight barriers and facilitators of implementation.

Discussion: The findings of this study support the need for therapists to implement trauma-focused therapy within EIP. Recommendations for addressing implementation barriers will be discussed.

Awareness and interpretation of bodily states, intolerance of uncertainty, and anxiety

Chair: Mark Freeston, Newcastle University, UK

Fear of bodily sensations in health anxiety: The interplay between intolerance of uncertainty and anxiety sensitivity

Gioia Bottesi, University of Padua, Italy; Mariaserena Pantò, University of Padua, Italy; Maria Suozzo, University of Padua, Italy; Elia Franchini, University of Padua, Italy

Introduction: Intolerance of uncertainty (IU) and Anxiety Sensitivity (AS) are transdiagnostic vulnerability factors involved in anxiety-based disorders and share a basis in the fear of the unknown. According to CBT models, difficulties tolerating uncertainty about the meaning of bodily sensations may foster selective attention toward body signals, which further amplifies the fear of catastrophic physical consequences, thus fueling health anxiety (HA). In the current study, we aimed to expand extant knowledge on the interplay between IU and AS in predicting HA in an Italian community-based sample recruited before the pandemic.

Method: Four-hundred and thirteen Italian individuals (65.6% female; $M_{age}=38.92\pm14$) completed an online survey containing self-report measures including the Intolerance of Uncertainty Scale-Revised, the Anxiety Sensitivity Index-3, the Health Anxiety Questionnaire, and the Depression Anxiety Stress Scales-21. Among participants, 101 (24.5%) reported suffering from medical health problems. We first examined whether there was a specific indirect effect of IU on HA through the AS dimensions (i.e., Physical, Cognitive, and Social Concerns) by running a parallel multiple mediation model (Model 1). An alternative model testing the indirect effect of the three AS dimensions on HA through IU was also evaluated (Model 2). Medical status (i.e., healthy/unhealthy) and general distress were included as covariates in both models.

Results. With respect to Model 1, the total effect model was significant (adjusted $R^2=.35$, $F_{3,408}=72.04$, $p<.001$). Only AS Physical Concerns significantly mediated the path from IU to HA ($b=.1621$, $SE=.0375$, 95% CIs=.0957, .2454). General distress was a significant covariate, whereas medical status was not. Model 2 was also significant (adjusted $R^2=.39$, $F_{5,406}=52.04$, $p<.001$). Findings showed that IU totally mediated the paths from AS Cognitive Concerns ($b=.1995$, $SE=.0601$, 95% CIs=.0965, .3361) and AS Social Concerns ($b=.0824$, $SE=.0427$, 95% CIs=.0069, .1745) to HA. AS Physical Concerns was directly related to HA, but the indirect effect through IU was not significant. General distress was the only significant covariate.

Discussion: Current findings align with previous literature outlining that IU and AS interact in promoting HA. However, IU seems to play a prominent role in such a complex interplay, thus tentatively suggesting that AS may be the way through which IU operates in HA. Clinical implications will be discussed.

Interoceptive awareness moderates the relationship between intolerance of uncertainty and worry in the context of the COVID-19 pandemic: an international study in English- and Spanish-speaking samples

Raquel Nogueira Arjona, University of Roehampton, UK; Raquel Nogueira Arjona, University of Roehampton, UK; Pablo Romero Sanchiz, University of Roehampton; UNiCORN Network, UK

Introduction: The COVID-19 pandemic provided a context for studying how we process uncertainty and the emotional reactions to uncertain situations. Cognitive models of anxiety disorders and, specifically, generalised anxiety disorders typically focus on the strong link between intolerance of uncertainty and worry. However, interoceptive awareness -the ability to perceive and sense bodily sensations- has been pointed out as another potentially crucial element that might lead to distress or worry.

Methods: In this study, we evaluate the potential mediation role of interoceptive awareness between intolerance of uncertainty (measured by the IUS-5; Bottesi et al., 2020) and worry (measured by the PSWQ-3; Kertz et al., 2014) in an English-speaking and a Spanish-speaking community sample collected from late 2020 to early 2021.

Results: Our results supported the mediation role of interoceptive awareness in both the English-speaking ($B = 0.061$, $p = .000$, 95% CI [0.028, 0.110]) and the Spanish-speaking sample ($B = 0.198$, $p = .000$, 95% CI [0.099, 0.301]).

Discussion: These results highlight the importance of interoceptive awareness in managing uncertainty, specifically in those with high levels of intolerance of uncertainty. Finally, the significance of these results will be discussed in the context of cognitive-behavioural models of anxiety and interventions.

Does interoceptive awareness mediate the relationship between intolerance of uncertainty and health and social anxiety?

Mark Freeston, Newcastle University, UK; Finlay Murray, Newcastle University, UK; Hannah Edgar Barrows, Newcastle University, UK; Andrea-Christina Nemes, Newcastle University, UK; Jessi Komes, Newcastle University, UK; Mark Freeston, Newcastle University, UK

Background: The relationship between intolerance of uncertainty (IU) and social anxiety is well-established, but less so with health anxiety. While traditional accounts of IU represent it as a set of beliefs about uncertainty, which are certainly present in generalized anxiety disorder, other accounts propose that IU represents a felt sense of unsafety that is aversive and may lead to cognitive representations of uncertainty and threat. This study investigates whether the relationship between IU and anxiety is mediated by interoceptive awareness. It further considers whether anxiety sensitivity (AS), a well-established vulnerability factor, moderates this relationship in that physical AS would strengthen the relationship with health anxiety, whilst social AS would strengthen the relationship with social anxiety.

Methods: A community sample (N = 197) was recruited from a variety of sources. As part of a larger survey, participants completed established measures of IU, health and social anxiety, and anxiety sensitivity, as well as a novel measure of interoceptive awareness. The Inventory of Differential Interoceptive Awareness consists of four subscales, Listening, Noticing, and Trusting in relation to positive and negative internal states, as well as Unsafety, which is the perception of the body as not well known, alien, and unfamiliar.

Results: Significant direct effects were detected between IU and health and social anxiety. The relationship between IU and health anxiety was mediated by Listening and Unsafety as well as a serial path through Trusting and Unsafety, but was not moderated by physical AS. The relationship between IU and social anxiety was mediated by Unsafety and a serial path through Trusting and Unsafety; both indirect effects were moderated by social AS. The indirect effects were significant at above median levels of social AS and increasing.

Discussion: These findings replicate the relationship between IU and two different types of anxiety and extend previous knowledge by identifying a potential role of people's sense of their body state in understanding how IU leads to anxiety. The results also provide preliminary evidence for how IU and AS may both contribute to the severity of social anxiety symptoms. Replication is needed and future studies should test similar models for panic symptoms, worry, and other mental health problems with a significant anxiety component.

The felt sense of the unknown: Interoceptive appraisals and emotional reactions in uncertain every-day life situations.

Jessi Komes, Newcastle University, UK; Jessi Komes, Newcastle University, UK; Finlay Murray, Newcastle University, UK; Hannah Edgar Barrows, Newcastle University, UK; Andrea-Christina Nemes, Newcastle University, UK; Mark Freeston, Newcastle University, UK

Introduction: Uncertainty is a felt sense of unsafety rather than a detection of threat. This felt sense may be experienced as a bodily/bottom-up source of information. How internal signals are experienced and labelled will determine responses to uncertain situations. Applying the somatic error hypothesis to Intolerance of Uncertainty, the uncomfortable feelings generated by the unknown-ness of a situation may be attributed not to uncertainty but to an expectation of threat. The current study investigated the experience of uncertainty in everyday life situation with a novel methodology that links the felt sense of uncertainty in the situation to appraisals of that sense and individual differences in interoceptive awareness.

Methods: Participants (N = 150) rated the salience of uncertain situations where the most obvious negative outcome had been excluded. They chose the most salient situation and were asked to scan their body while imagining it. Participants then completed measures appraising the sensation and their emotional reaction to the situation. They then completed measures of physical sensations they experience in unknown situations and a measure of interoceptive awareness.

Results: The measure of emotional reactions resulted in factors named nervous, excited, hostile, proud, and attentive. The first three served as outcome variables in hierarchical regressions. Age, gender and scenario salience were entered as covariates. Appraisals (factors labelled nagging, familiar, valence and overwhelming) were entered first, followed by physical sensations (factors labelled tense, stomach, twitchy, dissociated) and finally by a measure of interoceptive sensibility. Salience was not significant, and different appraisals and sensations predicted the different emotions, while interoceptive awareness made a significant contribution for nervousness.

Discussion: Results show proof of concept for a methodology to investigate the experience of uncertainty that does not equate uncertainty with threat. The emotional reactions reflect a differentiated response to uncertainty and there is preliminary evidence for appraisals and physical sensations that may be specifically associated with these emotional responses. Warranting replication and further validation, these preliminary results are promising to further an understanding of how somatic errors qualify the relationship between IU and a number of anxiety-related mental health disorders.

Chair: Katharine Rimes, Institute of Psychiatry, King's College London, UK

LGBTQ+ mental health disparities: current considerations and future priorities

Joanna Semlyen, University of East Anglia, UK

There is clear evidence of significant mental health disparities in sexual minorities in the UK (Semlyen et al 2016) and an emergent data corpus suggesting similar mental health disorders in gender minorities. The mental health disparities in the lesbian, gay, bisexual, transgender, queer plus other (LGBTQ+) community continue to persist despite evidence of increased societal support and legislative measures and are likely to have been magnified by the recent socio-behavioural isolation enforcement measures in the pandemic. However there is a dearth of data to demonstrate this, reflecting the lack of national data collection within the UK. This lack of representative data leads to impoverished research quality, resulting in inferior research findings and subsequent minimal policy impact.

We know this population widely report experiencing barriers to care, and also seek psychological treatment at a higher rate than the cisgendered and heterosexual community (King et al 2007) which, along with demonstrable higher rate of common mental disorder (King et al 2008), indicates a significant need for effective treatments in this population. This presentation will provide contemporary data on LGBTQ+ health disparities focusing on the UK context, offering a critical consideration of LGBTQ+ research quality and design, and will present current and future priorities for research and practice, with a particular focus on interventions in this population.

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Self-Esteem in Sexual Minority Children and Adolescents

Helena Bladen, King's College London, UK; Katharine Rimes, King's College London, UK

Self-Esteem in Sexual Minority Children and Adolescents: A Retrospective Analysis of Birth-Cohort Data

Bladen, H., Rimes, K. Institute of Psychiatry, Psychology and Neuroscience, King's College London.

Introduction: Lesbian, gay, and bisexual adults and adolescents have lower self-esteem than heterosexuals (Bridge, Smith and Rimes, 2019; Argyriou, Goldsmith, Tsokos and Rimes, 2020). Little research has investigated whether this disparity exists in childhood or how changes in sexual identity relate to self-esteem.

Method: Participants were 2373 adolescents (879 males and 1494 females) from the Avon Longitudinal Study of Parents and Children (ALSPAC) project, an ongoing longitudinal study (Boyd et al., 2013). Multiple regression analyses investigated the relationships between sexual orientation at age 15 and 21 years and sexual orientation stability with self-esteem at age 8 and 17 years while controlling for demographic variables, abuse, and bullying. To test for sex differences, the interaction effect between sex at birth and sexual orientation was included as a predictor.

Results: Sexual minority status at age 15 years, but not at age 21 years, was associated with lower self-esteem at age 8 years. Only a shift from sexual minority at age 15 years to heterosexual at age 21 years associated with lower self-esteem at age 8 relative to consistent heterosexuality. Sexual minority status at 15 and 21 years was associated with low self-esteem at age 17 years, regardless of reported change or stability in sexual orientation between ages 15 and 21 years. Controlling for bullying and abuse did not affect the strengths of these associations. The interaction term between sexual orientation and sex at birth was not significant.

Discussion: The self-esteem discrepancy between sexual minority people and heterosexuals emerges as early as 8 years of age. Although adjusting for abuse and bullying did not affect the strengths of the associations, there were limitations with the assessment methods and it is recommended that these and other potential contributory factors should be investigated in future research.

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Acceptability, feasibility, and preliminary efficacy of a compassion-based cognitive behavioural intervention for low self-esteem in sexual minority young adults

Livvy Bridge, King's College London, UK; Lovedeep Rai, King's College London, UK; Katrina McMullan, King's College London, UK; Katie Langford, King's College London, UK; Katharine Rimes, King's College London, UK

Background: Sexual minority young adults (those identifying as lesbian, gay, or bisexual for example) experience higher rates of mental health problems than heterosexual young adults. It has been suggested that minority stress explains this disparity, partly by elevating rates of general risk factors including low self-esteem. Low self-esteem can impair daily functioning and is also a risk or maintenance factor for several mental health problems. Self-esteem therefore presents a potential target for intervention to reduce mental health inequalities. This study assessed the acceptability, feasibility, and preliminary efficacy of a new compassion-based cognitive behavioural intervention for self-esteem tailored to sexual minority young adults.

Method: Participants were a community sample of 24 sexual minority young adults aged 16-24 experiencing clinically significant low self-esteem. An uncontrolled pre/post design was used with qualitative feedback and quantitative outcomes. Self-report standardised measures were completed at baseline, pre-intervention, intervention mid-point, post-intervention and two-month follow up. Preliminary investigation of efficacy was examined through post-intervention changes in self-esteem, functioning, anxiety, and depression. Potential mechanisms of change were examined through changes in self-compassion, self-criticism, and unhelpful coping responses to minority stress.

Results: Results showed good acceptability and feasibility; 95% of participants said they found the intervention useful and would recommend it to those experiencing similar difficulties. There was preliminary evidence of intervention efficacy for improving self-esteem, functioning, depression, and anxiety. Notably, 85% of the young adults showed a reliable change in self-esteem to above the clinical cut-off at follow-up. There was also evidence for improvement in self-compassion, and reduction in self-criticism.

Conclusion: This new intervention showed good acceptability and feasibility in a community sample. Randomised controlled studies are needed to further examine efficacy of the intervention and suitability for use in different settings (e.g., primary care mental health or university counselling services). Self-compassion and reduced self-criticism could be investigated in future studies as treatment mediators.

Enhancing the acceptability of an online cognitive behavioural therapy intervention for LGBTIQ+ youth: The case study of SPARX

Mathijs Lucassen, The Open University, UK & University of Auckland, New Zealand; Karolina Stasiak, University of Auckland, New Zealand; Theresa Fleming, Victoria University of Wellington, New Zealand; Matthew Shepherd, Massey University, New Zealand; Sally Merry, University of Auckland, New Zealand

Introduction: Many young people will experience depression and anxiety, but access to evidence-based psychological therapies, such as cognitive behavioural therapy (CBT), is limited. Common barriers to therapy access include a range of factors, such as the stigma associated with mental ill-health and a lack of qualified therapists for those who do attempt to seek formal support. Computerised or online CBT in self-help format provides an opportunity to deliver treatment to many young people, especially for those under-served by services at present, at a time and place of their choosing. We developed a gamified CBT intervention called SPARX (Smart, Positive, Active, Realistic, X-factors thoughts) for adolescents with depressive symptoms which has been made freely available to young people in New Zealand since 2014. Its initial development involved co-design work and consultation sessions including with lesbian, gay, bisexual, transgender/trans, intersex and questioning (LGBTIQ+) young people. Over 10,000 adolescents have used SPARX since its launch in New Zealand, including 207 trans and 50 intersex users. LGBTIQ+ young people have previously indicated that SPARX should be enhanced, especially in relation to the intervention's 'look and feel' for LGBTIQ+ youth.

Method: Three online focus groups and follow-up email consultations involved 12 LGBTIQ+ young people (16 to 25 years old) in New Zealand. Participants were recruited from two LGBTIQ+ youth organisations. We conducted a thematic analysis of the qualitative data generated.

Results: Most participants had used SPARX prior to their involvement in this study. Participants described a number of challenges associated with online environments. LGBTIQ+ youth suggested non-binary options for gender diverse users be developed for SPARX. They also further highlighted that representation and choice are important factors in terms of making SPARX more acceptable to LGBTIQ+ youth in New Zealand (and elsewhere).

Discussion: SPARX has now been modified based on participants' feedback. Our intention is to evaluate the refined iteration of SPARX (i.e., SPARX Version 2.0) and explore its use with LGBTIQ+ young people outside of New Zealand.

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Innovative group work in different settings - Lessons learned?

Chair: Isabel Clarke, Southern Health NHS Foundation Trust, UK

Open group cognitive behaviour therapy on acute in-patient units

Victoria Boynton, Humber NHS foundation Trust, UK; Christopher Sanderson, RDaSH, UK

Introduction: Adult mental health inpatient units primarily provide a service for people deemed to be at significant risk to themselves or others, where treatment cannot be provided safely in the community. Whilst psychological interventions are indicated during episodes of acute mental distress, those on offer generally tend to be more psychoeducational and/or skills based in nature. Conventional methods of group CBT that rely on diagnostic specificity with set numbers of sessions are not particularly well suited to the acute ward with varying presentations and unpredictable length of stays. Evaluation from inpatient CBT psychoeducation groups has suggested limited effectiveness outside of the group setting with patients reporting an inability to generalise skills due to the acuity of their difficulties. A common complaint remains amongst those admitted that there is a lack of psychological provision at a time of crisis when people most need to reflect and make sense of their experiences. Method: Open group therapy approaches provide a more flexible framework whereby members regardless of diagnosis are free to join and leave as they wish. Attendees define the therapeutic target at the start of each session, meaning there is no pre-set goal or psychoeducational structure. The group format follows a standard CBT session structure with a group agenda set and Socratic questioning techniques utilised to inform a basic group formulation. Psychoeducation and change techniques are introduced in response to a shared understanding of the defined target. Results: Those who have attended Open group CBT to date have reported feeling validated and understood and found it helpful to share and reflect on their experiences. Common psychological themes occurred throughout group discussion that otherwise would have been incorporated into a psychoeducational session. Discussion: Inpatient units often utilise psychoeducation-based programs, however this presents significant challenges associated with the acuity and unpredictability of the acute environment. Open group approaches provide a transdiagnostic framework which focuses on common processes shared across disorders. This open group format is rarely reported on in the literature and remains empirically untested. However preliminary evaluation of using open group therapy techniques within inpatient services has found it be feasible, acceptable and reflective of clinical need.

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Focused Brief Group Therapy: A Measurement Based Care Approach

Martyn Whittingham, Whittingham Psychological Services, UK

Focused Brief Group Therapy (FBGT) is a transdiagnostic, integrative interpersonal process group approach that blends the art and science of therapy. Developed over a 7-year period at a university counseling center in the USA, it is designed to reduce interpersonal distress in eight sessions or less. FBGT incorporates measurement based care to personalize treatment, enhancing pre-group preparation, process and outcomes.

Effectiveness research has shown statistically significant reductions in depression, social anxiety, hostility and interpersonal distress. Research has also shown lower premature dropout rates for the approach - a central goal of the therapy.

This presentation will outline the structure and core principles of the approach, with particular attention paid to how the interpersonal circumplex is used to improve the working alliance and to generate successful outcomes.

FBGT is currently being used widely across the USA, China and Singapore in university counseling centers and outpatient settings.

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Whittingham, M. (2018). Innovations in group assessment: How focused brief group therapy integrates formal measures to enhance treatment preparation, process, and outcomes. *Psychotherapy*, 55(2), 186-190.

Comprehend, Cope and Connect (CCC) for IAPT: a linked individual and group programme.

Isabel Clarke, Southern Health NHS Foundation Trust, UK; Vicky Boynton, Humber NHS Foundation Trust, UK; Martyn Whittingham, Society of Group Psychology and Group Psychotherapy, American Psychological Association, USA; Alisdair Cameron, , Co-Director, ReCoCo, Newcastle Upon Tyne, UK; Carolyn Houghton, Rethink Mental Illness, UK

Introduction: The challenge of individuals presenting diagnostic complexity; chronic service use; emotional avoidance and other contra-indicators to good progress has been tackled in an IAPT service through this programme.

Method: The CCC programme links individual, trauma informed, emotion focused, formulation sessions with a group programme designed to teach the alternative emotion management and relational skills identified by the formulation as needed to break maintaining cycles. The content of the group programme in particular will be explained. It starts from simple tools to manage arousal, such as mindfulness, behavioural activation and breathing and progresses to emotion and relationship management, self-compassion, positive use of anger. It then progresses to the intra psychic (different potentials of the self) relationship and rebuilding a new relationship with the traumatic past, without reliving.

Results: Preliminary evaluation shows improved recovery for those who failed to progress with prior CBT. Paper in preparation.

Discussion: The challenges and rewards of this approach will be covered. Though based on the skills teaching model first introduced by Dialectical Behaviour Therapy (DBT), group therapeutic factors play an important role in the success of the programme. It requires much of participants but despite not requiring (or encouraging) deep sharing about the past, which is covered in the individual formulation sessions, it has been shown to forge strong bonds within the group which greatly assist the therapeutic process.

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Groupwork in Prisons

Carolyn Houghton, Head of Criminal Justice and Secure Care, Rethink Mental Illness, UK; Isabel Clarke, Southern Health NHS Foundation Trust, UK; Vicky Boynton, Cognitive Behaviour Therapist, Humber NHS Foundation Trust, UK; Alisdair Cameron, Co-Director, ReCoCo, Newcastle Upon Tyne, UK; Martyn Whittingham, Former President, Division 49, Society of Group Psychology and Group Psychotherapy, American Psychological Association, USA

Delivering groups in prisons can be powerful and bring a multitude of benefits to those attending, but require planning, preparation, and a high level of skill from the facilitator. Delivery of groups provides valuable skill development for clinical staff and has allowed for innovation, pragmatism, and coproduction with service users to maximise the delivery and impact groups can have but training in this area remains relatively scarce. Within this session we will explore the different types of groups delivered within our IAPT service across the Criminal Justice directorate and the learning around facilitator competence to inform a discussion around a developmental pathway to effective group management.

Knowledge and research into group dynamics and group management will be reviewed and explored to assimilate knowledge and contextualise with service specific experiences. Anecdotal feedback from patient questionnaires will be incorporated.

The session will conclude with a consideration as to learning and development required for group facilitators, both in terms of competence, confidence and quality assurance.

The role and influence of cognition and anxiety in pain: targets for treatment in co-morbidity

Chair: Simon Blackwell, Ruhr-Universität Bochum, Germany

Intrusive Mental Imagery in Chronic Pain: Prevalence and Associations with Common Comorbidities

Jake Maxwell Watts, University of Bath, UK; Simon Blackwell, Ruhr-Universität Bochum, Germany, Germany; Jo Daniels, University of Bath, UK

Chronic pain is highly prevalent and distressing with limited treatment efficacy. Prior research finds associations between mental imagery and chronic pain, particularly with common co-morbidities such as anxiety, depression, and health anxiety. However, prevalence estimates vary with small sample sizes. A better understanding of imagery and pain could help improve cognitive-behavioural therapies. This study aimed to describe the prevalence of mental imagery in a chronic pain sample and examine the extent to which imagery - and negative interpretations of it - explained variation in pain intensity and disability when controlling for common co-morbidities. Participants with chronic pain (n = 151) completed measures of anxiety, depression, health anxiety, general imagery use, and pain-related mental imagery. Anxiety, depression and health anxiety significantly explained 14.8% of the variance in pain intensity (p < .001) and 15.2% in pain disability (p < .001). General imagery use and pain-related imagery did not significantly explain any additional variance. Imagery was interpreted negatively, experienced as moderately distressing, and associated with higher rates of anxiety, depression and

health anxiety. Imagery is associated with the symptoms of anxiety and mood disorders that commonly co-occur with chronic pain, but its presence appears to have no direct relationship with pain intensity or disability. Future research should explore underlying mechanisms.

Psychological Predictors of Health Anxiety and Pain in Ambulatory Presentations in a Hospital Emergency Department

Sophie Harris, University of Bath and Oxford Health NHS, UK; Hannah Parker, Cardiff University, UK; Edward Carlton, North Bristol NHS Trust, UK; Jo Daniels, University of Bath, UK

Introduction: Health anxiety (HA) in attendees of outpatient medical clinics is well established, however there has been a lack of research into HA in emergency settings. This study explored the prevalence of HA in ambulatory presentations in a tertiary emergency department (ED) as well as factors associated with pain and HA.

Method: A cross-sectional questionnaire design gathered data from adult ED ambulatory attendees across a four-day period to assess psychological and physical health variables. Number of ED attendances over the previous 12 months was accessed through health records.

Results: Of the final sample ($n = 106$), 77% were white British, 54% were male, and 14% presented with severe HA as measured by the Short Health Anxiety Inventory (≥ 18). Participants with pre-existing health conditions had significantly higher levels of HA ($M = 12.36$, $SE = 1.59$) compared to those without ($M = 7.79$, $SE = 0.66$). Stepwise multiple regression analyses identified anxiety sensitivity and pain catastrophizing as significant independent predictors of HA, explaining 51% of the variance in HA. Pain catastrophizing was also a significant independent predictor of pain, accounting for 20% of the variance.

Discussion: This study provides insight into HA prevalence in ED ambulatory presentations and key psychological predictors of HA and pain. This has implications for treatment in an ED setting whereby patients may benefit from referral to medical psychology or mental health services.

The Role of Cognitive-Affective Factors in Symptom Severity and Quality of Life in Raynaud's Phenomenon

Dulcie Irving, University of Bath, UK; Jo Daniels, University of Bath, UK

Despite anxiety/stress being a key trigger for Raynaud's phenomenon episodes, related research is still in its infancy and no current interventions address first-line management lifestyle recommendations. We examined the role of cognitive-affective factors in symptom severity and quality of life (QoL) and differences between Raynaud's types (primary/secondary) to inform intervention development; cognitive behavioural therapy is a potentially suitable treatment option, given NICE recommendations for use with anxiety and robust evidence base in other medical conditions. A cross-sectional design was used. Adults with Raynaud's ($N=210$) completed an online questionnaire measuring stress, anxiety, depression, anxiety sensitivity (AS), beliefs about emotions, symptom severity and QoL. Raynaud's groups (primary/secondary) differed in anxiety, symptom severity and QoL ($p < .004$). Stepwise regressions indicated anxiety and Raynaud's type explained 23% variance in hand symptom severity; anxiety, Raynaud's type and AS explained 29% variance in symptom severity (global impact); depression, Raynaud's type and AS explained 32% variance in QoL ($p < .001$). These findings suggest that anxiety, AS and depression may be useful intervention targets. They provide a firm basis for the applicability of CBT in Raynaud's; it is imperative that we tailor interventions to the unique characteristics of each presenting problem. We present initial findings that may underpin an adaption of CBT for Raynaud's.

New developments in OCD

Convenor: Sandra Krause, Concordia University, Canada

Chair: Adam Radomsky, Concordia University, Canada

Discussant: Roz Shafran, UCL Great Ormond Street Institute of Child Health, UK

Childhood experiences associated with heightened responsibility for self vs others in obsessive-compulsive disorder

Lucas Shelemy, University of Oxford, UK; Paul Salkovskis, University of Oxford, UK

This research seeks to understand how different childhood experiences are related to the sense of responsibility for oneself and for others. These factors are compared with different OCD sub-types and between adults with and without OCD. Results will be shared and implications for intervention will be explored.

Is that really who I am? An experimental investigation of perceptions of violation of the self and mental contamination

Sandra Krause, Concordia University, Canada; Adam Radomsky, Concordia University, Canada

Mental contamination refers to contamination concerns that arise in the absence of direct contact with a contaminant, and is a common symptom in obsessive compulsive disorder (OCD). Cognitive models of mental contamination highlight the central role of perceptions of violation in the onset and maintenance of these feelings. That said, little research has been done to operationally define the construct of violation and systematically examine its different components. Maladaptive appraisals of the self have been identified as maintaining factors in cognitive models of OCD. Thus, perceptions of violation of one's self-concept may represent an aspect of violation appraisal relevant to the experience of mental contamination. The present study experimentally examined the impact of violations of individuals' sense of self on subsequent feelings of mental contamination. For the study, 150 undergraduate students were randomly assigned to one of three conditions after receiving false feedback that they scored in the top 5th percentile on a morality subscale of a bogus personality measure. Those who were asked to write about their own past immoral behaviour reported significantly higher levels of mental contamination than those who were asked to write about their own past moral behaviour, or a non-self-referent negative event. That said, there were no differences between conditions with regard to reported urges to wash. The findings suggest that perceptions of violation of the self may be a particularly relevant violation appraisal in the context of mental contamination. Further, these perceptions may therefore prove to be effective treatment targets for those experiencing symptoms of mental contamination.

Responses to autobiographical imagery involving being perpetrator or victim of betrayal in OCD and control participants

Paul Salkovskis, University of Oxford, UK; Sam French, University of Oxford, UK

Mental Contamination (MC) in those suffering from OCD has been linked to the experience of betrayal. More recently it has been suggested that this may be due to sensitivity to ideas of being responsible for betraying others. In this study participants with OCD and community controls were randomised to eliciting historical images where they had either been betrayed by someone they trusted, or had betrayed a person who trusted them. The primary variable was the state mental contamination measure. Both imagery conditions elicited similar levels of mental contamination. OCD participants had a greater increase in state contamination than controls regardless of experimental condition. Results suggest that those with OCD experience increases in mental contamination when recalling betrayal events in imagery at the same level when they are the perpetrator or victim. Implications for the treatment of MC are considered

Appraisals of intrusions: The role of threat and intolerance of uncertainty across OCD-like, Worry-like and Psychosis-like personally salient intrusive experiences

Mark Freeston, Newcastle University, UK; Lauren Mawn, Newcastle-upon-Tyne Hospitals NHS Foundation Trust and Newcastle University, UK; Anna Luce, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, UK; Nicola Barclay, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, UK; Guy Dodgson, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, UK

Background: While there is now consistent evidence that dispositional intolerance of uncertainty (IU) is a transdiagnostic risk factor, the role of situational IU versus threat appraisals in situational distress remains largely unknown. This study used a semi-idiographic design where participants appraise their most salient target intrusive experience in terms of both threat and situational IU.

Methods: A community sample (N = 595) was recruited from a variety of sources. From lists of frequently rated scenarios, participants chose their most worry-like, OCD-like, and psychosis-like (i.e., unusual) intrusive experiences and appraised each on both threat (likelihood, severity and imminence) and IU (uncertainty and bothered by the uncertainty).

Participants were assigned to a group based on cut-offs/algorithmic decisions from screening measures. An additional group was recruited from Early Intervention in Psychosis (EIP) service. The salience of the target scenario salience was high and balanced across groups, apart from the EIP group who scored significantly higher. An ANOVA/ANCOVA design was used where the severity of the target experience (sum of Frequency, Duration, Distress, Interference) was the DV, Group was the IV, and situational threat and IU were the covariates/mediators.

Results: There was a significant effect of group. Both covariates made significant contributions showing that differences in severity were partially accounted for/mediated by both threat and IU. Further, the Group X Covariate interactions were significant for both threat and IU, indicating that the relationship between threat and IU with severity varied by group. However, effect sizes for the Covariate/Mediator X Group interactions were small-medium, while those for the covariate/mediator in the model were medium-large.

Discussion: Results are consistent with the notion that both situational threat and IU appraisals predict severity of personally salient intrusive experiences across groups, with the contribution of IU at least as large as that of threat. Further, these relationships varied across groups to some degree, with the Possible OCD + Psychosis group probably accounting for the significant interaction with non-significant relationships between appraisals and severity. Overall, these proof-of-concept findings contribute to the notion that IU is transdiagnostic and that its situational contribution is at least as large as that of threat appraisals.

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Making the most of the possibilities in clinical research

Chair: Simon Blackwell, Ruhr-Universität Bochum, Germany

The benefits of open research for clinical science

Katherine Button, University of Bath, UK

Psychology has received much criticism of late, with classic findings failing to replicate, and an appreciation that many published findings may be unreliable. Small sample sizes and questionable research practices such as p-hacking, hypothesising after the results are known, and selectively publishing positive results have all been implicated as contributing factors. In response there is a move toward rigorous and transparent scientific practices, such as pre-registering study protocols or publishing using Registered Reports, making materials and data open access, publishing pre-prints, designing studies with sufficient statistical power, and team science approaches to pool resources and expertise. Here I discuss the pros and cons of adopting these open research practices, for the individual researcher and the advancement of clinical research, drawing on lessons learnt from the COVID pandemic.

Research skills; What should be on the curriculum for trainee clinicians?

Pamela Jacobsen, University of Bath, UK

Training people to be evidence-based practitioners requires the inclusion of research skills on the curriculum, in recognition of the fact that they will be consumers, if not also, producers of research over the course of their career. Research skills training should therefore cover both these training needs; in being able to understand, interpret, and apply research findings, as well as being able to design, conduct, analyse, and disseminate original research. This talk will use UK-based Clinical Psychology (DClinPsy) training as an example of how research skills can be successfully incorporated into the curriculum, whilst acknowledging transferable factors to the training of other kinds of clinical practitioners, both in the UK and internationally.

This talk will use the framework of Constructive Alignment to outline an effective curriculum in which learning activities and assessments are aligned to the desired learning outcomes. It is important that research skills training, like clinical skills training, is continually updated to keep up with advances in the field. Key topics which are increasingly being given greater prominence on research curricula include Equality & Diversity, involvement of people with Lived Experience, and Open Science. Practical examples will be given of how these topics have been incorporated into the research curriculum at one DClinPsy training programme in the UK (University of Bath).

Accessing support and advice to build clinical research: the NIHR Mental Health Research Incubator

Cathy Creswell, University of Oxford, UK

We very much hope that this symposium will get people excited about developing or building clinical research going forwards- however people may feel a bit stuck about how to best move things forwards. In this talk I will introduce the NIHR Mental Health Research Incubator [<https://mentalhealthresearch.org.uk/>] which is there to help you access information, advice, and inspiration for mental health research. I will highlight some of our key activities, including the mental health career case studies, profession specific guidance and resources, the mental health research map, the

incubator awards, and our ongoing GROW researcher development programme. Hopefully knowing this support is available will help attendees to take their next steps forward in mental health research.

How best to establish 'proof of concept' for novel psychological therapies: Opportunities and challenges

Barney Dunn, University of Exeter, UK

A significant challenge in improving CBT practice is accelerating the speed at which enhanced therapies can be developed, evaluated, and implemented. A critical rate limiting step can be generating sufficient early 'proof of concept' data to determine if a treatment is worth developing and evaluating further. There remains a lack of clarity in the field about how best to establish this early 'proof of concept' data. This talk will review various potential methods to establish proof of concept for novel therapies, including use of intensive time series case series designs, bench marking pre-post effect sizes from routine practice to the existing trials literature, and examination of the confidence intervals of exploratory between-group analyses in pilot trials to judge the probability a novel treatment might be inferior, equivalent to, or superior to existing treatments.

Making the leap: from experimental psychopathology to clinical trials

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A substantial amount of experimental psychopathology research is carried out with the aim of developing new psychological treatments informed by basic science. However, moving from experimental studies to the clinical trials required to test effectiveness of new interventions often poses many problems. These problems include not only those common to any form of treatment development research, but further difficulties that relate to differences in the developmental route often taken by treatments arising from experimental psychopathology research and those originating from direct clinical experience. This talk explores some of the complexities of the translational process in trying to develop, or inform development of, novel interventions using an experimental psychopathology approach. It further considers some of the ins and outs of clinical trials methodology, from planning through to reporting, with a particular focus on those aspects that often seem to trip up experimental psychopathology researchers. The overall aim is to provide some guidance that may help improve the quality of this translational research and increase the chance of successful clinical translation and novel treatment development from basic science.

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Blackwell, S. E., & Woud, M. L. (2022). Making the leap: From experimental psychopathology to clinical trials. *Journal of Experimental Psychopathology*, 13(1), 20438087221080076. <https://doi.org/10.1177/20438087221080075>

Developing evidence in the treatment and understanding of psychosis and dissociation

Chair: Gill Haddock, University of Manchester, UK

The clinically significant psychological features of delusions in the early course of psychosis: Systematic narrative review and pilot clinical template.

Thomas Gant, Central and North West London NHS Foundation Trust, UK; Dr James Bisby, University College London, UK; Jennifer Bond, University College London, UK; Jonathan Souray, Central and North West London NHS Foundation Trust, UK; Dr David Raune, Central and North West London NHS Foundation Trust, UK

Introduction: Delusions are highly prevalent in patients presenting to Early Intervention in Psychosis services (Rajapakse et al., 2011), but national/international guidelines (NICE, 2014; Addington et al., 2018) do not specify which features are clinically important enough to be assessed. The present review therefore summarises the evidence base, dividing delusion features into the domains of structure, content and meta-cognitive beliefs; and domains of clinical significance into course, cause, co-morbidity, consequence and CBT-response. Method: We searched PsycINFO/MEDLINE and conducted a manual search to identify quantitative papers examining the association between delusion psychological features and clinically important variables in early course psychosis patients. Results: Twenty-seven studies were included, with 35 types of clinical significance identified. Five structural features of delusions predicted worse course (long term psychiatric morbidity) and one other structural feature predicted favourable response to group CBT. Several content features of delusions predicted co-morbidity (anxiety, depression, substance abuse), consequences (suicide, violence, distress) and cause/prior childhood/adult traumas. Several meta-cognitive beliefs about delusion content predicted PTSD and distress. Discussion: This review offers clinicians a pilot psychological template for influencing evidence-based clinical decisions about patients who present with early course delusions.

STOP - Successful Treatment of Paranoia: Replacing harmful paranoid thoughts with better alternatives

Carolina Fialho, King's College London, UK; Jenny Yiend, King's College London, UK

Introduction: Persecutory delusions, characterised by paranoid thinking, are the most frequent and clinically significant symptoms of psychosis. These delusions are believed to be sustained by biased cognitive and emotional processes.

Cognitive Bias Modification for paranoia (CBM-pa) is an intervention targeting the biased interpretation of emotional ambiguity associated with paranoia. This study aims to build on the methodology to test the efficacy of a mobile app version (STOP) of CBM-pa.

Method: The STOP study is a double-blind, randomised controlled trial (RCT) for 273 stabilised outpatients with persistent, distressing paranoid symptoms. Patients will be randomised to either STOP (6 or 12 weeks) or text-reading control (12 weeks), receiving a weekly 40-min session. STOP involves reading text inviting paranoid interpretations, but then generating responses reflecting an alternative, non-paranoid interpretation. Treatment as Usual will continue for all patients. Patients will be assessed at baseline, following sessions, and at 6-, 12-, 18- and 24-weeks post-randomisation. The primary outcome is the severity of paranoid symptoms at 24-weeks. The secondary outcomes are clinical symptoms and measurement of interpretation bias at baseline and follow-ups.

Discussion: This study will assess whether STOP is effective and has the potential to be a low-cost and accessible intervention to complement other psychological treatments for paranoia.

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Talking about suicide and psychosis: Key issues in therapy delivery and acceptability

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People with psychosis are at increased risk of suicide death. Talking therapies can alleviate suicidal experiences. Therapies need to be effective and acceptable to recipients. The CARMS project investigates the efficacy and mechanisms of a talking therapy (CBSPp) for people experiencing suicidality and psychosis. The aim of this study was to assess CBSPp's acceptability using data from attendance and engagement, and analyses of interviews using Theoretical Framework of Acceptability (TFA). CARMS was a two-armed randomised controlled trial comparing CBSPp plus Treatment As Usual (TAU) with TAU alone. Participants were recruited from NHS services in North-West England and were over 18 years, had non-affective psychosis, and experienced recent suicidal thoughts, plans, and/or attempts. To assess acceptability of CBSPp, data on attendance were collated and semi-structured interviews were conducted. Data were deductively analysed using the TFA. 149 people received CBSPp plus TAU. A median of 16 sessions were attended. 20 participants took part in the qualitative study. Seven themes were identified: Affective attitude, Burden, Ethicality, Intervention coherence, Opportunities, Perceived effectiveness, Self-efficacy. There was no evidence of loss of opportunities as a result of receiving CBSPp. CBSPp was perceived as being acceptable. Talking about suicide was difficult but important for understanding experiences. Offering flexible modes of delivery is paramount to acceptability.

Cognitive behaviour therapy for depersonalization derealization disorder: A self-controlled cross-over study of wait list versus active treatment

Rafael Gafoor, University College London, UK; Elaine Hunter, University College London, UK; Malcolm Wong, University College London, UK; Glyn Lewis, University College London, UK; Anthony David, University College London, UK

Introduction: Depersonalisation-Derealisation Disorder (DDD) has a prevalence of around 1%. We report on a clinical audit of 36 participants who were sequentially recruited from a specialist CBT clinic in London with a diagnosis of chronic DDD (mean duration of 14 years) and who attended at least 8 sessions.

Methods: Three outcomes were assessed (Cambridge Depersonalisation Scale [CDS], Beck Depression Inventory [BDI] and the Beck Anxiety Inventory [BAI]) at three time points in a naturalistic, self-controlled, cross-over design. Hierarchical longitudinal analyses for outcome response clustered by patient were performed using scores from baseline, beginning of therapy and end of therapy.

Results: Participants did not show a statistically significant change in any of the outcome measures between baseline and start of treatment, however there were statistically significant reductions during the treatment period. The reduction in CDS scores in the waiting period was -4.32 (95%CI: -20.023 to 11.39) and after the treatment period was -36.35 (95%CI: -52.33 to -20.28). The reduction in BDI scores was -4.64 (95% CI: -9.40 to 0.13) in the waiting period and -12.86 (95% CI: -17.70 to -8.02) after the treatment period. BAI scores showed a reduction of -3.02 (95% CI: -7.01 to 0.97) during the waiting period and -6.76 (95% CI: -10.82 to -2.69) after the treatment period.

Conclusions: CBT may be an effective treatment for DDD.

Recent advances in understanding and treating Body Dysmorphic Disorder in youth

Chair: Georgina Krebs, University College London, UK

Body representations in body dysmorphic disorder

Anne Möllmann, University of Bremen, Germany; Nina Heinrichs, University of Bremen, Germany; Arvid Herwig, University of Bremen, Germany

Introduction: Individuals with body dysmorphic disorder (BDD) experience dissatisfaction or concerns about certain aspects of their appearance. Appearance concerns are one example for a distorted body representation. Components of body representations (especially body image and body schema) have been defined and operationalized in a heterogeneous way in clinical psychology and related fields. This has made it difficult to integrate findings on the role of body representations for the development, maintenance, and treatment of different disorders. As part of a systematic review (PROSPERO registration: CRD42020220303), we developed a conceptual framework and used it to integrate previous research on body representations across different disorders (BDD, muscle dysmorphia - MD, body integrity dysphoria - BID). In the current talk, this framework and the results of studies on body representation in BDD will be presented.

Method: We screened 2552 publications on body representations in BDD, MD and BID, out of which 212 studies with approx. 35.000 participants were included for further analyses.

Results: BDD was the focus in 145 studies (68%), and approx. 50% of these studies were based on clinical populations. Non-experimental, correlational (vs. experimental) study designs were used in 55% of the BDD studies.

Discussion: The results on the research activity in the field of body representation and BDD as well as further results on BDD specific distortions in body representations will be discussed with regard to their implications for future research and treatment approaches.

Exploring the relationship between social media use and body dysmorphic symptoms in young people

Monica Gupta, King's College London, UK; Amita Jassi, South London and Maudsley NHS Foundation Trust, UK; Georgina Krebs, University College London, UK

Background: Social media use (SMU) is now rife amongst young people and has been associated with negative mental health outcomes, including depression and poor body image. The relationship between social media and body dysmorphic disorder is yet to be explored. **Method:** 209 16-18 year olds from London completed an online survey measuring body dysmorphic symptoms, frequency of SMU, type of SMU (active or passive), motivations for SMU (appearance-based, popularity, connection or values and interests), perfectionism, and anxiety and depression symptoms. **Results:** higher frequency of SMU was significantly associated with higher BDD symptoms but only with image-based and mixed-media social media platforms. Appearance-based motivation for SMU was the only motivation uniquely associated with BDD symptoms. Active SMU was significantly associated with increased BDD symptoms only when controlling for age, gender, ethnicity and anxiety and depression symptoms. Passive SMU was only significantly associated with BDD symptoms when no other variables were controlled for. Neither self-oriented, nor socially-prescribed perfectionism moderated the relationship between type of SMU and BDD. Exploratory analysis did not find a longitudinal association between frequency of SMU and BDD. **Conclusions:** Image-related SMU is associated with increased BDD symptoms. The direction of effect remains unknown. Implications for future research are discussed.

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Adverse childhood events and pediatric body dysmorphic disorder: prevalence and clinical characteristics

Benedetta Monzani, National and Specialist OCD and Related Disorders Clinic for Young People, South London and Maudsley NHS Foundation Trust, London, UK; Amita Jassi, National and Specialist OCD and Related Disorders Clinic for Young People, South London and Maudsley NHS Foundation Trust, London, UK; Rebecca Luxton, National and Specialist OCD and Related Disorders Clinic for Young People, South London and Maudsley NHS Foundation Trust, London, UK; Georgina Krebs, Research Department of Clinical, Educational and Health Psychology, UK

Existent adult literature supports a link between Adverse Childhood Events (ACE) (including abuse, neglect, teasing and bullying) and the development of BDD and its symptomatology. Yet, little data is available on ACE among children and adolescents and whether these early experiences are more common in pediatric BDD than in related disorders, such as obsessive-compulsive disorder (OCD). Little is also known about the clinical profile of youth with BDD with vs without a history of ACE, though there is some evidence to suggest that childhood trauma may be associated with more severe and complex presentations among adult BDD sufferers. The aim of this study is to examine the type and rates of ACE in a pediatric BDD sample compared to OCD, as well as the clinical correlates of young people with BDD with a history of ACE. Participants will include youths (aged 12 to 17 years) with a primary diagnosis of BDD (n=50) and OCD (n=50) who were consecutively referred to the National and Specialist OCD, BDD & Related Disorders Clinic at the Maudsley Hospital in London. Data on child- and parent-reported ACE, socio-demographic (e.g. age, gender, ethnicity) and clinical characteristics (e.g. symptom severity) will be systematically extracted from electronic clinical records. The preliminary results of this study will be presented and discussed in terms of clinical implications and future research.

Internet-delivered cognitive-behaviour therapy for adolescents with body dysmorphic disorder: a feasibility trial

Daniel Rautio, Karolinska Institutet, Sweden; Lorena Fernández de la Cruz, Karolinska Institutet, Sweden; David Mataix-Cols, Karolinska Institutet, Sweden; Per Andréén, Karolinska Institutet, Sweden; Maral Jolstedt, Karolinska Institutet, Sweden; Maria Silverberg-Mörse, Region Stockholm, Sweden; Tobias Lundgren, Karolinska Institutet, Sweden

Body dysmorphic disorder (BDD) is a prevalent and impairing condition that can be effectively treated with cognitive-behaviour therapy (CBT). However, CBT for BDD is a highly specialised treatment and most adolescents do not have access to it. Internet-delivered CBT (ICBT) can be a way to increase the availability of effective psychological treatments. No study to date has evaluated the feasibility of ICBT for adolescent BDD, but the experience in adults with BDD treated with ICBT is encouraging. The primary aim of this open trial is to measure feasibility and safety of the intervention. The secondary aim is to measure its preliminary efficacy.

A total of 20 participants aged 12-17 years and meeting DSM-5 criteria for a diagnosis of BDD will be recruited nationally. Treatment will be delivered from the OCD and Related Disorders Clinic for Children and Adolescents at the Stockholm region (Sweden). Participants will be offered 12 modules of therapist guided ICBT for BDD over a period of 14 weeks. This treatment is based on a previously evaluated face-to-face CBT protocol which mainly includes psychoeducation, exposure with response prevention, and relapse prevention strategies. Feasibility will be measured based on rates of participant retention, treatment completion and adherence to treatment content, treatment acceptability, treatment credibility, treatment satisfaction, and adverse events during the treatment at post-treatment. Preliminary efficacy will be measured by using the Yale-Brown Obsessive Compulsive Scale, modified for BDD, adolescent version (BDD-YBOCS-A) and the rate of treatment responders at post-treatment and at the 3-month follow-up. Secondary outcome measures will include self-reported BDD symptoms, depressive symptoms, and functional impairment.

In this talk, the feasibility and preliminary efficacy results of the pilot study will be presented up to the 3-month follow-up. Future plans to perform a fully powered randomized controlled trial of the ICBT intervention for adolescent BDD will be described.

Phenomenology and treatment outcomes in pediatric Body Dysmorphic Disorder (BDD) and Autism Spectrum Disorder (ASD).

Amita Jassi, South London and Maudsley NHS Trust, UK; Daniel Rautio, Karolinska Institutet, Sweden; Benedetta Monzani, South London and Maudsley NHS Trust, UK; Lorena Fernandez De La Cruz, Karolinska Institutet, Sweden; David Mataix-Cols, Karolinska Institutet, Sweden; Georgina Krebs, University College London, UK

Treatment for pediatric Body Dysmorphic Disorder (BDD) is starting to gain focus in research. Outcomes for Cognitive Behavior Therapy (CBT) have previously been found to be modest (Mataix-Cols et al., 2015) and are improving as CBT packages develop (Rautio et al., 2022). As with OCD, enhanced packages of treatment may be warranted for those with comorbid Autistic Spectrum Disorder (ASD) given the high rates of comorbidity and potential compromised outcomes to standard packages of CBT. In order to understand the need for augmented packages of CBT, comparing the phenomenology and treatment outcomes between those with and without ASD is a helpful endeavor. Young people consecutively referred to one of two national specialist services for BDD in London and Stockholm with a primary diagnosis of BDD were included in the study. 145 young people without ASD and 27 with ASD aged 10-19 years old were compared on clinician measures of BDD symptom severity, insight, and functional impairment and self-report measures of depression and BDD at baseline. Mixed-effect regression models for repeated measures were used to examine differences in

treatment outcomes between the groups at end of treatment and three-month follow-up points on primary measures of BDD severity and secondary measures e.g. depression. The clinical implications of the findings are discussed considering the strengths and limitations of this study.

Implementation of Mindfulness and Acceptance-based Therapies for psychosis: Lessons learned and future directions

Chair: Lyn Ellett, University of Southampton, UK

Sussex Voices Clinic: bridging the gap between mindfulness research and clinical practice

Mark Hayward, Sussex Partnership NHS Foundation Trust, UK

Introduction: There can be a cavernous gap between the generation of research evidence and the implementation of this evidence in routine clinical practice. The Sussex Voices Clinic (SVC) was developed to bridge this gap! After conducting a trial of Person Based Cognitive Therapy groups for distressing voices in the context of psychosis (the 'M4V' trial), we created SVC as a clinical service to offer these groups to patients within the NHS.

Method: Data were collected from 95 patients with varying diagnoses who attended one of thirteen PBCT groups offered by SVC within routine clinical practice. Analyses were conducted to explore levels of engagement and clinical outcomes, together with associated predictors. Findings were compared with those generated from the M4V trial.

Results: Fifty-nine per cent of patients completed group PBCT within SVC, compared with 72% within M4V. There were significant improvements in voice-related distress (Cohen's $d = -0.47$; $p = 0.001$), subjective recovery (Cohen's $d = 0.35$; $p = 0.001$) and depression (Cohen's $d = -0.20$; $p = 0.044$); these outcomes were comparable to M4V. Higher baseline subjective recovery and lower depression both predicted improvement in voice-related distress. Therapy within SVC cost an average of £214 per patient.

Discussion: This study demonstrates that PBCT groups can be delivered trans-diagnostically in routine clinical practice to patients distressed by hearing voices, with the amount of benefit comparable to that generated in a research environment. In order to optimize the use of resources, attention should be paid to baseline levels of depression and subjective recovery, as they have the potential to influence engagement and outcomes, respectively. The costs for PBCT groups are relatively low and so this therapy offers a potentially cost-effective intervention for a group of patients who may otherwise make extensive use of high-cost clinical services.

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Engagement, clinical outcomes and therapeutic process in online mindfulness for psychosis groups delivered in routine care

Lyn Ellett, University of Southampton, UK; Laura Dannahy, Southern Health NHS Foundation Trust, UK; Paul Chadwick, University of Southampton, UK

Introduction: There is growing evidence for the benefit of mindfulness-based interventions (MBI) for people with psychosis. However, research is yet to evaluate the clinical benefit of delivering MBI groups online. We examine engagement, clinical outcomes, participant experience and therapeutic process of delivering therapy groups online in routine clinical practice.

Methods: The study used an uncontrolled pre-post design to examine engagement, therapeutic benefits (depression, anxiety, beliefs about voices) and group process in a 12-session online mindfulness group for individuals with a schizophrenia spectrum diagnosis with current distressing voices. Qualitative data on participant experience of online group therapy were analysed using Thematic Analysis.

Results: 17/21 participants completed one of three consecutively run therapy groups. The majority of the sample (88%) attended between nine and 12 therapy sessions. For completers there were significant reductions pre-post in depression, anxiety, beliefs about voices and voice-related negative affect, with medium to large effect sizes. Qualitative analysis of participant feedback identified three themes: 'experience of online delivery', 'therapeutic benefits' and 'feeling connected to people in the group'.

Discussion: Findings in relation to engagement, clinical benefits, participant experience and group process offer encouragement that online delivery of mindfulness for psychosis groups may be a useful addition to mental health services for people with distressing voices. Limitations of the study and clinical implications will be discussed.

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Lessons learned when implementing ACT for psychosis in a routine inpatient hospital setting: Findings from a pilot RCT

Brandon Gaudiano, Brown University, USA; Stacy Ellenberg, Brown University, USA

Acceptance and commitment therapy for psychosis (ACTp) has been shown in previous randomized controlled trials (RCTs) to be efficacious for reducing rehospitalizations when delivered to psychiatric inpatients. However, uptake of ACTp has been limited in routine practice due to lack of staff time and training and the traditionally medical-focused nature of these environments. We will review lessons learned from conducting a pilot RCT that assessed the effectiveness of ACTp when implemented on an acute care psychiatric inpatient unit using routine hospital staff. ACTp was found to be feasible to implement in this setting and acceptable to both staff and patients, with results showing reduced patient rehospitalizations following discharge. Successes, challenges, and lingering questions regarding ACTp implementation will be discussed.

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“Look at the Person not the Illness”: Consumers’ Experiences of Acceptance and Commitment Therapy Groups Supporting Psychosis Recovery

Lauren Kirkwood, La Trobe University, Australia; Eric Morris, La Trobe University, Australia; John Farhall, La Trobe University, Australia

Introduction: Acceptance and Commitment Therapy (ACT) has been demonstrated as an effective intervention for psychosis (Jansen et al., 2020), yet there is little research examining the lived experience and perspectives of consumers engaged in ACT. This study explored participants’ experiences of ACT groups promoting recovery from psychosis offered in Australian public mental health services (Recovery ACT: based on the manual by O’Donoghue et al., 2018), including helpful and unhelpful aspects and reflections related to personal recovery. Recovery ACT engages 6 -12 service users with psychosis in seven weekly group sessions, plus a booster session one month later. The intervention aims to increase psychological flexibility through brief mindfulness exercises, experiential exercises, key metaphors and values work (Johns et al., 2016; Jolley et al., 2020).

Method: Participants were engaged in an interview about their experiences of Recovery ACT groups. A qualitative research methodology, thematic analysis, was used to explore themes across nine participants who attended groups in community mental health settings. These interviews were conducted as part of an evaluation of Recovery ACT across mental health services in Melbourne, Australia.

Results: Analysis of semi-structured interview transcripts identified four themes: interpersonal vulnerability, living beyond the illness, personal growth and recovering from psychosis. Participants shared that Recovery ACT could be interpersonally taxing, in drawing upon their own experiences along with the challenges of observing others’ discomfort. This could be particularly the case when engaged in experiential exercises such as the “Passengers on the Bus”. All participants described the intervention as beneficial, particularly valuing the person-centred, inclusive nature of the group that contrasted to some individual’s past experiences of coercion, alienation, and stigmatisation.

Discussion: Participants’ accounts appeared consistent with the ACT model and further understanding of consumers’ experience of group ACT for psychosis. Participants described aspects related to common factors of groups (connection, common humanity), and that participating in Recovery ACT was socially demanding, associated with transformative experiences, and a sense of safety and respect. This study found and extended on themes identified in studies of individual (Bacon et al., 2014) and group ACT for psychosis (Bloy et al., 2021)

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Tackling mood across depressive disorders

Chair: Julie Ji, University of Western Australia, Australia

An exploratory analysis of the relationship of posting in peer online support forums and trait mood in bipolar disorder

Glorianna Jagfeld, Spectrum Centre for Mental Health Research, Lancaster University, UK; Robert Davies, Department of Psychology, Lancaster University, UK; Ryan L. Boyd, Department of Psychology, Lancaster University, UK; Fiona Lobban, Spectrum Centre for Mental Health Research, Lancaster University, UK; Paul Rayson, School of Computing and Communications, Lancaster University, UK; Steven H. Jones, Spectrum Centre for Mental Health Research, Lancaster University, UK

Mental health (MH) peer online forums offer robust support where internet access is common, but healthcare is not, e.g., in low- and middle-income countries, rural areas, during pandemics. Despite their widespread use, little is known about when people post in such forums. The discussion platform Reddit hosts forums (subreddits) for MH and non-MH topics. This exploratory study investigated how trait mood of Reddit users with a BD diagnosis who posted in MH subreddits differs from those who only posted in non-MH subreddits. A logistic regression distinguished Reddit users with a self-reported BD diagnosis who did ($n=10,662$) vs. did not ($n=3,790$) post in MH subreddits. Predictors were anxiety, sadness, anger, and 1st person singular pronoun use, measured from all of users' non-MH subreddit posts via the LIWC text analysis tool, controlling for age, gender, active days, mean #posts/day. The model was significant with 6.7% explained variance and 77.1% accuracy. MH subreddit posters were twice as likely female and exhibited 1.5 times more anxiety and sadness. No other variables were associated with MH subreddit posters. Our findings indicate that MH forums may reflect the views of people who experience more negative mood (outside of MH subreddits) compared to people who do not post in MH subreddits. This warrants to caution potential MH forum users that these spaces may overemphasise the difficulties of living with a MH condition and underrepresent those living relatively well.

Talking about personal recovery in bipolar disorder: Integrating natural language processing, corpus linguistics and health research to analyse peer online support forum posts

Glorianna Jagfeld, Lancaster University, UK; Chloe Humphreys, Linguistics and English Language Department, Lancaster University, UK; Paul Rayson, School of Computing and Communications, Lancaster University, UK; Fiona Lobban, Spectrum Centre for Mental Health Research, Lancaster University, UK; Steven H. Jones, Spectrum Centre for Mental Health Research, Lancaster University, UK

Personal recovery (PR), 'living a satisfying, hopeful life even with the limitations caused by the illness' (Anthony, 1993) is of particular value in bipolar disorder (BD) where symptoms often persist despite treatment. Jagfeld et al. (2021) defined the first framework for PR in BD, POETIC (Purpose & meaning, Optimism & hope, Empowerment, Tensions, Identity, Connectedness), based on CHIME (Leamy et al., 2011). So far, PR has only been studied in researcher-constructed environments (interviews, focus groups). Support forum posts can serve as complementary non-reactive data source. By integrating corpus and computational linguistics and health research methods, this study analysed public BD support forum posts in relation to the lived experience of PR. Comparing 4.4K PR-relevant posts by 2K users to 25K non-PR-relevant posts resulted in 130 significantly overused keywords. Keywords were coded according to the POETIC framework. Three domains featured most in PR-related discussions: Purpose & meaning (particularly parenting, work), Connectedness (particularly romantic relationships, social support), Purpose & meaning (parenting, work), Empowerment (self-management, personal responsibility). This study is the first to analyse non-reactive data on PR in BD. Indicating the key areas that people focus on in PR when posting freely and the language they use, provides helpful starting points for therapists to collaboratively consider these issues with service users in clinical settings, such as recovery-oriented CBT.

Using the Person-Based Approach to optimise an app-based behavioural activation intervention for adults with depression.

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Introduction: App-based Behavioural Activation (BA) may be effective at reducing depression in adults. However, lack of acceptability and engagement may reduce its effects. We used the person-based approach (PBA) to collect feedback from adults with depression to improve the acceptability and engagement of an app-based BA intervention.

Method: We recruited 16 adults with elevated depressive symptoms from the community. In study 1, nine participants took part in a think-aloud interview, providing feedback on the app. We tabulated findings and modified the app using criteria for prioritising changes. In study 2, we interviewed seven participants about their experiences of using the modified app for two weeks. We also held two patient and public involvement meetings.

Results: In study 1, participants identified two 'must have' changes, which we addressed. Specifically, participants were having problems planning and breaking down activities. In study 2, participants identified the following barriers: lacking visual engagement, tone and framing of the difficulty rating. Positives from both studies included: interface usability, having a clear rationale, examples of activities and progress and self-reflection features.

Discussion: The PBA provided in-depth insight allowing us to make key modifications concerning the acceptability and engagement of the app. We now plan to conduct a feasibility study to explore feasibility, acceptability, recruitment, retention and fidelity.

Taming emotions with DBT-Skills– what really works for people with Bipolar-Disorder?

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People with Bipolar disorder frequently experience mood swings between mood episodes, which affects their quality of life. Psychological interventions frequently rely on large interval measurements that do not capture change and variance of emotions across time. We aimed to provide a detailed analysis of the variability in mood, variance and range of emotions across a 12-weeks skills based DBT programme designed for bipolar disorder (Bi-REAL–Respond Effectively&Live mindfully). We also to explore if emotional variance is associated with the use of more DBT skills, and which were more used to regulate.

Method: 33 Participants diagnosed with bipolar disorder were included in this study having been assessed at pre-programme (T0) and then filled in a weekly mood and diary card, filled in weekly across 12-weeks, while receiving a DBT skills intervention (4 groups ≈ 8). They were asked to rate their mood and intensity of each emotion felt every week, along with sleep hours and medication compliance, while registering skills used across the 12 weeks. There is still a group of participants undergoing treatment.

We hope to see a decrease in emotions rated intensity and mood variance across the 12-weeks, expecting a more effective regulation of people reporting the use of more skills while complying with medication. We also hope to report the most used skills within Bipolar Patients, while describing the adapted skills considering the challenges associated with the disorder.

The role of action-contingent expectancy biases in depression-linked behavioural inactivity

Julie Ji, University of Western Australia, Australia; Colin MacLeod, University of Western Australia, Australia

Objective: Behavioural inactivity contributes to the development and maintenance of depression but remains poorly understood. Whether people choose to engage in an activity or not is influenced by what they expect might happen as a result of doing so (objective outcome expectancies) as well as how they might feel as a result of such outcomes (subjective emotional impact expectancies). This study tested hypothesis concerning the presence of depression-linked negative biases in both types of expectancies.

Method: Using a novel laboratory paradigm, N = 176 undergraduate students were provided with the opportunity to decide whether or not to play a coin-tossing game, where playing could result in winning or losing money for a charity of their choice. Following activity engagement decision-making, participants reported on their expected objective outcome (win/lose) of gameplay, as well as expected subjective emotional impact of such outcomes.

Result: Mediation analysis results provide support for the hypothesis that individuals with higher depression vulnerability are more likely to exhibit behavioural inactivity due to higher negative action-contingent expectancy biases, reflecting negative biases in both expected objective outcome and subjective emotional impact.

Discussion: Negative biases in two conceptually independent variants of action-contingent expectancies may be contributing to depression-linked behavioural inactivity.

Parent interventions in the prevention and treatment of children's mental health difficulties

Convenor: Chloe Chessell, University of Reading, UK

Chair and discussant: Cathy Creswell, University of Oxford, UK

How does parental psychosis impact children and families, and what interventions have been designed to help?

Jessica Radley, University of Oxford, UK; Jane Barlow, University of Oxford, UK; Louise Johns, University of Oxford, UK

Introduction: Experiencing psychotic symptoms while managing parenting tasks can have a negative impact on these parents and on their children. The symptoms of psychosis, and any hospitalisations following a psychotic episode, can render a parent both emotionally and physically unavailable to their child. There has been little research to date examining the consequences of parental psychosis from a whole family perspective. This study investigates families where a parent has experienced an episode of psychosis and compares and contrasts the family members' perspectives using qualitative methods.

Methods: Parents with psychosis who had a child aged between three and eleven in a UK NHS Trust were invited to take part in the study. Semi-structured interviews were conducted with these parents, with their child (if older than 8 years old), and with their family members. Data were analysed using multi-perspectival interpretive phenomenological analysis (m-IPA).

Results: Five families took part comprising of five parents, four children, and three family members (two partners, and one grandmother). Two families described themselves as White British, two as Black British, and in one family the father was Black British and the mother was White British. Four themes were identified using m-IPA: 1) parental psychosis impacts the whole family, 2) psychosis and parental identity, 3) parental psychosis as a source of secrecy, and 4) psychosis impacts some families more: the role of fractured families and mental health knowledge.

Discussion: Psychosis had a negative impact on all family members, which led to a loss of identity for the parent and secrecy between family members. As a consequence, more work is needed to support these families to explain psychosis to the children. These results will be contextualised alongside findings from a scoping review which highlighted that many interventions for parents with mental illness aim to improve family communication, for example 'Family Talk' or 'Let's Talk about Children'. Although these interventions were originally designed for parents with affective symptoms, more recently they have been trialled with parents with any kind of mental health difficulty, including parental psychosis.

Anxiety disorders in offspring of parents with mood disorders- Risks of disorders and parenting experiences

En-Nien Tu, University of Oxford, UK; Chang-Gung Memorial Hospital, Taiwan; Jessica Radley, University of Oxford, UK; Sam Cartwright-Hatton, University of Sussex, UK; Chloe Chessell, University of Reading, UK

Introduction: Offspring of parents with mood disorders are at higher risk for anxiety disorders (ADs)- potential risk factors of mood disorders in their later life. Proper interventions on ADs may improve well-being and prevent mental illness progression in this at-risk population. With the increase in treatment options for different ADs, a meta-analysis aims to differentiate the risks of AD subtypes in the offspring of parents with mood disorders compared with control offspring.

Furthermore, to better understand the parents' needs, another meta-analysis investigates parenting experiences in the context of parental bipolar disorder. **Method:** The first meta-analysis searched for original articles published in peer-reviewed journals with offspring exposed to parental mood disorders and control offspring, and rates of ADs in offspring using validated diagnostic interview tools. A random-effects meta-analysis was used to pool the risk ratios (RRs) of different offspring ADs. Moreover, sensitivity analyses, subgroup analyses and meta-regression examined factors that explain the between-study heterogeneity. The second meta-analysis focused on qualitative views of any reporters on parenting experiences related to offspring up to 18 years. The findings were collected with the meta-aggregation approach.

Result: The first meta-analysis included 36 papers from 62,094 records. Offspring of parents with mood disorders had higher risks for all subtypes of ADs, especially for panic disorder (PD). Parental BD puts offspring at increased risk for separation anxiety disorder (SAD) and panic disorder. In contrast, the psychopathology of control parents decreases their RRs. The second meta-analysis yielded themes that emerged from the analytic process, which described different reporters' views on subjective feelings, subjective feelings, challenges, and resources of parenting experiences.

Discussion: The first study indicates the AD subtypes and participant characteristics that should be emphasised when treating offspring of parents with mood disorders. The second study provides guidance to address unique parental challenges and resources for parents with BD. The meta-analytic outcomes provide us insights to find new ways to help parents in helping their children with anxiety.

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Preventing Family Transmission of Anxiety: Feasibility RCT of a Brief Intervention for Parents.

Sam Cartwright-Hatton, University of Sussex, UK; Donna Ewing, University of Sussex, UK; Suzanne Dash, University of Sussex, UK; Zoe Hughes, University of Sussex, UK; Ellen Thompson, University of Sussex, UK; Cassie Hazell, University of Sussex, UK; Andy Field, University of Sussex, UK

Introduction. Children of anxious parents are at high risk of anxiety disorders themselves – approximately twice the risk of typical children, according to a recent systematic review. The evidence suggests that this transmission is accounted for largely by environmental rather than genetic factors, which opens up opportunities to intervene to prevent such transmission. In particular, there is evidence that supporting parenting in those with mental health difficulties can ameliorate the risk of their children developing mental health difficulties. Therefore, the objective of this study was to test the feasibility of a new one-session, group-based, preventive parenting intervention for parents with anxiety disorders. **Methods.** One hundred parents with anxiety disorders, recruited from adult mental health services in England (and their children aged 3-9 years) were randomised to receive the new intervention (a one-day, group workshop), or to receive treatment as usual. Children's anxiety disorders and anxiety symptoms were followed up to 12-months by outcome assessors who were blind to group allocation. Analyses were conducted on an intention to treat basis, as far as possible. **Results.** 51 participants were randomized to the intervention condition and 49 to the control condition and 82% and 80% of these were followed to 12-months, respectively. The intervention was reported as highly acceptable to parents who received it. The results show that the intervention and RCT were feasible and 12-month follow-up attrition rates were low. Children whose parents were in the intervention condition were 16% less likely to have an anxiety disorder at 12-month follow-up than those in the control group. No adverse events were reported.

Conclusions. An inexpensive, light-touch, psycho-educational intervention may be useful in breaking the intergenerational cycle of transmission of anxiety disorders. A substantive trial is warranted.

Therapist guided, parent-led, CBT for preadolescent children with OCD

Chloe Chessell, University of Reading, UK; Kate Harvey, University of Reading, UK; Alice Farrington, Berkshire Healthcare NHS Foundation Trust, UK; Brynjar Halldorsson, University of Iceland, Iceland; Cathy Creswell, University of Oxford, UK

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

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

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

Discussion: This study provides preliminary evidence that parent-led CBT may be an effective way to help increase access to psychological treatments for preadolescent children with OCD. Our outcomes were in line with the UK's Improving

Access to Psychological Therapies (IAPT) initiative (Clark, 2018) and the treatment was acceptable to participating parents. Further, more rigorous, evaluation of this treatment is needed.

The Role of uncertainty and control in anxiety and obsessive compulsive disorders

Chair: Simon Blackwell, Blackwell, Ruhr-Universität Bochum, Germany

Exploring the impact of loneliness and social isolation on experiences of recovery and relapse in Obsessive Compulsive Disorder.

Josie Millar, University of Bath, UK; Lucy Clarkson, University of Bath, UK; Erin Waites, University of Bath, UK; Julie Barnett, University of Bath, UK

The experience of OCD goes hand in hand with social isolation & loneliness (SI/L). However, the nature of this experience in recovery from OCD & its potential role in relapse is under researched. Method Participants (N=23) were >18 years, met OCD diagnostic criteria, identified experiencing improvement/recovery in their OCD followed by a relapse. Participants provided demographic information, completed symptom questionnaires took part in a telephone interview, which was analysed using Reflexive Thematic Analysis. Results As individual's OCD symptoms increased, their lives became more insular, & experiences of SI/L increased. Undertaking CBT was reported as useful for treating OCD symptoms. However, rarely addressed associated systemic difficulties, including a lack of social connection, how this was linked to low mood & how to begin to tackle this. As recovery increased, the dearth in social connection became more apparent, & experiences of SI/L, more salient. An inability to build social connections with others who "understand OCD" was identified as a contributing factor to relapse. Participants reported that when they had been able to build social connections this had supported their recovery. Conclusions It is important to address(re)learning how to build social connection, both during the course of therapy & post therapy. A post therapy intervention focused on relapse prevention is more likely to be beneficial if provided in small group format with others recovering from OCD.

The Mediating Role of Cognitive Processes in Explaining the Relationship Between Disgust Propensity and OCD Symptom Domains

Catherine Ouellet-Courtois, Concordia University, Canada; Sandra Krause, Concordia University, Canada; Andrea Sandstrom, Concordia University, Canada; Adam S. Radomsky, Concordia University, Canada

A body of research underlines the role of disgust in obsessive-compulsive disorder (OCD) as it pertains to contamination fear (Olatunji & al., 2017). Yet, less attention has been devoted to disgust across other OCD symptoms. Further, little is known about the cognitive processes accounting for the relationship between disgust and OCD symptoms. This study aimed to systematically examine potential cognitive mechanisms mediating the association between disgust and various OCD symptom domains using parallel mediation analyses. A total of 149 undergraduate participants completed the Disgust Scale, the Vancouver Obsessional Compulsive Inventory (VOCI), the VOCI–Mental Contamination, the Obsessive Beliefs Questionnaire, the Contamination Sensitivity Scale and the Contamination Thought-Action Fusion Scale. While contamination-related beliefs were significant mediators of the association between disgust and contamination fear (indirect effect β coefficients = .06-.17), further cognitive mediators emerged for other OCD symptom domains. Notably, importance of/need to control thoughts mediated the relationship between disgust and repugnant obsessions (indirect effect β coefficient = .14). These findings suggest that the experience of disgust in OCD also translates to symptoms other than contamination fear, and that both emotional and cognitive aspects are relevant. These results shed light on potential cognitive interventions to use in the treatment of disgust across OCD symptom domains.

Behavioural experiments for intolerance of uncertainty: A randomized clinical trial for adults with generalized anxiety disorder

Michel Dugas, University of Quebec in Outaouais, Canada; Kathryn Sexton, University of Quebec in Outaouais, Canada; Stephane Bouchard, University of Quebec in Outaouais, Canada; Elizabeth Hebert, University of Manitoba, Canada; Jean-Philippe Gouin, Concordia University, Canada; Roz Shafran, University College London, UK

Introduction: Comprehensive cognitive-behavioural treatments for generalized anxiety disorder (GAD) have been developed over the past three decades. These treatments have produced encouraging results; however, they appear to be less efficacious than treatments for other anxiety disorders. The goal of this randomized controlled trial is to test a new highly focused treatment for adults with GAD: Behavioral Experiments for Intolerance of Uncertainty. Method: A total of 60 participants (51 women, 9 men) with a primary diagnosis of GAD were randomized to either treatment or wait-list control. In the 12-week treatment condition, participants learned to use behavioral experiments to test their catastrophic beliefs about uncertainty. We conducted assessments at pre-, mid- and post-condition, and at 6- and 12-month follow-up. The primary outcome was the severity of GAD, and secondary outcomes were worry, depression, somatic anxiety, and

intolerance of uncertainty. Results: (1) The treatment group was superior to the wait-list group in terms of change from pre- to post-test on all outcomes. (2) The combined sample (once wait-listed participants received treatment) showed large and significant decreases on all outcomes. (3) Treatment gains were either maintained or increased over the 12-month follow-up. Discussion: The new treatment appears to be a promising treatment option for adults with GAD considering that it may be as efficacious as more complex treatments for GAD.

Beliefs about losing control and other OCD-related cognitions: An experimental investigation

Andrea Sandstrom, Concordia University, Canada; Adam Radomsky, Concordia University, Canada

Cognitive theories of Obsessive-Compulsive Disorder (OCD) suggest that dysfunctional beliefs lead to the development of symptoms. One novel belief domain which may influence OCD is beliefs about losing control. Indeed, these beliefs are associated with OCD symptoms; however, the relationship between these beliefs and other OCD phenomena, including other relevant dysfunctional beliefs, is unclear. This study (pre-registration: <https://doi.org/10.17605/OSF.IO/MT738>) aimed to examine the relationships between beliefs about losing control and OCD-relevant appraisals (responsibility, threat, and control). Currently, 67 (out of a projected 158) participants have completed the experimental protocol, in which they received false (positive or negative) feedback regarding the likelihood they may lose control and read a series of vignettes describing hypothetical scenarios relevant to OCD concerns (checking, harm) which were used to measure appraisals. The experimental manipulation was effective at influencing beliefs about losing control, $t(65)=3.03$, $p=0.002$. Those who received negative (vs. positive) feedback had significantly higher ratings of threat, $t(65)=1.72$, $p=0.045$, and responsibility, $t(65)=1.70$, $p=0.047$, but not control, $t(65)=0.03$, $p=0.488$, in checking scenarios. No differences were observed between conditions in harm scenarios. The full set of findings will be reported on the completed sample. Theoretical and clinical implications and future directions will be discussed.

Perspectives on the causes, consequences and experience of losing control

Kenneth Kelly-Turner, Concordia University, Canada; Adam S. Radomsky, Concordia University, Canada

Clinical accounts, cognitive theory and experimental research have indicated that beliefs about losing control are not only common, but a potential causal and/or maintaining factor in disorders such as panic disorder, social anxiety disorder and obsessive-compulsive disorder. However, beliefs about the causes, consequences and importance of control are not limited to clinical populations. Understanding sub- and non-clinical beliefs about losing control can help to inform our clinical definition of the phenomenon, delineate what aspects of beliefs about control are normative and identify how these beliefs might become problematic. The present study employs thematic analysis to identify common beliefs about losing control from $n = 7$ out of a projected 21 undergraduate students. Preliminary themes include that the process of losing control is emotionally laden, successful and productive people maintain control and that losing control is linked to powerlessness and aggression. These themes are preliminary and may be revised in light of additional data collection and analysis. These results offer important insight into what is common among clinical and non-clinical beliefs about losing control and inform how these beliefs might be worth targeting in cognitive and behavioural interventions.

Paranoia in the context of COVID-19

Chair: Jess Kingston, Royal Holloway University of London, UK

Prevalence of pandemic paranoia in the general population: An international analysis

Lyn Ellett, University of Southampton, UK; Jessica Kingston, Royal Holloway, University of London, UK; Tania Lincoln, University of Hamburg, Germany; Suzanne So, Chinese University of Hong Kong, Hong Kong SAR; Brandon Gaudiano, Brown University, USA; Eric Morris, La Trobe University, Australia; Bjorn Schlier, University of Hamburg, Germany

Introduction: Globally, the COVID-19 pandemic has created an interpersonally threatening context within which other people have become a possible source of threat. The term 'pandemic paranoia' has been coined to refer to paranoid cognitions that focus specifically on the threat posed by others to oneself because of the pandemic. In this study, we report on the development of a new measure of pandemic paranoia and examine international prevalence in a general population sample.

Method: A cross-sectional online survey design was employed, with 2,510 participants from five international sites. Participants completed a range of measures online, including general paranoid thinking (Revised Green Paranoid Thoughts Scale), depression and anxiety (DASS-21), and the Pandemic Paranoia Scale (PPS), a questionnaire designed to measure pandemic-specific paranoid thinking.

Results: Psychometric properties of the PPS supports the factorial stability, construct validity, and internal reliability of the scale. The overall prevalence rate of pandemic paranoia was 19% and data across the five international sites will be presented.

Conclusions: The PPS is a reliable and valid measure of pandemic paranoia, and was found to be relatively common in a representative sample of the general population across five international sites. Implications of the findings and future directions will be discussed.

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Pandemic paranoia, general paranoia, and their relationships with worry and beliefs about self/others – a multi-site latent class analysis

Suzanne So, The Chinese University of Hong Kong, Hong Kong SAR; Chen Zhu, The Chinese University of Hong Kong, Hong Kong SAR; Tania Lincoln, Universität Hamburg, Germany; Brandon Gaudiano, Brown University and Butler Hospital, USA; Jessica Kingston, Royal Holloway, University of London, UK; Lyn Ellett, University of Southampton, UK; Eric Morris, La Trobe University, Australia

Introduction: During the COVID-19 pandemic, an increase in paranoid thinking has been reported internationally. The development of the Pandemic Paranoia Scale (PPS) has provided a reliable assessment of various facets of pandemic paranoia. This study aimed to (i) identify classes of individuals with varying levels of general paranoia and pandemic paranoia, and (ii) examine associations between classification and worry, core beliefs, and pro-health behaviours.

Method: An international sample of adults (N = 2510) across five sites completed the Revised-Green Paranoid Thoughts Scale and the PPS. Latent class analysis (LCA) was conducted using these two paranoia variables. Classes were compared on trait worry (Penn State Worry Questionnaire), beliefs about self/others (Brief Core Schema Scales), and pro-health behaviour.

Results: Three latent classes emerged: Class 1 with low R-GPTS and PPS scores, Class 2 with a high R-GPTS score and a moderate PPS score, and Class 3 with high R-GPTS and PPS scores. Compared to Class 1, Classes 2-3 were associated with more worry and negative self- and other-beliefs. Class 3 was further characterised by greater positive-self beliefs and less engagement in pro-health behaviours. Engagement in pro-health behaviours was positively correlated with interpersonal mistrust and negatively correlated with paranoid conspiracy and persecutory threat.

Discussion: Individuals with a general paranoia tendency were more likely to respond to the global health threats in a suspicious and distrusting way. Our findings suggested that worry and negative self/other beliefs may contribute to not just general paranoia but also pandemic paranoia. The preliminary finding of a link between pro-health behaviours and interpersonal mistrust warrants further examination.

References:

So, S.H., Zhu, C., Lincoln, T., Gaudiano, B., Kingston, J.L., Ellett, L., & Morris, E.M.J. (2022). Pandemic paranoia, general paranoia, and their relationship with worry and beliefs about self/others – a multi-site latent class analysis. *Schizophrenia Research*, 241, 122-129.

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Discrimination, minoritization, intersectionality and paranoia during covid-19.

Jessica Kingston, Royal Holloway; Bjorn Schlier, University of Hamburg; Lyn Ellett, University of Southampton; Tania Lincoln, University of Hamburg; Brandon Gaudiano, Brown University; Eric Morris, La Trobe; Sue So, University of Hong Kong

Background: Minority group status is associated with increased risk of experiencing symptoms of psychosis, with some studies highlighting paranoia in particular. The factors that help to explain this association in the general population are not well understood. We report on the cross-sectional association between minority group status and paranoia and the potential role of views about the self and others (positive and negative), social rank and/or social support.

Methods: A cross-sectional online survey design was employed (Feb – March 2021). The sample consisted of 2,510 participants from five international sites: United Kingdom (n=512), United States (n=535), Germany (n=516), Hong Kong (n=445) and Australia (n=502), stratified based on sex, age and educational attainment. Participants provided demographic information, and completed a range of measures online, including minority group status (across multiple categories – ethnicity, physical disability, sexual orientation, religious beliefs and visible physical feature), paranoid thinking, core beliefs about the self and others, perceived social support and perceived social rank.

Results: Consistent with previous research, minority group status was associated with higher levels of paranoia, and overall associations held across sites. Examining the impact of intersecting aspects of difference, paranoia systematically increased with the increasing number of minority groups that an individual identified as belonging to. The ways in which views about the self and others (positive and negative), social rank and/or perceived social support influenced this association will be explored.

Conclusions: Paranoia is more prevalent in individuals who identify as belonging to a minority group. It is imperative that we seek to understand this better. Views about the self and others (positive and negative), social rank and/or perceived social support help to understand some of this association, but more longitudinal research is required.

Paranoia, conspiracy and trust processes in the context of COVID19: a multinational study

Anton Martinez, University of Sheffield, UK; Richard Bentall, University of Sheffield, UK

Paranoia and conspiracy are terms typically used interchangeably when referring to suspiciousness of other people's intentions or the veracity of sociohistorical events (e.g., moon landing). However, although the underlying content of these types of beliefs might be similar (e.g., seeing others as powerful and threatening), recent research suggests that these constructs differ in important ways. One important feature shared by both constructs is excessive mistrust but this aspect might play different roles in each belief system. In this study, we explored the strength of associations of different trust predictors (i.e., trust in institutions, trust in sources of information, perceptual trust, and interpersonal trust) between conspiracy mentality and paranoid beliefs measured during the first wave of the COVID19 pandemic. We tested this association in a large representative multinational sample (UK n=2025; Spain n= 1951; and Ireland n= 1041). Confirmatory factor analysis supported a two-factor model of conspiracy and paranoid beliefs in each nation sample. Path and equality of constraints analysis revealed that paranoia was more strongly associated with perceptual mistrust (bias towards mistrusting unfamiliar faces) whereas conspiracy was more strongly associated with mistrust in political institutions. Although interpersonal mistrust and trust in informal sources of information were associated significantly with conspiracy their association with paranoid beliefs was stronger. These findings provide consistent evidence across different countries supporting the view that during threatening times (i.e., a global pandemic) mistrust processes play different roles for each belief system. Furthermore, in the U.K. sample, we will further present ongoing analyses of paranoia trajectories over the lifetime of the pandemic (early 2020 to early 2022). Study limitations and implications will be discussed.

Advances in understanding and treating trauma effects

Chair: Marcella Woud, Ruhr-Universität Bochum, Bochum, Germany

Feasibility, acceptability, and clinical benefit of a trauma-focused stabilisation group for post-traumatic stress disorder patients with complex presentations on primary care wait lists

Michelle Wells, Plymouth Options and College of Life and Environmental Sciences (CLES), Psychology, University of Exeter, UK; Rachel Handley, College of Life and Environmental Sciences (CLES), Psychology, University of Exeter, UK; Anke Karl, College of Life and Environmental Sciences (CLES), Psychology, University of Exeter, UK

Routinely large numbers of people presenting with complex presentations of PTSD in IAPT services require multi-faceted and extended NICE recommended treatment approaches. This can lead to longer waits for therapy potentially prolonging patient suffering. In an effort to minimise this suffering, we evaluated whether a newly developed trauma-focused stabilisation group, can offer an acceptable, feasible and clinically beneficial intervention to service users waiting for one-to-one trauma therapy. Fifty-eight patients with PTSD, waiting for trauma-focussed individual treatment were included in the study. Six groups, lasting five sessions, were run by 2 therapists. Thirty-eight patients completed the study. To ascertain the feasibility and acceptability of the intervention, both quantitative and qualitative data were extracted from a Patient Experience Questionnaire. The stabilisation group was found to be feasible and acceptable. Clinical benefit was assessed by determining the reliable change index for measures of PTSD, depression and anxiety from pre-to-post-treatment for each patient. Overall PTSD symptom reduction was medium-to-large with Cohen's d of .77 for intent-to-treat and 1.05 for per protocol analyses. Additionally, for depression and anxiety there was no symptom deterioration. The study provided preliminary evidence for the acceptability and clinical benefit of attending psychoeducational group therapy to service users whilst waiting for one-to-one trauma therapy.

The Top 10 Priorities for Sexual Violence and Abuse Research: Findings of the James Lind Alliance Sexual Violence Priority Setting Partnership

Filippo Varese, University of Manchester, UK and Greater Manchester Mental Health NHS Foundation Trust, UK; Catherine White, Manchester University NHS Foundation Trust, UK; Eleanor Longden, Greater Manchester Mental Health NHS Foundation Trust, UK; Christina Charalambous, University of Manchester, UK; Kate Meehan, University of Manchester, UK; Rabiya Majeed-Ariss, Manchester University NHS Foundation Trust, UK

Objectives: Identify research priorities relevant to health and social care needs of adults with lived experience of recent and/or historical sexual violence/abuse (i.e., 'survivors').

Participants: Adult survivors were consulted, alongside health and social care professionals who support survivors across public, voluntary, and social enterprise sectors.

Methods: Participants completed a survey to propose research questions relevant to the needs of survivors. Questions unanswered by current evidence were identified, and a second survey was shared to identify respondents' priorities from these. Uncertainties prioritised through the second survey were presented at a consensus meeting to agree the top 10.

Results: 223 participants provided 484 suggested uncertainties. 75 questions unanswered by existing research were identified, and later ranked by 343 participants. A consensus meeting with 31 stakeholders examined the top-ranking priorities from the second survey and agreed the top 10. These included support valued by survivors, how to best support BAME and LGBTQ+ survivors, improving access to high-quality psychological therapies such as trauma-focused CBT, and how physical and mental health services can become 'trauma informed'.

Conclusions: The research priorities identify gaps in existing evidence to better support adult survivors of sexual violence/abuse. Further work in these areas, including access to high-quality psychological therapies, should be prioritised.

Augmenting treatment for post-traumatic stress disorder with a computerised cognitive bias modification procedure targeting appraisals (CBM-App): Results of a randomised controlled trial

Marcella Woud, Mental Health Research and Treatment Center, Faculty of Psychology, Ruhr-Universität Bochum, Bochum, Germany

Introduction: Dysfunctional appraisals about traumatic events are a key mechanism in post-traumatic stress disorder (PTSD). Experimental studies have shown that computerised cognitive trainings, cognitive bias modification for appraisals (CBM-APP), can modify dysfunctional appraisals and reduce analogue trauma symptoms. The present study tested whether CBM-APP could reduce dysfunctional appraisals in PTSD patients, and whether this would lead to improvements in PTSD symptoms.

Methods: We compared CBM-APP to sham-training in a parallel-arm proof-of-principle double-blind RCT amongst 80 PTSD patients admitted to an inpatient clinic. Both arms comprised 8 training sessions over a 2-week period and were completed as add-on to treatment as usual.

Results: In intention-to-treat analyses, participants receiving CBM-APP showed a greater reduction in dysfunctional appraisals from pre to post-training (primary outcome), compared to those receiving sham training, with between-group differences also found on the Posttraumatic Cognitions Inventory (PTCI) and the PTSD Checklist for DSM-5 (PCL-5).

Reductions in dysfunctional appraisals correlated with reductions on the PTCI, PCL-5, and hair cortisol concentration from pre- to post-training.

Discussion: Results support dysfunctional appraisals as a modifiable cognitive mechanism, and that their proximal modification reduces PTSD symptoms. These results could open new avenues for improving present therapies.

Panel debates

List 25 psychologists whose work you intend to ignore, and justify your choice': A tribute to Stanley 'Jack' Rachman

Chair: Roz Shafran, Univeristy College London, Great Ormond Street Institute of Child Health, UK

Speakers: Bill Yule, Kings College London, UK; Adam Radomsky, Concordia University, Canada; Paul Salkovskis, Oxford University, UK; David Clark, Oxford University, UK

The title of this tribute is taken from a humorous exam paper that Professor Stanley 'Jack' Rachman set his students one year. Jack sadly passed away in September 2021. His contribution to the development of behaviour therapy and, later, cognitive behaviour therapy has been enormous and across multiple areas. He is truly a foundational father of CBT. His expertise included obsessive compulsive disorder, fear and courage, behavioural medicine, anxiety and emotional processing. As editor of 'Behaviour Research and Therapy', he shaped our field by publishing new ideas that ran counter to thinking at the time. He was committed to sharing his expertise with early career researchers and greatly admired the IAPT initiative to which he contributed in its early days. Jack's humour, originality, creativity, depth and breadth were legendary and his influence has been profound. This discussion will begin with some specific recollections of Jack and his influence on the field by individual panel members. It will then open the floor for the audience to share their recollections and to pay a personal tribute.

What do we mean by CBT these days and do we really have any sensible working definitions of the boundaries of this therapy?

Chair: Andrew Beck, Bradford Teaching Hospitals Foundation Trust, UK

Speakers: Liz Ruth University of Bradford, UK; Jess; Kingston, Royal Holloway University, UK; Peter Phiri, Southern Health NHS Foundation Trust, UK; Shirley Reynolds, University of Reading, UK

The term CBT has expanded to include a wide range of therapeutic approaches and traditions, from the Behavioural Approaches that laid the foundation of the therapy, to the Cognitive innovations that combined with these approaches make up the foundation of 2nd wave CBT as taught on IAPT courses, to Low Intensity short term treatments and long term treatments for complex and multiple traumas. Third wave approaches have led to a wider understanding of what change processes might take place in therapy, CBT with children has incorporated systemic and parenting based approaches and techniques as disparate as Motivational Interviewing and Mindfulness have all come under the broad umbrella terms of cognitive and behavioural therapies. In addition cognitive and behavioural approaches have now been adapted to provide effective and culturally informed treatments across most continents and language groups including areas as disparate as improving anti-retro viral adherence in HIV patients in Uganda, depressed rural women in Pakistan, obese patients in North America and treating Tics and Tourette's Syndrome and has been delivered by Artificial Intelligence systems without any input from a human therapist. Given the breadth and depth of what CBT is and can do are we able to arrive at a consensus regarding what exactly CBT is these days and what the boundaries are of this flexible and adaptive therapy? This panel discussion will enable experts in disparate fields to make a 10 minute pitch as to their definition of CBT, to take questions from fellow panellists and audience members and through a process of elimination and votes managed through an online platform arrive at a definition that will almost certainly please no one. Once a date for the panel has been set we will additionally invite keynotes at the conference on that day to contribute to the panel.

Questions to prompt panel members may include:

How much linguistic and culturally specific adaption can happen and something still be CBT?

What 3rd wave approaches are a good fit with CBT and which may not be?

Can you do good CBT and score badly on the CTS-R?

What is the boundary between Low Intensity therapy and CBT?

What would you say was definitely not CBT that therapists seem to do anyway?

How useful is it to worry about this? And who should do the worrying?

When we say 'fidelity to the model' which model do we mean?

When CBT meets CDI: How do we meaningfully address issues of culture, diversity, and inclusion in the training and supervision of psychological therapists?

Chair: Majella Byrne, King's College, London

Speakers: Juliana Onwumere, King's College, UK; Susanna Payne King's College London, Anthony; Taylor, Expert by Experience; Margo Ononaiye, University of Southampton, UK; Leila Lawton, South London & Maudsley NHS Foundation, UK

The importance of culture, diversity, and inclusion (CDI) is increasingly acknowledged in conversations about access to training programmes for psychological therapists. These discussions form part of a much broader drive to introduce greater diversity in the socio-demography of psychological therapists, particularly in terms of racial and ethnic minoritized backgrounds, and to ensure the workforce reflects local communities and improves access to underserved groups. Thus, initiatives designed to identify and reduce inequities and structural barriers to successfully securing a place on a training course in under-represented groups continues to receive much of our attention. These developments are taking place against a backdrop of events including global social movements (e.g., 'Black Lives Matters'); and government scandals (e.g., Windrush), enquiries (e.g., Grenfell) and commissioned reports on racial inequality (e.g., Commission on Race and Ethnic Disparities), and ongoing debates about inclusion, terminology, and rights (e.g., sexual and gender minorities). However, to what extent U.K. training programmes for psychological therapists meaningfully address CDI as part of their CBT training, practice placements, supervision structures, and assessed competences remains less clear. Yet the importance of these areas for the service user experience and their outcomes cannot be overestimated and, moreover, is typically overlooked as part of the discourse on these issues. Our panel, comprising those with lived experience and course leads from IAPT, clinical psychology doctoral training, and placement supervisors will debate how far the ideal and vision for promoting and integrating CDI and CDI competences development into CBT therapist training experiences are translatable, implementable, and observable. A consideration of the key issues and challenges of addressing CDI in all aspects of the training experience, and ideas about helpful pathways forward will be discussed.

Is this as good as it's going to get—have we reached the “efficacy ceiling” in CBT for depression?

Chair: Jon Wheatley, Homerton Healthcare NHS Trust, UK

Speakers: Barney Dunn, University of Exeter, UK; Stephen Barton, Newcastle University, UK; Shirley Reynolds, CBT Reach, UK; Willem Kuyken, University of Oxford, UK

This panel discussion brings together leading experts in depression research and treatment to discuss the current status of CBT for depression. After 40-50 years developing theory and practice, are we getting better outcomes or have we reached an efficacy ceiling? Experts will include perspectives on Beckian CBT, complex depression, anhedonia, mindfulness as well as child and adolescent depression.

What role should CBT and BABCP play in responding to the climate and biodiversity crises?

Chair: Amanda Cole, Private Practice, UK

Speakers: Elizabeth Marks, University of Bath, UK; Marc Williams, University of Cardiff, UK

Climate change is arguably the biggest threat that society and the world faces. And as members of BABCP we are all concerned with wellbeing. Should we, as evidence based practitioners, be addressing the emotional impacts of climate change in our clients in the face of real world threat? Is there more that as psychotherapists we can do to facilitate behaviour change in individuals, organisations and society to mitigate the effects of climate change? Is there more that BABCP can do to help us in this endeavour, in line with our mission and strategic aims. Please come along to this debate if you are curious, concerned or sceptical. We are aiming, like our partner health professionals, to put climate change on our agenda, to raise questions like those above, and consider ways in which we can use our existing knowledge, and emerging research to greater benefit for all. Marc Williams will place the panel in context and review the evidence for the impact of climate change and related factors on mental health and wellbeing. He will consider how mental health practitioners could and should be responding, and describe actions being taken by other professional bodies. Liz Marks will elaborate on the direct and indirect therapeutic work that CBT practitioners, supervisors and researchers could play in working with the mental health impacts of climate change, from the individual level to considerations of public health. She will discuss the moral implications of action versus inaction in the face of catastrophic climate change. Amanda Cole will explore the possibilities for the role of professional bodies in leading on, and supporting their members in responding to the climate crisis. This will include issues such as declaring a climate emergency to supporting members who engage in protest and non-violent direct action.

CBT in Action: Responding to the war in Ukraine

Chair: Andrew Beck, Bradford Teaching Hospitals Foundation Trust, UK

Speakers: William Yule, King's College London, UK; Meera Bahu, South London and Maudsley NHS Foundation Trust, UK; Richard Meiser-Stedman, University of East Anglia, UK; Idit Albert, King's College London and South London & Maudsley NHS Foundation Trust, UK; John Green, Central and North West London NHS Foundation Trust, UK

The invasion of Ukraine by Russia and ensuing war has created a humanitarian crisis and led to a large number of Ukrainians fleeing the country as refugees. Such forced migration has numerous and complex effects on individuals and their families, added to by possible experience of traumatic events resulting from the war and during flight from the country itself. CBT and the broader research and clinical community within which CBT is situated has great potential to provide benefits for people affected by the war in Ukraine, not only via provision of psychological therapy to refugees who have fled the country, but also via training of psychologists across Europe to be able to offer adequate and tailored psychological interventions and support, and more broadly by informing local and national responses and the relevant policy. This panel therefore brings together experts with a wealth of experience across different areas of responding to the needs of refugees, psychological trauma, and the downstream effects of humanitarian crises such as that presented by the current war. Together they will address the question of what CBT can offer in the context of the war in Ukraine.

Clinical roundtables

Advances and challenges of implementing the LI approach in CYP-MH – Clinical and service dilemmas/developments

Chair: Markku Wood, Northumbria University and Tees Esk and Wear Valley NHS Trust, UK

Speakers: Susanna Payne, Kings College London, UK; Catherine Gallop, University of Exeter, UK; Vicky Curry, Kings College London, UK; Mike Turnbull, Tees Esk and Wear Valley NHS Trust, UK

Low intensity CBT interventions for children, young people and families have formed a central component of recent mental health investment and service transformation in England. The launch of the Wellbeing Practitioner for Children and Young People (CWP) in 2017 and Education Mental Health Practitioners (EMHP) in 2019 have contributed to a significant expansion in low intensity practice within CYP, community and education settings. These specialist LI CBT roles are aimed to significantly expand workforce capacity and improve access to high quality evidenced based early intervention for young people and their families. Specifically targeting the needs of those who do not currently receive a service, the CWP roles are integrated into community mental health provision and the EMHPs in education settings (via Mental Health Support Teams), providing interventions for the most common low-level mental health difficulties of anxiety, depression and behavioural difficulties. In the, relatively, short time that these programmes have been running they have shown to be highly effective and, as such, have expanded into new MH conditions with the workforce structure expanding to meet the needs of this valuable workforce. This clinical round table discussion will explain and 'set the scene' for the ethos/remit of LI CBT and new workforce developments. Using current clinical service dilemmas and real case challenges, the panel will discuss the pros and cons of expanding a workforce at such a 'blistering' pace, looking at how services and LI CBT interventions are implemented, and service structures developed. The panel will explore themes around the treatment gap; complexity of cases and therefore demands on the service while maintaining the early intervention ethos. The panel will also reflect on findings of widening access survey, with current students, to represent CYP populations discussing potentially problematic trends in the demographics of those joining the psychological professionals network and how these trends can be addressed. Finally, the panel will reflect on career progression and development needs, including accreditation and registration and new roles, to support the sustainability of these new low intensity roles.

How therapy works: Perspectives on how different approaches to anxiety lead to change

Chair: David Veale, Kings College London, UK

Speakers: Colette Hirsch, South London and Maudsley NHS Foundation Trust and Kings College London, UK; Layla Mofrad, CNTW NHS Foundation Trust and Newcastle University, UK; Matt Stalker, CNTW NHS Foundation Trust and Newcastle University, UK; Jessica Komes, Newcastle University, UK; Clara Strauss, University of Sussex and Sussex Partnership Foundation NHS Trust, UK

While we have had a strong evidence base for the treatment for anxiety for almost 50 years, there is room for improvement in outcomes and in increasing the accessibility and availability of treatment. There are an increasing number of treatments that differ in their understanding of "how therapy works", especially at the process level. While there are common features at structural levels, the specific interventions may differ in the rationale, shared understanding, specific focus, and treatment strategies. This clinical round table brings together practitioners with training/research experience in specific approaches to reflect on how the therapist's approach and their behaviour in therapy leads to the co-construction of a space where clients can explore, experience, and "try out" different ways of responding and behaving.

1) Colette Hirsch is Consultant Clinical Psychologist leading the Generalised Anxiety Disorder Service at CADAT, South London and Maudsley NHS Foundation Trust and Professor in Cognitive Clinical Psychology at KCL. Colette's research addresses Cognitive Processes in GAD leading to innovative treatments addressing specific processes.

2) Layla Mofrad is an accredited Cognitive Behaviour Therapist and Supervisor and recipient of an NIHR ARC Practitioner Research Fellowship. After developing the Making Friends with Uncertainty Treatment in IAPT services Layla is now Senior Psychological Therapist at the Centre for Specialist Psychological Therapies at CNTW NHS Foundation Trust.

3) Matt Stalker is a BABCP Accredited Cognitive-Behavioural Therapist and Supervisor, EMDR Practitioner and Honorary Lecturer at Newcastle University PG. Matt has been exploring modern approaches to exposure and response prevention, especially through maximizing expectancy violation experiences.

4) Jessi Komes is a Practitioner Psychologist (Psychotherapy), Yoga/Meditation teacher and therapist and uses body-integrative psychological practice for a range of conditions. Lecturer in psychology at Newcastle University, Jessi has a background in cognitive neuroscience and links traditional body focused approaches to interoception and somatic error theory in anxiety.

5) Clara Strauss is Consultant Clinical Psychologist, mindfulness teacher and clinical researcher, Honorary Senior Lecturer at the University of Sussex and the Research Lead for the Sussex Mindfulness Centre. Clara has developed mindfulness-based interventions for a range of difficulties, including OCD.

Perspectives on CBT training: What can we learn from the past as we head into the future?

Chair: Sarah Corrie, BABCP, UK

Speakers: Stirling Moorey, London, UK; Karina Lovell, University of Manchester, UK; Isaac Marks, London, UK; Helen Macdonald, BABCP, UK

Training in CBT has evolved considerably since its early days and much has been achieved. For some years now the BABCP has set standards and accredited courses throughout the UK and Ireland and offers a range of levels and types of accreditation as practice has evolved to meet the needs of diverse client groups. Yet, significant challenges lie ahead. The consequences of a global pandemic, climate change, economic crisis, inequality and now the war in the Ukraine all have implications for the nation's mental health and therefore, the knowledge and skills needed of the CBT workforce. How do we train people optimally to respond to the challenges of such a rapidly changing world? What have we learned from how we have delivered training in the past that might equip us for the future? This Clinical Roundtable explores where we have come from, where we are headed and how best we can deliver CBT training for the workforces of the future.

Clinical skills classes

Working with interpreters - a skills workshop

Matthew Wilcockson, Coventry University and Coventry and Warwickshire Partnership Trust, UK

Scientific background: In the UK, 138,000 people speak no English (or Welsh) at all, with a further 726,000 speaking "some English" (ONS 2011) probably at a level inadequate for therapy, particularly in communicating subtleties and asserting one's rights (Boyles and Talbot 2017). According to government guidance, they should be offered an interpreter. Therapy seeking rates are low in non English speaking communities, with lack of cultural understanding, lack of service flexibility, and practical issues (e.g. negotiating public transport) cited as examples. The lack of effectiveness of translingual therapy (Griner and Smith 2007), may be due to therapist inexperience in using interpreters, and interpreter inexperience.

Interpreter's training is limited and their employment is often based on availability rather than any assessed skill, and there are limited standards for assessing the interpreting quality, although this is starting to change in the public sector.

Interpreters receive no formal training in mental health and they both hear and speak distressing information with no training in self-care skills, with 83% reporting vicarious trauma. In a session, the CBT therapist has to manage cultural perspectives and expectations in a client s/he is unable to directly understand, and manage and support a professional typically with limited understanding of mental health, and manage their reactions to complex dynamics without cultural or linguistic understanding (e.g. Resera, Tribe and Lane 2015).

Learning Objectives: By the end of the workshop, students will be able to:

1. Know how to brief and debrief interpreters.
2. Be able to describe good interpreting practice.
3. Be able to recognise examples of dilemmas in the therapeutic interpreting milieu and describe ways for the therapist to manage them
4. Observe part of an interpreted session and reflect on good and bad practice.

References:

Boyles, J., & Talbot, N. (2017). Working with Interpreters in Psychological Therapy: The Right To Be Understood. Routledge.
Raval, H., & Tribe, R. (2014). Working with interpreters in mental health. Routledge.

Cue exposure for binge-eating in eating disorders: What to do when our conventional approaches to bingeing are just not working?

Glenn Waller, University of Sheffield, UK

Scientific background: In treating eating disorders, it is essential to ensure that the patient has overcome their binge-eating behaviour by the end of therapy, as residual binge-eating is a risk factor for relapse. The most powerful trigger of such binges is starvation-based craving, while most remaining binges are emotionally triggered. Each of these mechanisms is well-managed by existing evidence-based CBT-ED protocols, if they are applied appropriately. However, even when using those protocols, it is not uncommon for the patient to have occasional binges that do not seem to be related to either starvation or emotional triggers. Patients often describe these as 'habit', where they cannot identify any reason for eating in that way. These binges are usually the result of cue learning (Pavlovian conditioning), and require an approach that is based on exposure, but that is very different other forms of exposure in eating disorders. That approach is 'cue exposure',

which is widely used in the field of the addictions, but which has been largely forgotten since it was first reported in the field of eating disorders over 20 years ago. This Skills Class will address the specific skills needed to use cue exposure when working with residual binges in CBT for eating disorders.

Learning Objectives:

1. Explain the rationale behind cue learning and reactivity,
2. Explain how to implement cue exposure
3. Demonstrate the techniques involved in cue exposure, using video demonstration and experiential exercises.

References:

Becker, C. B., Farrell, N., & Waller, G. (2019). Exposure therapy for eating disorders. Oxford, UK: Springer. (Chapter 11).
Bulik, C. M., Sullivan, P. F., Carter, F. A., McIntosh, V. V., & Joyce, P. R. (1998). The role of exposure with response prevention in the cognitive-behavioural therapy for bulimia nervosa. *Psychological Medicine*, 28(3), 611–623.
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How to combine empathy and confrontation to navigate therapeutic ruptures with difficult clients

Ruth McCutcheon, Academy of Schema Therapy, UK; Saskia Ohlin, Academy of Schema Therapy, UK

Scientific background: The therapeutic alliance is not just a byproduct of therapy, but can be seen as a vehicle of change in therapy. Ruptures in the therapeutic process can be used in a beneficial way to bring about an opportunity to heal from and reduce maladaptive interpersonal patterns (Schenk et al, 2020).

The therapeutic alliance is not just a byproduct of therapy, but can be seen as a vehicle of change in therapy. Ruptures in the therapeutic process can be used in a beneficial way to bring about an opportunity to reduce maladaptive interpersonal patterns (Schenk et al, 2020). Aspland et al (2008) noted that the ability to respond well to ruptures is an important clinical skill. One of the specific clinical skills to tackle ruptures in therapy developed by Jeffrey Young is ‘empathic confrontation’, whereby the therapist confronts the client regarding their maladaptive behaviour but does so in an empathetic way. This approach can show compassion and understanding for the off-putting behaviour, and at the same time set limits (Young, 2003).

Learning Objectives: This skills class is aimed at teaching CBT practitioners how to use empathic confrontation. It will provide an opportunity for CBT practitioners to learn how to:

1. Identify a relevant difficult interpersonal behaviour from the client.
2. Harness empathy in moments of rupture, making sense of personal reactions rather than becoming defensive.
3. Hold the client accountable for their difficult behaviour by giving feedback empathically
4. Use techniques to ground the client to pause and reflect, rather than becoming stuck in repeated destructive relational patterns
5. Identify aspects of their own experience to provide a corrective experience for the client

References:

Aspland H, Llewelyn S, Hardy GE, Barkham M, Stiles W. Alliance ruptures and rupture resolution in cognitive-behavior therapy: a preliminary task analysis. *Psychother Res*. 2008;18(6):699–710.
Schenk N., F  rer L., Zimmermann R., Steppan M., Schmeck K. (2020). Alliance ruptures and resolutions in personality disorders. *Curr. Psychiatry Rep*. 23:1.
Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.

Enhancing therapist and client commitment to exposure treatment with values and the therapeutic alliance.

Jim Lucas, Openforwards, UK

Scientific background: Higher rates of experiential avoidance mediate the effects of anxiety-related distress (Kashdan, Barrios, Forsyth & Steger, 2006), and exposure treatments are a powerful intervention (Olatunji, Cisler & Deacon, 2010). Many therapists either refrain from implementing exposure treatments or apply them too cautiously due to inaccurate perceptions about their client’s capacity to tolerate emotions or higher levels of therapist anxiety sensitivity (Meyer et al., 2014 & Farrell et al., 2016). Consequently, too many anxiety sufferers fail to change their problematic relationships with anxiety, so they continue to suffer. Therapists who practice psychological flexibility from the inside out learn to be less experientially avoidant (Luoma & Plumb Vilardaga, 2012). By bringing awareness to their fears, carrying their uncertainties forward and evoking attention to values, therapists can engage clients in exposure treatment faster. Furthermore,

therapists can use the therapeutic alliance to sustain a commitment to exposure treatment by taking a contextual view that all people are capable and whole. In this skills class, attendees will apply psychological flexibility to treatment tasks. With a specific emphasis on valuing, delegates will learn to use an experiential method to explore values in the context of fearing and avoiding exposure treatment.

Learning Objectives:

1. Describe how psychological flexibility practices can help therapists implement exposure treatments more effectively.
2. Apply a method for engaging with values to enhance commitments to exposure treatment.
3. Embody a contextual view of human beings to sustain commitments to undermine fear-avoidance patterns and nurture flexible responding practices.

References:

Meyer, J.M., Farrell, N.R., Kemp, J.J., Blakey, S.M., & Deacon, B.J. (2014). Why do clinicians exclude anxious clients from exposure therapy? *Behaviour Research and Therapy*, (54), 49-53. <https://doi.org/10.1016/j.brat.2014.01.004>

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Cognitive Therapy for Moral Injury in PTSD

Hannah Murray, Oxford Centre for Anxiety Disorders and Trauma, University of Oxford; Sharif El-Leithy, Traumatic Stress Service, London

Scientific background: Moral injury is the profound psychological distress that can arise after perpetrating, failing to prevent, or witnessing events that transgress an individual's moral or ethical code. Moral injury is not a mental disorder, but it can arise alongside, or contribute to developing PTSD as well as other mental health problems (Williamson et al., 2018). Moral injury has been primarily studied in military populations, but is increasingly recognised amongst other professional groups including healthcare workers affected by the pandemic, as well as survivors of accidents, crime, state-sponsored violence and terrorist attacks. It can arise from experiences as diverse as accidentally killing someone in a car accident, betraying a friend under torture, journalists reporting on mass-casualty disasters, doctors who missed a serious illness, sexual assault survivors who did not report a serial perpetrator and emergency workers who felt let down or betrayed by their leaders during a major incident. In this class, we will describe how to address moral injury when it arises alongside PTSD. Based on existing evidence-based models, we discuss how to apply the cognitive model of PTSD (Ehlers, & Clark, 2000) to formulate moral injury reactions and how to adapt key cognitive, experiential and memory-focused techniques derived from cognitive therapy for PTSD, as well as treatments for moral injury such as adaptive disclosure (Gray et al., 2012) to effectively treat the problem.

Learning Objectives: Following the skills class, participants will be able to:

1. Understand the concept of moral injury and who might be affected
2. Apply the cognitive model of PTSD to clients presenting with moral injury and PTSD
3. Adapt cognitive, experiential and memory-focused techniques to address moral injury presentations

References:

Gray, M. J., Binion, K., Amaya, S., & Litz, B. T. (2021). Adaptive disclosure: A novel evidence-based treatment for moral injury.

Murray, H., & Ehlers, A. (2021). Cognitive therapy for moral injury in post-traumatic stress disorder. *The Cognitive Behaviour Therapist*, 14.

Williamson, V., Murphy, D., Phelps, A., Forbes, D., & Greenberg, N. (2021). Moral injury: the effect on mental health and implications for treatment. *The Lancet Psychiatry*, 8(6), 453-455.

Three Ways to Change Your Mind: a framework for cognitive restructuring

Stirling Moorey, London, UK

Scientific background: The philosophy underpinning CBT has not been investigated in any detail. This workshop, although very practical, draws on philosophy of science concepts, more specifically the epistemological assumptions behind

cognitive techniques. Different types of cognitive therapy and different cognitive techniques refer to truth from different perspectives: rational and empirical, pragmatic and constructivist positions. Understanding this can help us choose which techniques to use in particular situations.

Learning Objectives:

1. To have an understanding of how different schools of CBT (e.g. Beckian, REBT, meta cognitive therapy and constructivist CBT) refer to the truth in different ways.
2. To be aware of the three different perspectives underpinning cognitive techniques: the rational-empiricist model, the pragmatic model and the constructivist model.
3. To be able to select interventions on the basis of the client's receptivity e.g. at any given time a client may be resistant to the idea their thoughts are distorted (rational-empiricist model) but willing to consider that they may be unhelpful (pragmatist model).

References:

Leahy, R. L., & Rego, S. A. (2012). Cognitive restructuring. In W. T. O'Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Core principles for practice* (pp. 133–158). John Wiley & Sons, Inc.. <https://doi.org/10.1002/9781118470886.ch6>

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Behavioural Interventions for Working with Couples

Dan Kolubinski, London South Bank University; Marion Cuddy, South London and Maudsely NHS Trust, UK

Scientific background: Cognitive-Behavioural Couple Therapy (CBCT) is an efficacious approach to treating relationship distress. Operating from the CBT principles that encouraging changes in behaviour and perspective can impact a couple's sense of closeness and emotional response towards each other, CBCT places considerable impact on encouraging positive reciprocity and communication-skill-building. According to a meta-analysis by Shadish and Baldwin (2003), couple therapy demonstrated an effect size of .84 compared with no treatment and these effects were still noticeable during 5-year follow-ups.

Learning Objectives: The event will aim to provide participants with the opportunity to practice interventions to enact positive changes in a couple's interaction pattern. Through role play demonstrations and guided exercises the workshop will focus on developing and consolidating skills in both guided behaviour exchange and communication skills training.

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Baucom, D. H., Fischer, M., Corrie, S., Worrell, M., & Boeding, S. E. (2020). *Treating relationship distress and psychopathology in couples: A cognitive-behavioural approach*. Routledge.

Epstein, N. B., & Baucom, D. H. (2002). *Enhanced cognitive-behavioral therapy for couples*. American Psychological Association.

Fischer, M. S., Baucom, D. H., & Cohen, M. J. (2016). Cognitive-Behavioral Couple Therapies: Review of the evidence for the treatment of relationship distress, psychopathology, and chronic health conditions. *Family Process*, 55(3), 423–442.

Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy*, 29, 547–570.

Open Science– Why should I care, and how do I get started?

Pamela Jacobsen, University of Bath, UK; Kate Button, University of Bath, UK

Scientific background: CBT is an evidence-based intervention, and the development of both the theoretical and applied research base, is a vital part of continually improving clinical outcomes. Recently, there has been growing awareness of the so-called 'reproducibility crisis' across all areas of science, including psychology. The reproducibility crisis refers to the failure to replicate the findings of many scientific studies. This may arise from the employment of questionable research practices, such as 'p-hacking' (conducting many statistical tests, and only reporting significant results), HARKING (hypothesising after the results are known), and outcome switching (promoting secondary outcomes to primary outcomes to fit unexpected results). Open Science practices, which encourage open methodology (including pre-registration of hypotheses and outcomes), open data (in a publicly accessible repository), and open access to publication (including pre-prints), are vital to combatting these. There is increasing interest in how Open Science practices can be applied to mental health research, including consideration of challenges which can arise, such as how to share data safely and appropriately.

Learning Objectives:

1. Be familiar with some key questionable research practises and how to guard against them
2. Understand common open science practices and why they are important
3. Know how to embed open science practises throughout the lifecycle of a project
4. Understand different options for making data, materials, analysis code, and publications open access

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- Cristea, I. A., & Naudet, F. (2019). Increase value and reduce waste in research on psychological therapies. *Behaviour Research and Therapy*, 123, 103479. doi:https://doi.org/10.1016/j.brat.2019.103479
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How to recognize, formulate and respond to supervisory drift

Jason Roscoe, University of Cumbria, UK

Scientific background: Experts in the field have produced guidance on the structuring of CBT Supervision (e.g. Beck, 1995; Gordon, 2012; Milne, 2017; Pretorius, 2006) yet previous surveys on everyday practices have consistently found that supervisors and supervisees appear to drift from these recommendations (Alfonsson et al., 2017; Townend et al., 2002; Weck et al., 2017; Younge & Campbell, 2013). These forms of supervision where key components are omitted may indicate supervisory drift (Pugh & Margetts, 2020). Little has been written specifically on drift within CBT supervision with a search of the electronic databases PsycARTICLES, Medline, CINAHL and Academic Search Complete using the terms 'cognitive behavioural therapy' and 'supervisory drift' generating only one result. The author has developed a preliminary model of supervisory drift drawn from literature reviews of therapist schemas and therapist skill development and from the responses to previously undertaken research (Roscoe et al., 2019; Roscoe 2021a). Whilst components of the model require empirical support, teaching supervisors and meta-supervisors how to spot, formulate and respond to signs of drift have been well received by practitioners to date (Roscoe, unpublished).

Learning Objectives: By the end of the skills class, delegates will have gained knowledge and skills to be able to:

1. Anticipate potential problems that may arise within the supervisory relationship which indicate supervisory drift
2. Have an awareness of a range of tools that can be used to pre-empt and respond to drift
3. Understand how their own therapist schemas influence their beliefs about supervision and behaviour as a supervisor or supervisee
4. Apply bespoke formulation within supervision to help make sense of the origins and maintaining factors of certain beliefs and behaviours

References:

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- Pretorius, W. M. (2006). Cognitive behavioural therapy supervision: recommended practice. *Behavioural and Cognitive Psychotherapy*, 34(4), 413.
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Poster sessions

Adult Mental Health

The implementation of a digital skills-based CBT intervention for individuals with subthreshold Borderline Personality Disorder (BPD).

Elea Drews Windeck, University of Sussex, UK; Lindsay Evans, Sussex Partnership NHS Foundation Trust, UK

This project evaluates a digital blended version of STEPPS-EI, a cognitive behavioural skills-based group intervention for individuals with subthreshold BPD (Blum et al., 2014), using an eHealth platform and group sessions delivered remotely via Zoom. Two Sussex Partnership NHS Foundation Trust primary care services implemented the intervention from March to July 2021. Primary feasibility outcome measures included service users' attendance at group sessions and online module completion rates. Other measures included service users' self-reported symptoms, system usability, and further quantitative and qualitative measures designed to shed light on the experience and opinions of service users and practitioners. Attendance rates were high, as 75% of service users attended at least 10 (from 13) sessions. Usability ratings revealed good gradings for Zoom from all participants, but lower gradings for the eHealth platform. Further analyses revealed a generally positive attitude towards digital STEPPS-EI and practical suggestions on how to improve the intervention. Bayesian analyses were conducted for symptom outcomes where available - none revealed evidence for an effect. Overall, the implementation of digital STEPPS-EI was feasible. The online delivery has the capacity to improve engagement with the intervention. However, incomplete self-report data and small sample sizes set limits to conclusions. More research on the effect of this intervention on symptom outcomes is planned.

How well do Cognitive Behavioural Therapy (CBT) and Behavioural Activation (BA) for depression repair anhedonia? A secondary analysis of the COBRA randomised controlled trial.

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A secondary analysis of the COBRA randomized controlled trial was conducted to examine how well Cognitive Behavioural Therapy (CBT) and Behavioural Activation (BA) repair anhedonia. 440 patients with current major depressive disorder were randomized to receive BA or CBT, and anhedonia and depression outcomes were measured post-acute treatment (6-months) and at two further follow up intervals (12- and 18- months). Both CBT and BA led to significant improvements in anhedonia from baseline to 6-months, with no significant difference between treatments. Participants remained well above healthy population averages of anhedonia at the end of acute treatment (6-months) and there was no further significant improvement in anhedonia at either 12-month or 18-month follow up. Baseline anhedonia severity predicted less marked repair of depression symptoms and fewer depression free days across the follow-up period. The extent of anhedonia repair was less marked than the extent of depression repair across both treatment arms. These findings demonstrate that CBT and BA are similarly (only partially) effective in treating anhedonia, indicating that both therapies need to be further refined or that novel treatments need to be developed to better treat the anhedonia symptoms of depression.

Treating skin-picking and trichotillomania in the context of maladaptive attachment: A case study.

Anusha Govender, South West London & St George's Mental Health NHS Trust, UK

Skin-picking (SP) and trichotillomania or hairpulling (HP) are habit disorders usually treated effectively with habit reversal training (HRT). HRT is a standard treatment used routinely in primary care. However, a proportion of patients do not respond. Presentation: The patient is a 31-year-old married and employed female with a diagnosis of habit disorders. Duration of SP = 27 years; HP = 11 years. SP: picking skin around fingernails; toenails; cuticles; also biting fingernails. HP: pulling hair from head. Questionnaires completed at baseline and end of treatment included The Massachusetts General Hospital (MGH) Hairpulling Scale and Skin Picking Scale. Formulation and interventions: SP began during infancy after developing insecure attachments leading to dysfunctional beliefs and difficulty regulating affect. HP developed during a stressful university exchange programme. Treatment focused on cognitive restructuring of core beliefs; emotional regulation strategies; developing constructive coping strategies; behavioural techniques included aspects of HRT. The patient refused pharmacological treatment. Outcome: The patient reframed belief systems, coping strategies and tolerance of emotion. Measures of HP and SP reduced to mild levels of severity from moderate/severe at baseline. Discussion: Cognitive techniques and exploring early attachment may be beneficial to overcoming obstacles to treatment with HRT. Further research is required into development of habit disorders.

Understanding barriers to accessing psychotherapy, and the potential of CBT to address these: A qualitative study of Sunni Muslims in Saudi Arabia and in the United Kingdom.

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Introduction: Previous research has highlighted several barriers that prevent members of Black, Asian and Minority Ethnic communities from accessing evidence-based psychological therapies such as CBT. However, little research has focussed specifically on barriers experienced by the Muslim population or regarding the acceptability of CBT. **Methods:** A purposive sampling method was used to recruit 23 Sunni Muslim participants (10 London, 13 Riyadh) Semi-structured interviews were conducted with thematic analysis and disconfirming case analysis undertaken. **Results:** Four main barriers levels (Individual, Islamic, Cultural, Provider) emerged with respect to accessing CBT for Sunni Muslims in Riyadh and London. Differences in these barriers emerged between the participants. Sunni Muslim participants resident in London were divided into two groups, general refusal of psychological treatment, seeking Islamic treatment, while the other group accepting CBT whilst insisting on integrating it with teachings from Islam provided by a Muslim therapist. Participants in Riyadh, either accepted treatment using CBT but wanted to combine it with Islamic treatment. The second group, it rejected Islamic treatment, and insisted that psychological treatment be pure without any Islamic guidance. **Discussion:** Cultural adaptation must be treated with caution in Islamic communities, because even within the same Islamic sect there are differences that lead to different acceptance of CBT among Muslims.

Impact of metacognitions and brooding in patients with anxiety disorders: more symptoms and decreased quality of life.

Beatriz Rueda, National University of Distance Education, Spain; Esperanza Valls, Actur Sur Mental Health Center, Spain

Introduction: Metacognitions and brooding are maladaptive cognitive strategies related to more symptoms in people with anxiety disorders (AD). The aims of this study were to examine the association between metacognitions, brooding, anxious symptoms (AS) and depressive symptoms (DS) and emotional quality of life (EQoL) in patients with AD; and to determine how brooding and metacognitions contributed to the prediction of symptoms and EQoL. **Method:** Fifty-six patients participated in the study. All of them were diagnosed of some AD and were selected prior to beginning cognitive-behavior therapy. They completed the Metacognitions Questionnaire-30, the Ruminative Response Scale, the Beck Depression Inventory, the Hamilton Anxiety Rating Scale and the SF-36 Health Survey. **Results:** Brooding was positively associated with cognitive self-consciousness, negative beliefs about uncontrollability of thoughts (metacognition 4) and need to control thoughts (metacognition 5). All these metacognitions and brooding also positively correlated with symptoms. EQoL was negatively associated with brooding and metacognitions 4 and 5. Moreover the metacognition 4 was the only significant predictor of more AS and decreased EQoL, whereas brooding was the only predictor of more DS. **Discussion:** Findings indicated that brooding was significantly related to more DS in patients with AD and the metacognition 4 seemed to have an important role in the impairment of their emotional functioning.

Development of a Core Outcome Set for psychological therapy trials in acute mental health inpatient services.

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Introduction: Core outcome sets are defined as an agreed, standardised collection of outcomes which should be measured and reported, as a minimum, in all trials for a specific clinical area. Use of core outcome sets improves evidence synthesis across different trials and ensures that the views of service users and carers are represented in trial outcomes.

Aim: To develop a Core Outcome Set (COS) for psychological therapy trials conducted in acute mental health inpatient services. **Method:** 1. To conduct a systematic review of existing literature and consult with key stakeholders, using an online survey and semi-structured interviews, to develop a long list of possible outcomes. 2. To use Delphi methodology to generate consensus and refine the longlist into a shortlist of outcomes. 3. To finalise the outcome list at a consensus meeting. To include all 'experts' and ensure everyone has equal contribution study participants will include service users, informal carers, healthcare professionals, researchers/trialists, and end users of research. **Results:** The final Core Outcome Set will be posted on the COMET website (<http://www.comet-initiative.org/>) which includes a publicly searchable database to promote uptake by clinical trialists and other intended end-users. **Discussion:** Development and implementation of core outcomes sets facilitates the synthesis and interpretation across different trials, which is important for developing evidence-based clinical guidelines.

An evaluation of Anxiety UK's psychological therapy service outcomes.

Nicky Lidbetter, Anxiety UK; Dave Smithson, Anxiety UK; Beatrice Lukoseviciute, formerly of Anxiety UK; Su Gwan-Tham Anxiety UK; Patricia Gooding, University of Manchester, UK

Anxiety and depression are common, with CBT the main modality in Increasing Access to Psychological Therapies (IAPT) services. This study examined the effectiveness of Anxiety UK's CBT, hypnotherapy and counselling services. Delivery methods (telephone, face-to-face, blended and online via webcam) were examined whilst comparing outcomes against NHS IAPT data. Outcome data (pre-post changes in depression and anxiety assessed via validated outcome measures: GAD7 and PHQ9) for clients completing therapy, $n = 957$; $n = 427$ CBT, $n = 136$; hypnotherapy; $n = 375$ counselling, between April 2019 - March 2020 were analysed. Recovery, reliable improvement, and reliable recovery rates for clients completing at least two sessions, exceeded IAPT targets. CBT yielded the greatest change in anxiety followed by hypnotherapy and counselling. Post-hoc tests indicated a significant difference between CBT and counselling (95% CI -1.85 - -0.46 , $p = .002$) with CBT yielding the greatest reduction in anxiety scores. Changes in depression scores were similar across CBT, hypnotherapy and counselling (one-way ANOVA: $F(2, 935) = 0.72$, $p = .49$). The more sessions attended, the greater the change in anxiety and depression scores with similar score reductions across therapy delivery mode. Treatment gaps exist for those with anxiety. The findings demonstrate the effectiveness of a charity's therapy services. As outcomes were unaffected by delivery method, this has relevance in terms of accessibility.

Mapping UK healthcare pathways and provision of psychological services for adults after a hospital admission with COVID-19.

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 Introduction: For patients with Long Covid, NICE guidance 2020 suggests a comprehensive clinical assessment alongside referral to rehabilitation and psychological services where appropriate. We aimed to describe and categorise UK healthcare pathways post-hospital discharge for COVID-19 as a first step towards understanding clinical and cost-effectiveness. Methods: Hospital sites taking part in the PHOSP-COVID study (www.phosp.org) were surveyed. The online survey topics included availability of proactive follow-up, patient access, involvement of multidisciplinary and specialty teams, investigations, and access to rehab and psychological services. Data was recorded on JISC. The classification of services was co-produced by patients, clinicians, and policy makers at a consensus event. Results: 45/64 (70%) hospitals completed the survey and 37/45 had a proactive follow-up service. Figure 1 shows a summary of hospital site categorisation by assessment quadrant and level of mental health service provision. Discussion: In the UK, there is heterogeneity in patient access and intensity of assessment services available post-hospitalisation for survivors of Covid-19. At site level, the intensity of assessment provided did not fully map to the intensity of psychological service provision.

Basic Processes and Experimental Psychopathology

The effect of depressive symptoms on working memory for social and non-social relationships.

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Introduction: Depression is the leading cause of disability globally, necessitating investigations of the mechanisms underlying its onset and maintenance (WHO, 2017). Deficits in working memory (WM) and increased recall of negative relative to positive information have been associated with depression (LeMoult & Gotlib, 2019). However, less is known about the extent to which this differs in social vs non-social contexts. This study examines whether WM capacity varies by context (social vs non-social) and by depressive symptoms, and whether valence (positive vs negative) influences performance. To do this, we designed a novel network memory task (NMT). Method: The NMT comprises 3 conditions: social-self, networks including the participant; social-other, networks not including the participant, and non-social, networks of flights between cities. Within each condition, participants see 12 networks displaying the relationships between 3-4 people (social) or flight paths between 3-4 cities (non-social) and identify whether 3 individual associations from each network are positive or negative. Data collection is not yet completed. Hypotheses: (1) Individuals will more accurately and quickly classify social vs non-social associations; this effect will be highest in the social-self condition. (2) Individuals with higher depressive symptoms will classify negative vs positive associations more accurately and quickly; this effect will be greater in the social vs non-social conditions.

Investigating the Effects of Involuntary Mental Imagery.

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Introduction: People experience spontaneous, involuntary, mental imagery frequently in daily life, and dysfunctions in such imagery are associated with a range of psychological disorders. However, there is little direct evidence as to its underlying mechanisms in the context of psychopathology. Hence, the current study developed and tested an innovative method to experimentally induce positive and negative involuntary imagery, and by doing so test its effects directly. **Method:** We recruited an unselected sample for a lab-based study. Participants generated mental images or sentences in response to ambiguous pictures with positive or negative captions in a within-subjects design. They then completed lab-based tasks designed to trigger involuntary memories of the previously-generated images or sentences, and assess their impact on mood and cognitions. The study was pre-registered on the open science framework (<https://tinyurl.com/4fkwm96j>). **Results:** The new paradigm can successfully induce positive and negative mental imagery, and can be used to investigate the effects in a controlled laboratory setting. **Discussion:** The new paradigm provides a method to better understand (dysfunctional) involuntary imagery and its potential underlying mechanisms in disorders such as depression and anxiety. Further, if it can be extended to also induce involuntary imagery in daily life, this could open up a number of possibilities for clinical applications.

Repetitive negative thinking and emotional exhaustion: unveiling the role of self-judgment and self-kindness in a moderated mediation model.

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Repetitive Negative Thinking (RNT) is a cognitive process characterized by repetitiveness, intrusiveness and difficulties to disengage (Ehring 2011) which has been associated with burnout (Garratt-Reed et al. 2018), affecting negatively more than 40% of medical and health students. Recent studies highlighted the role of RNT in Burnout, thus contributing to Emotional Exhaustion (EE; Cunha et al. 2022). Self-kindness has been associated with less burnout and self-judgment has been associated with the opposite (Durkin et al. 2016). The current study examines whether self-kindness can serve as a potential moderator between RNT and EE mediated by self-judgment. 720 Portuguese medicine (72.4%), dentistry (15.3%) and other health related (12.4%) students (of which 81.4% girls) with a mean age of 21.61 (± 6.87), answered an online survey including the Portuguese validated versions of PTQ-15, Self-Compassion Scale/SCS, DASS-21 and MBI-SS. PROCESS was used to test the hypothesized model. The model explained 25% of emotional exhaustion, and self-judgment mediates the association between RNT and EE. Also, self-kindness moderates this mediation. Even though RNT is a predictor of EE, self-judgment seems to mediate this relationship is buffered when patients have some level of self-kindness. Our findings suggest the training of self-kindness might be helpful to decrease the contribution of negative cognitive processes to burnout in students from health-related courses.

The rise and spread of research into intolerance of uncertainty 1994-2021 (part 1): An analysis of bibliometric data.

Christian Gamecho, Newcastle University, UK; Beth Sullivan, Newcastle University, UK; Rachel Baines, Newcastle University, UK; Katie Gordon, Newcastle University, UK; Lok Lo, Newcastle University, UK; Zainab Oguntabe, Newcastle University, UK

Background: Intolerance of Uncertainty (IU) is a dispositional construct addressing an individual's relationship with uncertainty that arose within the context of Generalized Anxiety Disorder in the 1990's. The aims of the study are to chart the rise and spread of research into intolerance of uncertainty from its initial context of GAD in the early nineties, to its potential role in other mental health conditions and then into other areas including physical health, medical training and tourism. Specifically, this poster uses bibliometric data to establish citation rates of different types of sources (including open access) and the spread into journals into different areas. **Method:** A single data base Scopus was used. All citations with a publication date in 2021 or earlier were included. **Results.** Up until the end of 2021, 1998 sources were retrieved. There have been year-by-year increases and an accelerating citation rate from 50 per year by 2010, 100 by 2015, 150 by 2018 and reaching 400 in 2021. When grouped on journal title and coverage, the earliest and largest groups were C/BT

journals and those addressing psychopathology while later on health-related journals, those addressing neurodevelopmental disorders, and experimental science have appeared. Discussion. The first part of this study tracks the accelerating rise in interest in the construct and starts to track the spread in topic areas in IU research.

The rise and spread of research into intolerance of uncertainty 1994-2021 (part 2): Geographical spread and patterns of collaboration across the world.

Beth Sullivan, Newcastle University, UK; Katie Gordan, Newcastle University, UK; Rachel Baines, Newcastle University, UK; Lok Lo Newcastle University, UK; Zainab Oguntande, Newcastle University, UK; Christian Gamecho, Newcastle University, UK

Background: In the second part of this study, bibliometric data is used to track the geographical spread of research and international collaboration. Method: Based on author names and affiliations recorded in the citation data, the data was analyzed as a function of authors with multiple citations, and as a function of co-occurrence of authors and of countries. Results. Authors from 71 different countries were identified. Based on countries with 10 or more citations, the earliest and most strongly represented countries were USA, UK, Canada, and Australia. These were followed by an increasing contribution from Western and Southern Europe from 2000, with the first studies from Western and Eastern Asia from 2010. Now all regions of Europe and Asia are represented as well as South America. Patterns of international collaboration show strong relationships between the four initial countries, but increasingly international collaborations involving researchers from most continents and regions. Discussion. The study tracks the rise and spread from predominantly English-speaking countries and then across regions of Europe, Asia, and South America. Other regions including the African continent remain under-represented. Although the construct arose in a Western context, there is increasing interest from across the globe, some of which is facilitated by international and intercontinental collaboration.

Behavioural Medicine

Mechanisms of Change in Psychological Therapies for Chronic Pain: A Systematic Review.

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A large number of research trials have examined the effectiveness of psychological therapies for chronic pain, and a key research priority is to now identify how these interventions work. This systematic review sought to summarise the current evidence base for mechanisms of change in psychological therapies for chronic pain, by examining what proportion of trials included in the latest Cochrane review report change mechanisms, and evaluate how these conclusions are reached. Eligibility criteria consisted of any primary or secondary paper included in the recent Cochrane review that explored mechanisms of therapeutic change using mediator analyses. One primary paper and seven secondary papers met criteria, and findings were summarised and evaluated using a narrative synthesis approach. A wide range of mechanisms were identified, and although the synthesis indicated that there is evidence to support the mediating role of pain beliefs (in particular pain catastrophizing), the lack of methodological rigour in trial design and analyses meant that there was not sufficient evidence to draw firm conclusions about the profile of mechanisms and their universality across psychological therapies. Suggestions for future research are provided to highlight the next steps chronic pain research can take in order to further understand these underlying change processes.

Children and Young People

Third wave parenting and autism: developing digital co-facilitated supports.

Lisa Emerson, University of Canterbury, New Zealand; Laurie McLay, University of Canterbury, New Zealand

Parents of children on the autism spectrum face unique challenges, and are known to experience heightened levels of parenting stress. However, these parents often face barriers in accessing support and current parenting programmes rarely address parents' own wellbeing needs. Across two studies, we aim to develop and evaluate digital third wave parenting programmes, co-facilitated by a practitioner and a parent. Study 1: a single-case research design will determine the feasibility, social validity and effects an online Mindful Parenting programme for parents of Autistic adolescents. Study 2: a three-arm randomised controlled trial will examine the effectiveness of an online Acceptance and Commitment Therapy for parents of young children on the autism spectrum. Both programmes include self-directed online modules, with fortnightly group support sessions co-facilitated by a trained practitioner and a parent facilitator. Changes in parenting stress and distress is examined in both studies, through single case design analysis, differences in mean change, and effect sizes. Effective, accessible and acceptable supports for parents of children on the autism spectrum are essential to improve the wellbeing of these families. Third wave approaches may be more appropriate than traditional cognitive or behavioural

approaches. Digital delivery of supports can increase accessibility, and co-facilitation with parents can enhance the social validity of supports.

An analysis of young people's routinely collected feedback after receiving digital CBT.

Emily Galloghly, Healios, UK; Frank Burbach, Healios, UK; Katherine Brown, Healios, UK

Introduction: Digital CBT (dCBT) can achieve similar outcomes to in-person therapy but young people's (YP) qualitative experiences of receiving it online remain understudied. We explored YP and caregivers' experiences of receiving dCBT on a specialist videoconferencing platform with additional digital tools. Method: YP (N=282) who received dCBT in 2020 and their caregiver(s) (N=568) completed the 'Friends and Family Test' and the 'Experience of Service Questionnaire' at the end of therapy (YP response rate of 28.5%). Thematic analysis of free-text responses of 'what went well' and 'what could be improved' during their care was conducted. Results: There were 1,245 positive comments, fitting 17 themes. Most commonly reported for YP were: the therapeutic relationship/alliance; psychoeducation & understanding problems; feeling listened to. Caregivers also praised clinician attributes. There were 687 suggestions for improvement, fitting 23 themes. The top three for YP were: more personalised care; additional sessions; and concerns about technical issues. For caregivers it was additional sessions; more parental involvement/feedback; greater continuity of care. Discussion: Routine collection of feedback is key for continuous quality improvement. Unsurprisingly, feedback for this digital service mirrored experiences of other services, with the therapeutic alliance being a key factor for both YP and guardians despite interesting differences between YP and caregiver views.

"DCBT or not DCBT, that is the question" – An Evaluation of a CAMHS Digital Cognitive Behavioural Therapy Pathway.

Sam Thompson, Oxford Health NHS, UK; Kim Steele, Oxford Health NHS, UK; Carey Gurd, Oxford Health NHS, UK; Lauren Goodhead, Oxford Health NHS, UK, UK; Laura Evans, Oxford Health NHS, UK

The covid19 pandemic (WHO, 2019) brought a significant adjustment in the delivery of specialist mental health treatment across all services in March 2020. The most common change was mental health services reducing face to face contact and replacing with telephone and digital consultations. Due to the early positive feedback received from delivering CBT remotely, it was proposed that a Digital Cognitive Behavioural Therapy (DCBT) pathway would be implemented for a 1 year trial period. Between January 2021 and January 2022, feedback data was collated from young people and families about their experiences of receiving digital CBT across BSW. The feedback focused on qualitative and quantitative data with the use of service-based questionnaires. The DCBT team received 118 referrals, of which 90 young person were deemed suitable for the service (76%). Of the 90 young people accepted for treatment, 65 had been successfully discharged from CAMHS (72%). General feedback had focused on the positives of having flexible arrangements due to the remote sessions and the nature of the therapist who was able to work creatively and collaboratively on a digital platform. Despite being a 1 year project, the results support the need for a DCBT pathway within CAMHS. There is particular emphasis on the effectiveness of the therapist to be able to deliver CBT digitally and achieve positive treatment outcomes. Further analysis of practitioners beliefs would also be particularly useful.

Understanding parents' experience of a Family Connections pilot group within a Child and Adolescent Mental Health Service.

Olivia Harris, Oxleas NHS Foundation Trust, UK; Akvile Bukenaitė, Oxleas NHS Foundation Trust, UK; Alexandra Wretham, Oxleas NHS Foundation Trust, UK

Intro: Research has shown family members of individuals with emotion regulation difficulties often provide significant amounts of care with implications for their own wellbeing. A growing evidence-base suggests interventions can effectively reduce carer burden, empowering family members to better support themselves and their loved one. One such intervention is the Family Connections (FC) group, a 12-week program which draws on DBT and peer support. Despite evidence that parental involvement in treatment is key in the recovery of young people, previous research on carer interventions and emotion dysregulation has largely focused on adults. Thus, it is unclear how carer-focused interventions are experienced by parents of young people with emotion regulation difficulties. This study starts to address this research gap by evaluating parents' experience of a pilot FC group delivered within a CAMHS setting. Method: A mixed-methods approach is being used. Pre-post statistics on carer burden, parental stress, mastery, anxiety and depression will be calculated. Data from focus groups will be analysed using thematic analysis. Result/discussion: Project is on-going. We plan to compare our findings with existing research looking at FC interventions within the adult population to observe whether similar outcomes are found amongst carers of young people. This will allow recommendations to be made regarding future research, and reflections on how groups can be effectively adapted for CAMHS.

The impact of attending a mental health drop-in centre for siblings of children with long term health conditions.

Anna Roach, Univeristy College London - Institute of Child Health, UK; Sophie Bennett, University College London, UK; Natalie Rojas, University College London, UK; Brian Ching, University College London, UK; Matteo Catanzano, University College London, UK; Roz Shafran, University College London Great Ormond Street Institute of Child Health, UK

Approximately 7–17% of children have a sibling with a long-term condition (LTC). Siblings of children with LTCs can have significantly elevated mental health needs but these are often overlooked, poorly understood and untreated. Providing psychological support through low-intensity CBT interventions may help address their unmet needs. The study was conducted as part of an uncontrolled trial evaluating a mental health drop-in centre at a paediatric hospital which offered support for patients, siblings and parents/carers. This study aimed to identify characteristics of siblings attending the centre; describe their mental health and quality of life and examine the type of intervention required for siblings and the impact on their mental health. Eighteen siblings aged 2-17 attended the centre and received a brief mental health intervention over six-months, including self-help resources, referrals to internal psychology services, and/or brief psychological therapy. Results demonstrated a significant decrease in mental health symptoms and increase in quality of life, providing initial support for accessible mental health interventions for siblings. This study points to the feasibility and value of assessing siblings experiencing emotional and behavioural difficulties and providing them with interventions that are accessible, effective and acceptable. There are also direct implications for NHS service provision and delivery of low-intensity psychological interventions.

Low intensity psychological interventions for the treatment of eating disorders.

Emily Davey, Univeristy College London Great Ormond Street Institute of Child Health, UK; Sophie Bennett, University College London Great Ormond Street Institute of Child Health, UK; Rachel Bryant-Waugh, South London and Maudsley NHS Foundation Trust, UK; Nadia Micali University of Geneva, Switzerland; Roz Shafran, University College London Great Ormond Street Institute of Child Health, UK

The COVID-19 pandemic has led to a surge in eating disorders among children and young people (CYP), with NHS services unable to treat all those in need. This unprecedented demand means there is urgent need for less resource-intensive treatments that are scientifically supported, accessible and scalable, such as guided self-help (GSH). GSH is recommended for adults with bulimia and binge eating disorder, and has proven efficacy for CYP with anxiety and depression. However, there is little research on GSH as a treatment for CYP with eating disorders. This PhD project aims to develop and evaluate GSH for impairing symptoms of eating disorders in CYP for whom it is clinically appropriate. We are doing a systematic review to explore the effectiveness of low-intensity interventions for the treatment of feeding and eating disorders. Our search strategy includes feeding and eating disorder terms, low-intensity psychological intervention terms and randomised controlled trial terms. The review is registered on PROSPERO (CRD42022302956) and is currently at full-text screening. We anticipate 35 papers will be included, and the poster will describe their efficacy and key elements that contribute to efficacy. Future work involves modifying existing self-help interventions with input from focus groups with CYP with eating disorders, their parents and health professionals, and a feasibility study to establish the preliminary effectiveness, feasibility and acceptability of the intervention.

A qualitative study exploring the mental health and wellbeing of children and young people with long COVID.

Fiona Newlands, Great Ormond Street Institute of Child Health, University College London; Trudie Chalder, Department of Psychological Medicine, Kings College London; Isobel Heyman, Great Ormond Street Institute of Child Health, University College London; Terence Stephenson Great Ormond Street Institute of Child Health, University College London; Roz Shafran, Great Ormond Street Institute of Child Health, University College London

Some people experience persisting symptoms after a COVID-19 infection, they are said to have long COVID. Little is known about prevalence, symptoms, duration and treatment of long COVID, particularly in relation to children and young people (CYP). The Children and Young People with Long COVID (CLoCk) study is a matched cohort study of 30,000 CYP aged 11-17 that tracks health over a two-year period to understand the trajectory of symptoms. Early findings suggest that approximately 40% of CYP report feeling worried or sad 14 weeks after a PCR test (Stephenson et al. 2022). Additionally, figures from the Office of National Statistic (ONS) report that 30% of CYP with long COVID present with a probable mental health problem compared to 7.7% of CYP without the condition (ONS, 2022). These findings highlight the need to understand the impact of long COVID from the perspective of those with lived experience of the condition. This poster presentation will focus on plans for a qualitative PhD project exploring the mental health of CYP with long COVID through interviews with 16 child-parent dyads recruited from the CLoCk study. Interviews will explore how long COVID has affected CYP mental health including the impact of lockdown, school closures and parental health. Understanding the psychological needs and challenges faced by CYP with long COVID is the first step to developing effective interventions to treat the condition.

Evaluating the Feasibility, Acceptability, and Effectiveness of Online DBT Skills Groups for Adolescents and Their Caregivers during the COVID-19 Pandemic.

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Introduction: Emotional dysregulation and self-harm are commonly reported by adolescents in Child and Adolescent Mental Health Services (CAMHS). In this study we examined the feasibility, acceptability, and effectiveness of online Dialectical Behaviour Therapy (DBT) skills groups for adolescents and their caregivers in CAMHS during the COVID-19 pandemic. Method: Adolescents (n = 20, aged 14-18 years) with emotional dysregulation and self-harm were recruited to the DBT skills groups (one of 16 weeks and one of 11 weeks). Caregivers were offered two cycles of 8-week groups concurrently. The DBT skills group was offered as an adjunct to young people's individual therapeutic interventions within CAMHS. Assessments of emotional dysregulation and suicidality were conducted before and after treatment. Qualitative feedback was collected from adolescents and their caregivers. Results: Young people (n = 13) completed the online DBT skills group, and caregivers (n = 17) attended the caregiver group. Young people found the group was delivered at the right level, well-organised and accessible. They reported reductions in emotion dysregulation and suicidality (ps < .05). Caregiver feedback suggested the group is relevant and helpful. Discussion: It is feasible, acceptable, and potentially effective to deliver an online DBT skills group to adolescents and caregivers. Further research is needed to examine the impact of this online skills group on suicidal behaviour and A&E attendance.

Making it work: Pilot study of a brief Acceptance and Commitment Therapy (ACT) intervention in a non-clinical setting to improve vocational outcomes.

Debbie Brewin, Mind-Growth Mastery Community Interest Company; Debbie Brewin, Kings College London, UK; Lee David, 10-Minute CBT; Sophia Papageorgis, Kingston College, UK

Acceptance and Commitment Therapy is effective in the workplace in increasing well-being and productivity (Flaxman, 2010). We developed a four-session course which encouraged values-guided action and included assertiveness skills, which can protect against low self-esteem and increase self-acceptance (Marshall, 2015). Delivered via non-clinical staff experienced in vocational support using slide presentations, video clips, workbooks and discussion. Outcome data was collected from a live group intervention for 6 participants, and 6 participating via an on-line platform, with support sessions. A self-report confidence rating scale (CR) and the Work and Social Adjustment Scale (WSAS), (Mund, 2002) were administered pre and post intervention. A questionnaire provided feedback and vocational outcomes. Results: Group: mean CR scores increased from 4 to 6.17. Mean WSAS scores indicated 25% improvement with no significance shown on paired sample t-test. On-line: mean CR scores indicated 78% improvement, significance on t-test p<0.01. There was a significant difference in the WSAS scores, p<0.05. Low attrition and participant feedback suggest the course was helpful and well tolerated with 11 out of 12 participants employed post intervention. Results indicate improvement for both intervention formats. The course format can fit a 40-minute lesson in a secondary school for year 11 pupils. Guided self-help interventions could be helpful and warrant further research.

Barriers to Emergency Department Clinicians' Confidence in Providing Paediatric Trauma-Informed Care.

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It has been estimated that around 31% of children will experience a traumatic event during childhood, most commonly serious accidents that lead to hospitalisation. Around 15% of children who experience such events go on to develop PTSD. Emergency department clinicians have a unique opportunity to intervene during the early peri-trauma period, which can involve incorporating a trauma-informed approach within their care. Alisic et al. (2016) previously conducted an international survey of emergency department clinicians' attitudes towards providing trauma-informed psychosocial care to injured children. Findings suggested that clinicians need further education and training to enhance their knowledge and confidence in providing trauma-informed psychosocial care. Presently, a secondary data analysis was conducted to explore the barriers experienced by U.K. and Irish emergency department clinicians in confidently providing psychosocial care. Findings suggested that clinician confidence may be influenced by a lack of training, worrying about further upsetting children, and low levels of perceived departmental performance in providing psychosocial care. The findings highlight a need for further training in psychosocial care for emergency department clinicians. Future research must identify nationally relevant pathways to implement training programmes to improve clinician knowledge of paediatric traumatic stress and aim to reduce perception of barriers identified in the present study.

Exploring the experiences of fatigue in adolescents with elevated symptoms of depression: A qualitative study.

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Fatigue and depression are common issues faced by adolescents, and Cognitive Behavioural Therapy has been applied separately to both. Fatigue can also be a symptom of depression. To improve the effectiveness of treatments for adolescent depression, we need to better understand the importance of individual symptoms in adolescents, such as fatigue. The current study aims to qualitatively explore adolescent's experiences and understandings of fatigue in depression, in a mixed clinical and community sample. 17 adolescents, aged 15-18 years old ($M = 16.29$, $SD = .92$), with elevated symptoms of depression have taken part in semi-structured interviews. A further 4-8 interviews are expected. Data is being analysed using reflexive thematic analysis from an inductive, experiential perspective. We anticipate that generated themes will provide insight into how adolescents experience fatigue as a symptom of depression. Themes may relate to how adolescents conceptualise, describe and recognise fatigue, how they communicate their fatigue to others, how fatigue is distinguished from other depressive symptoms, and its wider impact. This research may provide useful insight into the relative importance of fatigue in the context of adolescent depression, indicating whether this is an area for further inquiry. Findings may also help clinicians to better identify and treat fatigue in depressed adolescents in practice and could inform a cognitive behavioural model of fatigue in this population.

Psychopathic Features in a Nonclinical Group of Italian Adolescents: A Longitudinal Study.

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According to the triarchic model, psychopathy includes three phenotypic dispositions: meanness, boldness, and disinhibition. Such a model has been widely explored in adults, while research with teenagers is limited. This study aimed to verify the 6-month stability of the triarchic model dimensions, and investigate their longitudinal association with antisocial behaviour in a nonclinical group of Italian adolescents ($N=63$, 55.6% girls, mean age= 15.5 years ± 1.91 ; range: 12-19). Self-report tools assessing the triarchic constructs and antisocial behaviours were administered at the baseline (T0) and after 3 (T1) and 6 (T2) months. 1 (Group) \times 3 (Time) repeated-measures ANOVAs were performed to ascertain the stability of psychopathic features over time. Linear regressions were conducted to verify if the triarchic model domains at T0 predicted physical and social aggression and rule-breaking behaviour at T2. Results showed that boldness and disinhibition did not vary over time, while meanness increased from T0 to T2 ($M T0=36.8\pm 5.02$; $M T2=37.9\pm 4.81$). Boldness at T0 was a negative predictor of physical ($\beta=-.27$, $p=.01$) and social aggression ($\beta=-.29$, $p=.01$) at T2, whereas meanness positively predicted social aggression ($\beta=.27$, $p=.02$). Thus, boldness and disinhibition may be stable features, while an increase in meanness may be phase-specific of adolescence. Boldness and meanness may be, respectively, protective and risk factors for the emergence of aggressive behaviour in teenagers.

IAPT and PWP's

A local service audit reviewing the outcome of a '3-month waitlist hold' initiative in IAPT for service-users with co-occurring substance misuse and mental health problems.

Shannon Potter, Hammersmith and Fulham IAPT Service, UK; Stephanie Eleuterio, Hammersmith and Fulham IAPT Service, UK; Alexander Sim, Hammersmith and Fulham IAPT Service, UK

INTRODUCTION. IAPT services have received criticism for excluding people with co-occurring mental health (MH) and substance misuse problems (dual-diagnosis), despite NICE guidelines suggesting these patients should have access to MH support through IAPT. In response, Hammersmith & Fulham IAPT introduced a '3-month waitlist hold' pathway: patients who are identified as high risk substance users are referred to local drug and alcohol support services, while also being held on the IAPT wait-list for up to 3 months. This process is intended to provide patients with motivation to reduce their substance use and to offer a flexible, locally agreed pathway to re-engage with psychological therapies. **METHOD.** A retrospective audit evaluating patients with a 3-month hold deadline that fell between 11/2018 and 11/2021. Data was collected for 110 patients. **RESULTS.** Of those who used the 3-month hold to reduce their substance use, 44% re-engaged with MH treatment through IAPT. Of those who did re-engage with treatment 55% recovered, and drop-out rates were low at 36%. The most common reason among those patients who did not re-engage was no response to contact from the IAPT team. **DISCUSSION.** Results indicate that the use of a locally agreed pathway to facilitate engagement with psychological therapies is beneficial. These findings support NICE guidelines that substance misuse should not be an exclusion criterion for patients accessing IAPT. Suggestions are made to help improve re-engagement.

A Qualitative Evaluation of the Delivery of Training on Cultural Sensitive Treatments within an IAPT Service (Talking Change - Portsmouth).

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Inherently embedded within the values of IAPT, is that people from all sections of the community should have a chance to benefit from evidence-based psychological therapies. Despite this, clients from minoritised ethnic groups and religious groups are often under-represented in referrals and tend to have poorer outcomes in IAPT (Baker, 2020). To address these issues, the BAME Positive Practice Guide (Beck et al., 2019) encourages proactive work to improve access and outcomes for clients through service level changes, outreach, audits, adapting therapy and staff development (including through training). However, despite such recommendations there is limited provision and support to access such training. This service evaluation used qualitative methods to gather in depth data from the attendees about their experiences of attending the training day on Culturally Sensitive Treatments within IAPT. Thematic analysis (Braun & Clarke, 2006) was used to analyse the data, and to identify patterns and themes across the entire data set. Common themes included, 'perceived barriers that clients encounter', 'barriers that therapists encounter', 'positive feedback about the event' and 'constructive feedback'. Overall, the results of this evaluation have been encouraging with respondents reporting learning points and increased confidence. However, further evaluation is needed to understand the degree to which such training impacts on clinical practice and whether changes are sustained.

Beyond Module 3: Embedding Diversity and Inclusion in the PWP curriculum.

Tamara Wiehe, University of Reading, UK

Decolonising and diversifying the curriculum is at the top of all training providers' agendas. Since the national Psychological Wellbeing Practitioner (PWP) curriculum review in 2015, we have seen improvements in these areas by the inclusion of a dedicated module towards the end of the programme focused on adapting our clinical practice for patients' diversity considerations in line with key literature and legislation including IAPT Positive Practice guides, the Equality Act (2010), and the BPS Code of Ethics and Conduct (2018). However, the timing and the focus of the module present some challenges in which we look to overcome as a programme team and have conceptualised these using the COM-B behavioural change framework (Michie et al., 2014). Using student and staff feedback to guide initial discussions, the need to increase capability and opportunity to engage in meaningful discussions on diversity and inclusion were highlighted. Due to the multifaceted and complex nature of decolonising and diversifying the curriculum, the subsequent deep dive lead the team in many directions including: (a) reconsidering the timing of the dedicated module within the programme, (b) staff training provisions, (c) increasing engagement in D&I workstreams, and (d) reviewing the curriculum content session-by-session. Each of these pathways are discussed considering the implications for everyday clinical training and practice of LICBT, with a particular focus on intersectionality.

Therapeutic Techniques and Innovations in CBT

Effectiveness of Cognitive Behavioural Therapy within a hospital setting (specifically relating to hands).

Victoria Lucas, University Hospital of Derby & Burton, UK; Sarah Burke, University Hospitals of Derby & Burton, UK; Anna Selby, University Hospitals of Derby & Burton, UK; Nick Johnson University Hospitals of Derby & Burton, UK

Aims: To investigate the effectiveness of a cognitive behavioral therapy (CBT) service for patients with elective and traumatic hand conditions within an acute hospital setting. **Methods:** Patients presenting in the Hand Unit with various hand conditions were offered CBT. Trauma Focused (TF) CBT was used to treat traumatic injuries, elective patients were treated with CBT focusing on medically unexplained conditions and 3rd wave CBT methods. Demographic data and psychological assessment scores (PHQ9, GAD7, IES) were prospectively collected for patients who underwent CBT before and after treatment. **Results :** 114 patients attended an initial treatment session and 81 completed the treatment with full data available for 78 (68%) patients. Mean age was 41(range 13 – 84) and 60% were women. 64% had sustained a traumatic hand injury. There was a significant fall in all measured scores following treatment (table 3). 37% of patients suffered from severe depression according to the PHQ9 classification and 51% of patients suffered from severe anxiety according to the GAD7 classification before treatment. Following the treatment this had fallen to 0% and 3% respectively (figure 1). At initial assessment 93% of patients who had sustained a traumatic injury had an IES score of 33 or greater indicating PTSD. Following treatment this had fallen to 7%. PHQ9 (pre 16.2, sd 7.1; post 4.7, sd 4.6, p<0.0001), GAD7 (pre 15.2, sd 5.2; post 4.6, sd 4.1, p<0.0001) and IES (pre 61.0, sd 15.7; post 11.1, sd 12.3, p<0.0001)scores all decreased significantly following treatment. **Conclusions:** Many patients with traumatic and elective hand conditions have associated psychological problems which may influence outcome. Despite this, the use of CBT is not widely utilized in acute hospital settings such as hand therapy and can impact the recovery of the patient. CBT in a hand unit setting is an effective treatment.

Cognitive Behavioural Therapy treatment for a Fear of Hypoglycaemia within primary care: A Case Study.

Josie Bannon, Devon Partnership NHS Trust, UK; Anna Disney, Devon Partnership NHS Trust, UK

Many individuals with type 1 diabetes (T1D) experience a fear of hypoglycaemia (FoH) which can have detrimental consequences on management of blood glucose (BG) levels and quality of life. The purpose of this case study is to examine the effectiveness of CBT in treating FoH in a primary care psychological therapy service. Presenting Problem: Sarah was a woman in her 50s with T1D. 5 years ago Sarah experienced a hypoglycaemic episode which resulted in hospitalization. Following this experience Sarah developed a FoH and engaging in various behaviours that maintained high BG levels. This was having detrimental impacts on Sarah's health. General support by the hospital-based diabetes team had not been effective in supporting Sarah with her FoH. Case Conceptualisation and Intervention: The treatment approach involved the creation of a formulation. Sarah's coping strategies were conceptualised as 'safety seeking behaviours' (Salkovskis, 1991). Behavioural experiments were conducted to test the various elements of the formulation. This allowed Sarah to build a new belief 'If I have a hypo, I can manage'. Outcome: Sarah exceeded her goal of lowering her BG levels to an average of 10-12 mmol/L, with BG levels within the recommended range 75% of the time. Her levels of anxiety and depression also significantly reduced. Review and evaluation: This case study is the first to demonstrate the effective treatment of FoH using CBT within a primary care IAPT service.

Demonstration of a 'Leapfrog' Trial as a Method to Accelerate the Development and Optimization of Psychological Treatments.

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Introduction: The 'leapfrog' trial design (Blackwell et al., 2019) has been proposed as a method to accelerate development and optimization of psychological treatments by reducing the time, resources, and sample sizes needed. This study aimed to carry out a small-scale leapfrog trial (clinicaltrials.gov: NCT04791137) to provide a first demonstration of the method and test feasibility. Method: For demonstration purposes, the leapfrog design was applied to a cognitive training intervention aiming to reduce anhedonia, imagery cognitive bias modification (CBM), delivered via the internet over 4 weeks. Sequential Bayesian analyses were used to identify treatment arms superior or non-superior to an initial control condition, leading to them replacing the control condition or being dropped from the trial, respectively. The trial started with 3 arms (a control condition and 2 imagery CBM variants), and 2 further arms (additional imagery CBM variants) were added as the trial progressed. Results: One version of the imagery CBM remained as the 'winner' at the end of the trial (N = 188 randomized participants), following sequential elimination of the other arms. All features of the leapfrog design were successfully implemented and no feasibility issues identified. Discussion: The study demonstrates feasibility of the leapfrog design and provides a starting point for its broader adoption as a means for more rapid development and optimization of psychological treatments such as CBT.

Living Well with Illness: Evaluation of a Transdiagnostic Compassion-Focused Therapy Group for Long-Term Health Conditions.

Rachel Snodgrass, Newcastle University, UK; Tim Chapman, The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK; Joanna Carnell, West London NHS Trust, UK

Introduction: Existing evidence has shown the value of Compassion Focused Therapy for a range of difficulties such as eating disorders, psychosis, brain injury and PTSD. Although much research has focused on mental health difficulties in isolation, there is promise for employment of CFT interventions within physical health. This study was a mixed methods evaluation of a transdiagnostic CFT group, for adults with Long-term Health Conditions (LTHCs). Method: The group consisted of 11 weekly sessions, ten in group format and a 1:1 formulation session. Outcome measurement data was collected from participants (pre and post). These measures assessed levels of anxiety, depression, overall well-being and confidence for engaging in daily activities. Processes targeted by CFT were measured including self-compassion (SCp) and self-criticism (SCr). Qualitative feedback was also collated and analysed using conventional content analysis. Results: There was a significant reduction in scores of anxiety and depression. A significant improvement was observed for well-being and confidence for daily activities. A significant improvement was seen in SCp and concurrent reduction in SCr. Qualitative findings supported changes in SCp, utility of compassion-focused strategies and the benefits of a transdiagnostic format. Discussion: These findings suggest group CFT is an effective approach to improve psychological well-being in LTHCs and that this can be delivered in a transdiagnostic format.

Building my resilience in less than an hour – Feasibility, Acceptability and Appropriateness of a single session online wellbeing intervention, The Common Elements Toolbox (COMET), for UK university students.

Maria Loades, University of Bath, UK; Akash Wasil, University of Pennsylvania, Philadelphia; Nina Higson-Sweeney, University of Bath, UK; Arif Mahmud University of Roehampton, UK; Stella Chan, University of Reading, UK; Clio Berry, Brighton and Sussex Medical School, UK

Introduction: Mental health problems in university students are associated with many negative outcomes, yet there is a gap between need and timely access to evidence-based help. Single-session interventions (SSIs) are scalable, accessible, and designed to deliver core evidence-based intervention components within a one-off encounter. COMET (Common Elements Toolbox) is an online self-help SSI, including cognitive restructuring, gratitude, and behavioural activation. COMET has previously been tested in India and the US with promising results. However, it has yet to be evaluated in UK university students. Method: We are conducting a randomised controlled trial (RCT) of COMET versus a waiting list control, with 2- and 4-week follow-ups. Any UK university student can take part. Feasibility outcomes as well as change in symptoms and self-report of how much participants have been practising skills learned are measured. Results: To date (March 2022) >200 UK university students have been recruited (anticipate >300 total by June 2022). Findings will report on feasibility (including recruitment rates, intervention adherence, and retention to follow-up), acceptability (student self-report of helpfulness) and utility. Discussion: This presentation reports on the feasibility, acceptability, and utility of this innovative, cognitive-behavioural based online SSI in UK university students. This will inform the potential to offer COMET as a low cost, timely and scalable addition to the ava

Dissonance-based prevention of eating pathology in non-Western cultures: A randomized controlled trial of the Body Project among young Saudi adult women.

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Objective: The aims of this study were to determine the effectiveness of an adapted version of the Body Project for young Saudi women, and to determine the impact of compliance (i.e. adherence to homework and attendance) on outcomes. Method: A randomized controlled trial. Simple randomization using electronic random number generation was used to allocate Saudi undergraduate females (N=92; mean age = 20.48 years; SD = 2.28) to either a culturally-adapted version of the Body Project or a health education control condition. Participants completed self-report measures of eating pathology, body image, depression and social anxiety before and following the interventions and at three-month follow-up. Results: The control group made very limited changes following the education intervention. In contrast, the Body Project intervention yielded extensive positive benefits, with moderate to strong effect sizes. Attending sessions and completing homework did not influence outcomes. Conclusion: The effectiveness of the Body Project for Saudi women indicates that the change methods used are relevant across cultures and delivery methods. Women in Saudi Arabia with pathological eating and body concerns can be helped through the appropriate adaptation of a prevention programme developed in a Western culture.

Training and Supervision

“Power to the People”: Training for healthcare professionals in supporting persistent pain.

Alex Corline, Newcastle University, UK; Chris Penlington, Newcastle University, UK; Frances Cole, Live Well with Pain, UK

Persistent pain is thought to affect one-third of the UK population. Self-management is a key approach recommended for persistent pain. However, many healthcare professionals (HCPs) are unfamiliar with supporting self-management. The 10 Footsteps training was developed to cover all facets of pain self-management and may help HCPs. Our study explores HCPs' issues in supporting persistent pain self-management and tests if the 10 Footsteps training improves confidence supporting self-management. Training consisted of two half-day periods covering the 10 Footsteps to pain self-management and four optional question sessions. Questionnaires on confidence supporting self-management were given at baseline and three months post training, pairing 18 results. Five trainees volunteered for semi-structured interviews evaluating the training and the problems supporting pain self-management. Average confidence on the 10 self-management topics increased from baseline (M= 3.11/5, SD=0.81) to post training (M=4.03/5, SD=0.592) $t(18)=4.078$,

$p < 0.001$. Reported problems in supporting persistent pain included resource inadequacy, difficulty isolating pain conditions, and poor communication of pain. Participants related improved confidence to a greater pain experience understanding, improved patient resources, and ease of presentability. HCP confidence supporting persistent pain self-management increased after training. Themes are explored relating level of experience to course content engagement.

Trainee Clinical Psychologists' Views on the Facilitators and Barriers to Cognitive Behavioural Practice on Clinical Training: A Thematic Exploration.

Devon Rodwell, University of Surrey, UK; Tom Kent, University of Surrey, UK; Lucy Hale, University of Surrey, UK

Introduction: Trainee Clinical Psychologists (TCPs) are expected to develop knowledge and competencies in Cognitive Behavioural Therapy (CBT), as part of their clinical training (British Psychological Society, 2019). Research suggests that CBT is often underused and delivered inadequately within clinical practice (Hernandez Hernandez & Waller, 2021). To the authors' knowledge, exploration of TCPs' experiences of applying CBT principles on their Clinical Psychology (CP) training placements is yet to be evaluated. This evaluation therefore aimed to gain an understanding of TCPs' experiences of delivering CBT on clinical placement, focusing on the facilitators and potential barriers of good practice. **Method:** Seven TCPs on a UK CP programme participated in a 60-minute focus group using a video-conferencing platform. Reflexive thematic analysis (Braun & Clarke, 2012) was used to analyse the data and five themes were generated. **Results:** TCPs' views on the facilitators and barriers to their CBT practice were identified. The five themes were "Feeling Underprepared for Placement", "Placement Supervisors", "Additional Support", "Personal Views", and "Concerns over Therapeutic Relationship". **Discussion:** Strengths and limitations were ascertained in the selected CP programme's CBT provision, across different domains of training. Course staff will respond to these issues to improve the CBT pedagogy, including the development of the CBT curriculum and sharing examples of good practice.

A qualitative study of the experiences of cognitive behavioural therapists working with interpreters remotely.

Jennifer Wardman-Browne, University of Essex, UK

Working with an interpreter is recommended when patients do not speak English. This research aimed to explore the experience of cognitive behavioural therapists working with interpreters remotely. Semi-structured interviews were conducted with fifteen participants who were asked about their experience of working with interpreters remotely. Interviews will be transcribed and interpreted using Thematic analysis. **Results & Conclusions:** Ongoing/TBC

It is proposed that this study will result in a report identifying current good practice and potential barriers. It is anticipated that this research may lead to developing training packages for practitioners. **Keywords:** cognitive behaviour therapy, remote therapy, interpreters, qualitative, mental health

What impact does remote CBT-I training have on clinicians' knowledge of sleep and implementation of CBT-I?

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Introduction: Staff struggle to access high quality training in both the assessment of common sleep difficulties, and in the delivery of evidence-based interventions such as CBT for Insomnia (CBT-I). The Newcastle Regional Sleep Service and CNTW NHS mental health trust have co-designed a remote training package for sleep which was available for all staff, and was recorded prior to and launched during the Covid-19 pandemic.

Method: Four 40-minute professionally produced videos of sleep training were developed for the training package. Additionally a pre-post knowledge test was incorporated, and a follow up survey of staff on the experience of the training and its implementation.

Results: Within the first two months, 118 people had enrolled, mostly from a nursing background, but also staff from OT, psychology, pharmacy, managerial and student backgrounds. To date 25 staff have completed all modules, 72 have completed at least one of the modules. Pre to post completion quiz scores increased by 20%, and mean completion score was 82%. We intend to present further data at conference, including feedback from staff on the experience of the training and implementation.

Discussion: This training package provided an alternative experience to face-to-face delivery with low cost, and was able to be flexibly accessed by a wide range of health professionals at a time suitable for them.

In-conference workshops

Understanding and treating death anxiety

David Veale, Kings College London, UK; Rachel Menzies, Sydney University, Australia

Scientific Background: Death anxiety is a term used to describe people's fear or negative feelings towards death or dying. Some people may focus on their own death, such as ruminating on all the things they will miss out on after they die, or what it will be like to not exist anymore. Some people may experience doubts about the nature of existence itself, such as questioning what will happen to them after death. Others may worry about the process of dying, such as whether their death will be painful, or what their final moments will be like. Some may be distressed at the idea of losing a loved one. They may worry about how they will cope with their loved ones' death or that they will somehow cause the death of their loved one without meaning to. For some there is a phobic avoidance and fear of anything related to death (e.g. going near cemeteries or funeral parlours). All the experiences above are in many ways part of being human, but death anxiety is a problem when it is either sufficiently time-consuming, distressing or interfering in one's life. The concept cuts across different diagnoses including some types of Health Anxiety, OCD, specific phobias, and panic disorder. Unfortunately, death anxiety may not be adequately targeted in standard protocols for these disorders and this workshop will try to remedy this with a specific focus on the fears of death and dying. Treatment components will be discussed, centring on CBT, which is the most evidence-based treatment for death anxiety.

Learning Objectives: By the end of the skills class, participants will:

1. Understand the context and phenomenology of death anxiety, and its relationship with relevant diagnoses
2. Be knowledgeable about a cognitive behavioral model and have a understanding of the cognitive processes and behaviours that maintain death anxiety. This includes the intolerance of uncertainty, magical thinking, the awfulness of dying, as well as avoidance, safety seeking and checking behaviours related to death.
3. Develop alternative ways of thinking about common beliefs in death for example thoughts about the awfulness of not existing or the intolerance of not knowing will happen.
4. Use appropriate exposure/ behavioural experiments for death and dying and consider what expectations are being tested. Fifteen different tasks will be discussed from writing out one's funeral wishes and obituary, painting one's coffin or collecting "memento mori".
5. Focus on living life to the full now as an alternative to focussing on death and dying

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Brief CBT for non-underweight patients with eating disorders: An introduction to CBT-T and its key skills

Glenn Waller, University of Sheffield, UK; Madeleine Tatham, University of Sheffield, UK; Hannah Turner Southern Health Care NHS Foundation Trust, UK

Scientific Background: In 2017, NICE identified a need for briefer evidence-based therapies for eating disorders. This was followed by evidence that CBT for eating disorders (CBT-ED) can be delivered effectively for most patients in a much shorter format than previously recommended. The resultant 10-session therapy (CBT-T) has now developed a substantial evidence base, demonstrating that it can be as effective as 20-session therapy, with equally large effect sizes and recovery rates. The therapy is based on a protocol that stresses the need to flex therapy to the individual patient, without losing sight of the key tasks of that therapy. It differs from previous, longer forms of CBT-ED in using more intensive methods of producing change. This protocol has been used to train large numbers of clinicians in eating disorders services in the UK and internationally. This workshop will introduce clinicians to the ways in which CBT-T addresses the core competences

and metacompetences of CBT for eating disorders. It will outline the therapy and the skills needed for working with adults and adolescents, demonstrating key skills and how they can be adapted to patients with different presentations (e.g., comorbidity; Avoidant/Restrictive Food Intake Disorder; Autistic Spectrum Disorders) and using different presentation modes (e.g., online presentation; group work).

Learning Objectives:

1. Understand the evidence base for CBT-T relative to other forms of CBT-ED
2. Understand the principles of CBT-T
3. Be able to explain CBT-T to patients, trainees and supervisees
4. Be aware of the key techniques involved in delivering brief but effective CBT-ED, including the inhibitory learning approach to exposure, methods addressing emotional triggers, and patient-centred body image interventions

References:

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Coping with adversity: a question of focus

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Scientific Background: The concept of safety seeking behaviour has been one of the most valuable contributions to understanding and treating anxiety disorders and other conditions. When the perceived threat is unrealistic, such as in panic disorder or health anxiety, identifying and testing safety behaviours is relatively straightforward. When facing adversity, however, the difference between adaptive and maladaptive coping can be more nuanced. It is often the degree and flexibility with which coping methods are applied that differentiates helpful from unhelpful coping. This workshop will draw on scientific evidence from research on coping and in behavioural medicine to help participants understand the factors that facilitate effective coping.

Learning Objectives:

1. To understand the correlation between particular coping styles and adjustment - The '3 Cs' of control, coherence and connection.
2. To be able to use the concept of 'focus of coping' to enhance their work with people facing adversity - focus on the problem, the emotional reaction to the problem, or focus on maintaining and building their life beyond the problem.
3. To differentiate between effective coping and safety behaviours by examining the function and flexibility of the coping strategies employed.

References:

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Brief Cognitive Therapy for Adolescent Panic Disorder

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Scientific Background: Panic disorder occurs in 1-3% of adolescents, has high rates of comorbidity, and a negative impact on functioning at school and with friends. Left untreated, it appears to have a chronic course. Currently the most common psychological treatment approach for adolescents with panic disorder is a generic form of cognitive behaviour therapy

(CBT), developed for a range of anxiety disorders. However, many treatment trials of this general approach have excluded young people with panic disorder, and existing treatments specifically for adolescents with panic disorder require a considerable amount of therapist time (between 11 and 22 hours of therapy). As such, there is a clear need to develop effective, scalable treatments. In adults, individual cognitive therapy based on Clark's (1986) cognitive model for panic disorder has been shown to be highly effective, including in a brief format. We have recently evaluated the brief version of this treatment, adapted for use with adolescents, within the PANDA feasibility randomised controlled trial (<https://doi.org/10.1186/ISRCTN14884288>). Cognitive therapy was delivered 1:1 (face to face and remotely) by children's wellbeing practitioners within an NHS-commissioned clinic. It involved 5 treatment sessions and 2 booster sessions. Prior to each of the first 4 sessions, the young person was given a self-study workbook to read, which also included written exercises and homework activities. This approach will be presented within this workshop.

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

1. Assess panic disorder in adolescents and use sessional measures to guide treatment
2. Understand the key elements of cognitive therapy for panic disorder
3. Put together an individualised model of panic disorder for a young person
4. Understand the role of education about the nature of anxiety and the meaning of different body sensations
5. Undertake behavioural experiments to test out young peoples' beliefs in action
6. Consider how to involve family members and school staff in treatment

References:

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- Clark, D. M., Salkovskis, P. M., Hackmann, A., Wells, A., Ludgate, J., & Gelder, M. G. (1999). Brief cognitive therapy for panic disorder: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 67(4), 583. <https://doi.org/10.1037/0022-006X.67.4.583>
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An introduction to Dialectical Behaviour Therapy skills training for Adolescents (DBT-A)

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Scientific Background: DBT Skills Training is an essential part of the DBT treatment programme developed by Marsha Linehan for the treatment of Borderline Personality Disorder over 30 years ago. Since then, there have been numerous studies exploring and validating this approach for different populations. This workshop will introduce the DBT for Adolescents formulation and look at the 5 sets of skills taught in the DBT-A programme. I will discuss the particular group processes involved in working with adolescents who present with emotion dysregulation and relationship difficulties. Mindfulness is key to the development of effective functioning and self-management. Distress Tolerance and Emotion Regulation skills are essential for understanding and regulating emotions, while Interpersonal Effectiveness and Walking the Middle Path are based on conflict resolution and uses standard assertiveness skills. DBT-A takes a very practical and accessible approach to increasing effectiveness in many areas, which often requires the skilful blend of all 5 skill sets. While DBT-A was initially developed for adult patients with Borderline Personality Disorder, many of its principles and practical interventions have been taught to adolescents with good effect. Teaching adolescents DBT-A skills for use in their everyday life, can help them deal with difficulties such as how to understand and regulate strong emotions and recognise harmful friendships in a better way.

Learning Objectives: Participants will acquire the following skills:

1. To introduce DBT-A Skills Training in the context of the DBT-A formulation, which hypothesises skills deficits in people with BPD and other disorders featuring emotion dysregulation.
2. To introduce the 5 DBT-A skills, Core Mindfulness (the skills that underpin all DBT skills and practice), Distress Tolerance, Walking the Middle Path, Emotion Regulation and Interpersonal Effectiveness. We will address how these are taught in groups.
3. To model and invite delegates to practice the teaching of key DBT-A skills.

References:

- Rathus, J. and Miller, A. (2015). DBT Skills Manual for Adolescents
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Behavioural experiments for intolerance of uncertainty: A new treatment for generalized anxiety disorder

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Scientific Background: Cognitive-behavioural therapists have many treatment options for adult clients suffering from GAD. Examples of treatments include metacognitive therapy, acceptance-based behaviour therapy, attention/interpretation training, and CBT with a focus on intolerance of uncertainty. Although these treatments are conceptually and procedurally distinct, they all share the following features: (1) they are based on models that involve multiple affective, cognitive, and behavioural components; (2) they include several intervention strategies that target the model components; and (3) although they have empirical support, their efficacy lags behind that of CBT protocols for other anxiety disorders. Consequently, our group developed a new, highly focused treatment for GAD: Behavioural Experiments for Intolerance of Uncertainty. The treatment draws upon 25 years of research on the role of intolerance of uncertainty in GAD, as well as on recent theorizing on the mechanisms of fear reduction. In brief, the new treatment uses the structure of behavioural experiments to explicitly test client hypotheses and thus enhance new learning during exposure to uncertainty. The treatment has now been tested in two clinical trials, with results showing that it promotes impressive change in negative beliefs about uncertainty, the symptoms of GAD and general psychopathology. The goal of this workshop is to present the new treatment's underlying theory and to illustrate its strategies and procedures.

Learning Objectives:

1. To recognize the many faces of intolerance of uncertainty to improve diagnostic decisions involving GAD.
2. To learn how to adjust one's therapeutic attitudes to promote exposure to uncertainty in session.
3. To clearly understand the treatment's underlying model and how the model relates to general cognitive-behavioural theory.
4. To learn how to use exposure-based behavioural experiments to promote new learning about uncertainty and its sequelae.
5. To learn how to monitor the progress of clients throughout therapy.

References:

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Cognitive Therapy for PTSD following sexual assault

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Scientific Background: Up to 50% of women who have been sexually assaulted will develop PTSD. Sexual assault is the most frequent cause of PTSD in women, and tends to lead to particularly severe symptoms (Smith et al., 2016). We will outline some of the challenges in working with survivors to treat PTSD following sexual assault, and formulate them within the cognitive model of PTSD (Ehlers & Clark, 2000). The following areas will be discussed:

- Working with cognitive themes such as self-blame, 'rape myths', mental contamination, shame, defeat and loss of trust.
- The nature of trauma memories following sexual assault, with particular reference to drug-facilitated rape, non-fatal strangulation and multiple victimisation.
- Working with the consequences of sexual exploitation and grooming, including secrecy, ambivalence and loyalty to the perpetrator.
- Coping strategies following sexual assault, including avoidance, self-harm, risky sexual behaviour and dissociation.
- The relational impact of sexual assault, including reclaiming intimacy and sexuality.
- The impact of media coverage, social and political discourses.
- Issues within the therapeutic relationship, including obstacles to disclosure, therapist gender and adapting for diversity.
- Practical issues such as legal processes and safeguarding.

We will describe and demonstrate how to adapt cognitive therapy for PTSD to address these issues, and invite participants to practise key skills

Learning Objectives:

1. Identify common themes and challenges in treating PTSD in women following sexual assault

2. Apply principles from existing cognitive models of PTSD to formulate these presentations
3. Learn practical ways to implement cognitive therapy techniques with survivors of sexual assaults.

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Whose avoidance is it anyway? Formulating client AND therapist emotional avoidance in CBT

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Scientific Background: Whilst CBT is not primarily conceptualised as functioning via emotional processes per se, there is growing evidence that emotional processing is fundamental to psychological change and client recovery (Baker et al., 2011). The role of experiential or 'emotional' avoidance in the maintenance of psychopathology has increasingly been considered in the psychological literature. Research has shown that accepting emotions rather than avoiding them, results in lower levels of negative affect (Shallcross et al., 2010), with intolerance of distress being highlighted as a transdiagnostic maintenance factor across disorders (Michel et al., 2016). Given that many clients present with difficulties related to emotional experiencing and expression, it is important that therapists are equipped with the skills to intervene effectively (Follette and Batten, 2002). However, therapists may have their own unhelpful beliefs about the role of emotions in therapy which impede this process (Leahy, 2015). The impact of therapist schemata has been documented (Haarhoff, 2006; Presley et al., 2017) and more attention given to the benefits of therapists reflecting upon the interaction of their own schema with their therapeutic work (Leahy 2001; Young, Klosko and Weishar, 2003). In summary, whilst there is an argument for helping clients to reduce emotional avoidance as part of cognitive-behavioural treatment, therapist beliefs about emotions are also important as part of this process.

Learning Objectives: This workshop will enable participants to consider ways to identify and formulate emotional avoidance in CBT, from the perspective of both client and therapist beliefs.

Key Learning Outcomes:

1. Improve understanding of emotions and their significance in cognitive-behavioural treatment
2. Consider the impact of unhelpful beliefs about emotions and their behavioural manifestations (client and therapist)
3. Improve ability to identify and formulate emotional avoidance with clients as part of CBT treatment
4. Improve ability to recognise and formulate therapist emotional avoidance as part of CBT treatment and clinical supervision

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- Haarhoff, B. A. (2006) The Importance of Identifying Therapist Schema in Cognitive Therapy Training and Supervision. *New Zealand Journal of Psychology*, 35 (3): 126-131.
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